



January 31, 2023

Lisa Maxwell
Director, Community Development Department
City of Alameda

Re: BIA Report, West Alameda Business Association

Please accept the BIA report including:

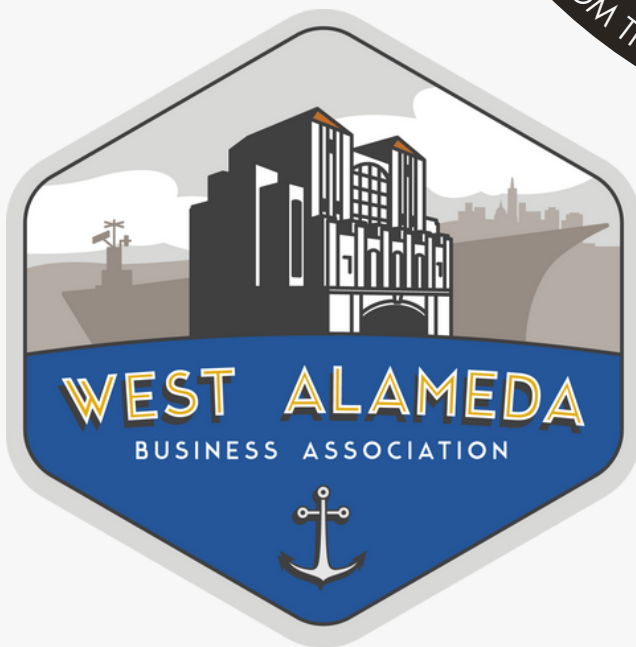
- List of Current Board of Directors
- Balance Sheet ytd December 2022
- Profit & Loss ytd December 2022
- Beacon Business Bank Statement December 2022 – transferring to Operating at Edward Jones
- Edward Jones Statement – Operating, Reserve and Restricted
 - Edward Jones Statement December 2022 – Reserve Account
- Draft Budget 2023

In summary it has been a very rewarding year. Activities/events create an active walking district. Friends of the West End has been very successful adding a good “vibe” to our events and community. Vacancies are at a minimum and our businesses are recovering.

We look forward to continuing our efforts for the betterment of our District and great collaboration between WABA and the City of Alameda.

Regards,
Linda

Linda Asbury
Executive Director
West Alameda Business Association
linda@westalamedabusiness.com
510.523.5955



WEST ALAMEDA BUSINESS ASSOCIATION SUMMARY OF ACTIVITIES

FISCAL YEAR JULY 1, 2022 – JUNE 30, 2023
FISCAL YEAR JULY 1, 2023 – JUNE 30, 2024

TABLE

of contents



| | |
|----|--------------------------------|
| 01 | General Advocacy |
| 02 | Streetscape Advocacy |
| 03 | Placemaking on the West End |
| 04 | Design Review Committee |
| 05 | Economic Development |
| 06 | Membership and Member Outreach |
| 07 | Marketing and Future Events |
| 08 | Past Events |
| 09 | Board of Directors |

01 GENERAL

ADVOCACY

Representing and speaking for our members remains extremely important. This allows for instant information and resource exchange for our businesses and the City of Alameda. WABA participates on the following:

- When scheduled: Tuesdays @ 2pm (City/DABA)
- Monthly Government Relations and Economic, Development (Chamber)
- Monthly CARES (City Community Development)
- Monthly Alameda Wellness Center/McKay Ave Project
- Monthly WABA/DABA/City meeting
- Monthly Friends of the West End meeting

WABA is very involved with Merchant Relations/Interactions and Business Resource Assistance such as:

- Aria Market and Macondo assisted with city and county permitting issues.
- Mediating between merchants, not able to disclose details.

02 STREETScape

ADVOCACY

There is constant surveillance of our sidewalks, garbage/recycling, tree and grate maintenance, and graffiti and planters. WABA provides input and sets priorities for the Landscape & Lighting fund on an annual basis. We are experiencing a significant pigeon dropping issue. Working with Vector Control, it's been determined the pigeons are being fed by an individual. We are working with the property manager to identify and resolve this issue. Until then, the sidewalk on the corner of Webster and Lincoln require extra oversight.



03 PLACEMAKING

ON THE WEST END

The lease for The Healing Garden/Al Fresco Dining Park, located at the Taylor/Webster lot, has been extended through December of 2023. Our intention is to retain the lot for community/WABA events until the property owner moves forward with his proposed development.

Over 60 events were held at this venue, bringing in thousands of people to Webster Street. Many non-profits used this space for their fundraising events that netted them approximately \$30,000. The lot is cleaned on a weekly basis, as well as the beautiful drought-resistant landscaping.

- Lighting up Webster through holiday lights on light poles – December–April
- US flags. June – November
- Pride. June–October



04 DESIGN

REVIEW COMMITTEE (DRC)

We continue to work with businesses, new and existing, to maintain the historic character of Webster Street by reviewing their plans and proposals.

Many hours were invested in the active participation in the housing element of the general plan, working with Andrew Thomas, the City of Alameda, and the Planning Board on height and density concerns.

IE: “For clarification, WABA is unwavering in our support for housing development, and in particular, more affordable housing within our district. We support creative, innovative ideas with no density limits and will work on a solution that helps the city bring in even more housing than required while preserving the charm and feel of the Historic Webster Street District between Central and Lincoln”.

The DRC has met many times with the family that owns Oakland/Alameda Tire at 1825 Webster Street to discuss upgrades and the general use of the lot. Since then, the family has closed all operations of their business on the site and has listed the property for sale. We are currently working with the listing agent and the planning department as this is a great opportunity for needed housing, which it is currently zoned for.



05 ECONOMIC DEVELOPMENT

On a monthly basis, the Economic Development team connects with the listing agent or property owner of each vacancy for updated information. We have been very fortunate the maintain relatively few vacancies.

Current vacancies on Webster Street

- 1414 Webster Street (was US Bank - 8,350 sf)
- 1434 Webster Street
- 1436 Webster Street
- 1502 Webster Street
- 1541 Webster Street
- 1542 Webster Street



06 MEMBERSHIP AND MEMBER OUTREACH

We continue to offer marketing services for our members through **WABA-created** advertising pieces with no charge to our members. Any member event is heavily marketed through our newsletters and social media.

Our annual **Membership Mixer & Election** of Board members was held on November 11th at Fireside Lounge with over 25 in attendance. After taking a pause on hosting mixers, moving forward, WABA mixers will be scheduled at various businesses.

We create and send weekly newsletters (via mail chimp) to over 1,200 members and associates. These are great information pieces on local happenings, city updates, events, and marketing opportunities.

Friends of the West End

This is now an established committee under WABA and residents surrounding the business district. The first event created a float for the city's annual 4th of July Parade. It was an amazing entry and won an award for 2nd Place in the non-profit division. Members of FOTWE volunteer for WABA events, as well as community events. FOTWE now has 35 members, meeting monthly with community speakers with opportunities to be more involved in the community, specifically the West End.

Member Digital Marketing Program

We are excited to announce a new program for 2023 that provides free digital kiosks to all qualified WABA members. These electronic bulletin boards show upcoming events, information on local non-profits, fundraisers, and ads for locally-owned independent businesses. Each kiosk also acts as a digital sign for your business. You control all the content that appears on your screen. You can add and remove slides instantly through the website. It's perfect for showing your upcoming sales, events, specials and featured products.

07 MARKETING

EVENTS

We continue to support the Farmers' Market on Tuesdays and Saturdays, which brings visitors to Webster Street from Alameda and the surrounding communities. Outlined below are some samples of events that we support year-round on the West End.

The West End Mercantile

The West End Mercantile is Webster Street's local maker's market featuring Bay Area artists selling handmade goods. The market is held at the Al-Fresco Dining Park on the 2nd Saturday of the month from 10 am to 3 pm. Shoppers can find a variety of products from jewelry, candles, clothing, pottery, fairy doors, and more! You can enjoy lunch from one of the many restaurants on Webster Street. or the visiting food trucks where you can sip an adult beverage while you shop, stay for a make-and-take, play a game and have lots of fun! This event is sponsored by the West End Arts District.

For more information visit: <https://www.facebook.com/thewestendmercantile>

Magickal Market / Summer Moon Market / Summer Solstice / Witchfest

These year-round markets are pet friendly, all ages community events with street parking, and are ADA accessible. Bites, beverages, and a variety of West End restaurants are featured for market attendees. Thirty-six alternative lifestyle vendors are typically present at these unique shopping experiences. Street markets have proven to be a great source of foot traffic on Webster Street for retailers, bars, and restaurants alike.

Brought to you by the Magical Night Market of Alameda and created by The Feathered Outlaw located at Webster Street between Haight & Taylor Street.

For more information visit our website at www.featheredoutlaw.com

07 MARKETING

2022 (Completed Events)

January

- 1/29 "Much Ado About Nothing" Auditions
- 1/30 "Much Ado About Nothing" Auditions

February

- 2/12 West End Mercantile
- 2/12 Ann Moore - Yoga in the Park
- 2/26 Ann Moore - Yoga in the Park

March

- 3/11 2nd Fri Art Stroll
- 3/12 West End Mercantile
- 3/12 Ann Moore - Yoga in the Park
- 3/20 Sara - Baby Shower
- 3/26 Magickal Market - Feathered Outlaw's 5-Year Anniversary Celebration
- 3/26 Ann Moore - Yoga in the Park

April

- 4/8 2nd Fri Art Stroll
- 4/9 West End Mercantile
- 4/9 Ann Moore - Yoga in the Park
- 4/22 Maya Lin PTA Fundraiser
- 4/23 Alameda Back Yard Growers
- 4/23 Ann Moore - Yoga in the Park
- 4/23 Much Ado About Nothing
- 4/24 Much Ado About Nothing
- 4/30 AAUW
- 4/30 Much Ado About Nothing

07 MARKETING

2022 (Completed Events)

May

5/1 Much Ado About Nothing
5/13 2nd Fri Art Stroll
5/14 West End Mercantile
5/14 Ann Moore - Yoga in the Park
5/15 Ann Moore - Community Bike Ride
5/25 Lorrie Friends of the West End
5/27 Magical Market
5/28 Ann Moore - Yoga in the Park

June

6/4 Poster Contest - Gene Kahane
6/5 AFBP's - Flea Market - Gene Kahane
6/7 Alameda Food Bank
6/8 Academy of Alameda
6/10 2nd Fri Art Stroll
6/11 West End Mercantile
6/11 Ann Moore - Yoga in the Park
6/18 Magickal Market / Feathered Outlaw Summer Solstice Event
6/24 Summer Moon Market
6/25 Jackie - LGBTQIA event
6/26 Gene Kahane - yard sale

July

7/4 Family BBQ- WABA
7/8 2nd Fri Art Stroll
7/9 West End Mercantile

07 MARKETING

2022 (Completed Events)

August

8/2 Plein Aire - Frank Bette Center
8/8 Alameda Food Bank Player's
8/12 2nd Fri Art Stroll
8/13 West End Mercantile
8/19 Alameda Food Bank Player's
8/20 Alameda Food Bank Player's
8/21 Alameda Food Bank Player's
8/26 Summer Moon Market
8/27 Alameda Food Bank Player's
8/28 Alameda Food Bank Player's

September

9/3 Alameda Food Bank Player's
9/4 Alameda Food Bank Player's
9/9 2nd Fri Art Stroll
9/10 West End Mercantile
9/30 Summer Moon Market

October

10/8 Pride in the Park Opening Celebration: Gay Prom!
10/14 2nd Fri Art Stroll
10/15 West End Mercantile
10/16 Gene Kahane - rehearsals
10/17 Gene Kahane - rehearsals
10/22 Magickal Market / Feathered Outlaw Witchfest 2022
10/29 Webster Street Trick or Treat & Waba's Monsters & Mayhem

07 MARKETING

2022 (Completed Events)

November

11/5 - Valerie - BD party 2022 (Completed Events)
11/11 2nd Fri Art Stroll 5-9pm - ambient acoustic very low key
11/12 - West End Mercantile (?)
11/19 - Gene Kahane - garage sale
11/25 - Black Hat Market - 10-4
11/26 - Magickal Market / Feathered Outlaw Small Business Sat

December

12/3 - Gene Kahane
12/4 - Gene Kahane
12/9 2nd Fri Art Stroll 5-9 pm - ambient acoustic very low key
12/10 - West End Mercantile
12/11 - Gene Kahane
Sat 12/17 - Magickal Market / Feathered Outlaw Yule Celebration
12/18 - Gene Kahane



07 MARKETING

2023 Upcoming Events

The following list of events are WABA lead or sponsored by WABA.

April

4/7 Second Friday Art Walk

4/8 West End Mercantile

4/28 Magickal Market

May

5/12 Second Friday Art Walk

5/13 West End Mercantile

5/22 Halfway to Halloween event with the Menagerie Oddities Market

5/26 Magickal Market

June

6/9 Second Friday Art Walk

6/10 West End Mercantile

6/17 Sunset Sip & Shop

6/30 Magickal Market

July

7/4 4th of July Parade Afterparty

7/14 Second Friday Art Walk

7/15 West End Mercantile

7/22 Taste of West Alameda

7/28 Summer Moon Market

August

8/11 Second Friday Art Walk

8/12 West End Mercantile

8/19 Fleetwood Macrame Summer Fundraiser

8/25 Summer Moon Market

07 MARKETING

September

9/8 Second Friday Art Walk

9/9 West End Mercantile

9/29 Summer Moon Market

October

10/14 West End Mercantile

10/21 Witchfest

10/28 WABA Halloween Event

November

11/11 West End Mercantile

11/24 Black Hat Friday

11/25 Shop Small Saturday

December

12/9 West End Mercantile

12/16 Midwinter Market



09 WABA

BOARD OF DIRECTORS

Sandy Russell - President

The Fireside Lounge
1453 Webster Street
Alameda, CA 94501

Term expires December 31, 2024



Daniel Hoy - Secretary

Architect
1551 Webster Street Suite B1
Alameda CA 94501

Term expires December 31, 2025



Chris VavRosky - Economic Development

Kitchen of Alameda
1727 Webster Street
Alameda, CA 94501

Term expires December 31, 2025



09 WABA

BOARD OF DIRECTORS

John Lipp

FAAS/Thrifty Kitty

1509 Webster Street Alameda, CA
94501

Term expires December 31, 2025



Linda Asbury

Executive Director

1509-1/2 Webster Street
Alameda, CA 94501

510.523.5955

linda@westalamedabusiness.com



09 WABA

BOARD OF DIRECTORS

Marie Ortega

**Events + Marketing + Social
Media**

Feathered Outlaw
1506 Webster Street
Alameda, CA 94501

Term expires December 31, 2023



Tanoa Stewart

A Town Booking Agency
909 Marina Village
Parkway #357
Alameda, CA 94501

Term expires December 31, 2023



Constance Garcia

Events & Marketing

The Menagerie Oddities Market

Term expires December 31, 2024



09 WABA

BOARD OF DIRECTORS

Tina Vasconcellos, Ph.D.

College of Alameda
Alameda, CA 94501

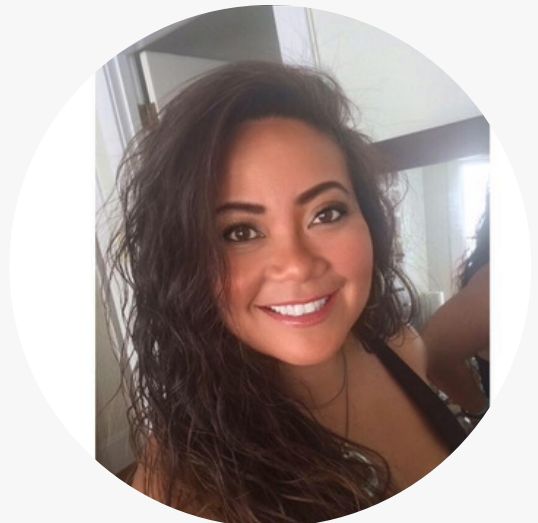
Term expires December 31, 2023



Pia Barton

Malaya Botanicals
1542 Webster Street
Alameda, CA 94501

Term expires December 31, 2023



Carrie Madarang

Events + Friends of the West End

Term expires December 31, 2024



[illegible]

West Alameda Business Association

Balance Sheet
As of December 31, 2022

| | TOTAL |
|--|---------------------|
| ASSETS | |
| Current Assets | |
| Bank Accounts | |
| Beacon Bank - Operating Checking(7241) | 10,725.10 |
| Beacon Bank Restricted(4221) | 0.00 |
| Edward Jones - Checking (9718) | 49,101.33 |
| Edward Jones - Money Market (7911) | 75,639.27 |
| Edward Jones - Money Market(8018) | 5,025.85 |
| Total Bank Accounts | \$140,491.55 |
| Accounts Receivable | |
| Accounts Receivable | 0.00 |
| Total Accounts Receivable | \$0.00 |
| Other Current Assets | |
| Prepaid Expenditures | 10,892.18 |
| Undeposited Funds | 0.00 |
| Total Other Current Assets | \$10,892.18 |
| Total Current Assets | \$151,383.73 |
| Fixed Assets | |
| Accumulated Depreciation | -550.00 |
| Furniture and Equipment | |
| Computer equipment | 3,705.50 |
| Total Furniture and Equipment | 3,705.50 |
| Total Fixed Assets | \$3,155.50 |
| Other Assets | |
| Rent Deposit | 1,000.00 |
| Total Other Assets | \$1,000.00 |
| TOTAL ASSETS | \$155,539.23 |
| LIABILITIES AND EQUITY | |
| Liabilities | |
| Current Liabilities | |
| Accounts Payable | |
| Accounts Payable | 0.00 |
| Total Accounts Payable | \$0.00 |
| Total Current Liabilities | \$0.00 |
| Long-Term Liabilities | |
| Grant - Sewald | 10,000.00 |
| Total Long-Term Liabilities | \$10,000.00 |
| Total Liabilities | \$10,000.00 |

West Alameda Business Association

Balance Sheet As of December 31, 2022

| | TOTAL |
|-------------------------------------|---------------------|
| Equity | |
| Opening Bal Equity | 90,801.18 |
| Unrestricted Net Assets | 48,191.59 |
| Net Income | 6,546.46 |
| Total Equity | \$145,539.23 |
| TOTAL LIABILITIES AND EQUITY | \$155,539.23 |

West Alameda Business Association

Profit and Loss

January - December 2022

| | TOTAL |
|--|---------------------|
| Income | |
| ATM Revenue | 1,686.20 |
| INCOME | |
| MEMBERSHIP & FEES(Income) | 150.00 |
| BIA Fees (income) | 83,755.19 |
| Sponsorship | 41,795.36 |
| Total MEMBERSHIP & FEES(Income) | 125,700.55 |
| Total INCOME | 125,700.55 |
| PARKING PASS PROGRAM | 1,800.00 |
| Total Income | \$129,186.75 |
| GROSS PROFIT | \$129,186.75 |
| Expenses | |
| EXPENSES GENERAL | 5,326.87 |
| EVENT EXPENSES | 16,200.63 |
| Magickal Market | 2,500.00 |
| Total EVENT EXPENSES | 18,700.63 |
| Total EXPENSES GENERAL | 24,027.50 |
| GENERAL ADMINISTRATION COSTS | 856.75 |
| OFFICE EXPENSES | |
| -Cleaning service | 930.00 |
| -Postage & delivery | 269.60 |
| -Utilities | |
| Telephone-Internet service | 1,131.04 |
| Total -Utilities | 1,131.04 |
| Casual Labor | 5,325.00 |
| Dues & Subscriptions | 277.10 |
| Fees | |
| Baltsoft | 81.00 |
| Bank Fees | 118.93 |
| Drop Box | 119.88 |
| Google suite | 179.99 |
| QuickBooks Payments Fees (Intuit) | 820.00 |
| Total Fees | 1,319.80 |
| Insurance | |
| Liability | 2,899.00 |
| Total Insurance | 2,899.00 |
| Miscellaneous(printing, etc.) | 264.14 |
| Office rent | 8,294.77 |
| Office Repair and Maintenance | 41.06 |
| Total OFFICE EXPENSES | 20,751.51 |

West Alameda Business Association

Profit and Loss

January - December 2022

| | TOTAL |
|--|---------------------|
| Professional Fees | |
| Accounting & Tax Preparation | 2,070.95 |
| Total Professional Fees | 2,070.95 |
| Salaries | 3,562.50 |
| Bookkeeper (Tj S.) | 1,050.00 |
| Executive Director (Linda A.) | 31,200.00 |
| Total Salaries | 35,812.50 |
| Total GENERAL ADMINISTRATION COSTS | 59,491.71 |
| MARKETING AND PROMOTION GENERAL | 11,509.60 |
| Advertising | 650.00 |
| Membership Outreach | 295.00 |
| Promotions | |
| Marketing Professional Services | 2,380.00 |
| Total Promotions | 2,380.00 |
| Social Media Services | 5,050.00 |
| WEBSITE | |
| Website maintenance | 112.50 |
| Total WEBSITE | 112.50 |
| Total MARKETING AND PROMOTION GENERAL | 19,997.10 |
| Meals & Entertainment | 453.11 |
| WEBSTER ST | 1,000.00 |
| Alfresco Dining Out Program | 17,586.01 |
| Holiday - Installation & Supplies | 941.41 |
| Holiday decoration supplies | 241.63 |
| Total Holiday - Installation & Supplies | 1,183.04 |
| Total WEBSTER ST | 19,769.05 |
| Total Expenses | \$123,738.47 |
| NET OPERATING INCOME | \$5,448.28 |
| Other Income | |
| Interest Income | 1,173.20 |
| Total Other Income | \$1,173.20 |
| Other Expenses | |
| Reconciliation Discrepancies-1 | 0.02 |
| Taxes | 75.00 |
| Total Other Expenses | \$75.02 |
| NET OTHER INCOME | \$1,098.18 |
| NET INCOME | \$6,546.46 |

West Alameda Business Association
Budget Overview 2023
January - December

[illegible]

2021 TAX RETURN

Client Copy

Client: WESTALAM

Prepared for: WEST ALAMEDA BUSINESS ASSOCIATION
P.O. BOX 215
ALAMEDA, CA 94501
510-523-5955

Prepared by: maggie chow
Chow and Associates CPA
1151 Harbor Bay Pkwy Ste 130
Alameda, CA 94502
510-523-6600

Date: May 11, 2022

Comments:

Route to: _____

2021 Exempt Org. Return
prepared for:

WEST ALAMEDA BUSINESS ASSOCIATION
P.O. BOX 215
ALAMEDA, CA 94501

Chow and Associates CPA
1151 Harbor Bay Pkwy Ste 130
Alameda, CA 94502

Chow and Associates CPA
1151 Harbor Bay Pkwy Ste 130
Alameda, CA 94502
510-523-6600

Client WESTALAM
May 11, 2022

WEST ALAMEDA BUSINESS ASSOCIATION
P.O. BOX 215
ALAMEDA, CA 94501
510-523-5955

FEDERAL FORMS

| | |
|--------------|--|
| Form 990-EZ | 2021 Return of Organization Exempt from Income Tax |
| Schedule O | Supplemental Information |
| Form 8868 | Application for Extension |
| | Depreciation Schedules |
| Form 8879-TE | IRS e-file Signature Authorization |

CALIFORNIA FORMS

| | |
|-----------------|---|
| Form 199 | 2021 California Exempt Organization Return |
| Form 3885 (199) | Depreciation and Amortization - Corp. |
| Form 8453-EO | California e-file Return Authorization for Exempt |
| Form RRF-1 | 2022 Registration/Renewal Fee Report |
| | California Depreciation Schedules |

FEE SUMMARY

Preparation Fee

WEST ALAMEDA BUSINESS ASSOCIATION

| | 2021 | 2020 | Diff |
|---|---------|------|---------|
| FORM 990-EZ REVENUE | | | |
| Contributions, gifts, and grants..... | 118,171 | 0 | 118,171 |
| Investment income..... | 43 | 0 | 43 |
| Total revenue..... | 118,214 | 0 | 118,214 |
| EXPENSES | | | |
| Professional fees/pymt to contractors.... | 79,266 | 0 | 79,266 |
| Occupancy/rent/utilities/maintenance..... | 7,915 | 0 | 7,915 |
| Printing, publications, and postage..... | 6,814 | 0 | 6,814 |
| Other expenses..... | 18,084 | 0 | 18,084 |
| Total expenses..... | 112,079 | 0 | 112,079 |
| NET ASSETS OR FUND BALANCES | | | |
| Excess or (deficit) for the year..... | 6,135 | 0 | 6,135 |
| Net assets/fund bal. at beg. of year..... | 125,099 | 0 | 125,099 |
| Other changes in net assets/fund bal..... | 5,352 | 0 | 5,352 |
| Net assets/fund bal. at end of year..... | 136,586 | 0 | 136,586 |

WEST ALAMEDA BUSINESS ASSOCIATION

| | 2021 | 2020 | Diff |
|---|---------|---------|----------|
| RECEIPTS AND REVENUES | | | |
| Gross sales or receipts..... | 43 | 140 | -97 |
| Gross contributions, gifts, & grants..... | 118,171 | 267,885 | -149,714 |
| Total gross receipts..... | 118,214 | 268,025 | -149,811 |
| Total costs..... | 0 | 0 | 0 |
| Total gross income..... | 118,214 | 268,025 | -149,811 |
| EXPENSES | | | |
| Total expenses..... | 112,079 | 221,683 | -109,604 |
| Excess receipts over expenses..... | 6,135 | 46,342 | -40,207 |
| FILING FEE | | | |
| Filing fee..... | 0 | 0 | 0 |
| Balance due..... | 0 | 0 | 0 |

2021

General Information

Page 1

WEST ALAMEDA BUSINESS ASSOCIATION

Forms needed for this return

Federal: 990-EZ, Sch O, 8868

California: 199, 3885, 8453-EO, e-file Instructions, RRF-1

Carryovers to 2022

None

The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

Prior to transmission of the return

Form 990-EZ

The organization should review their Federal Return along with any accompanying schedules and statements.

Paperless e-file

The organization should read, sign and date the Form 8879-TE, IRS e-file Signature Authorization.

Even Return

No payment is required.

After transmission of the return

Receive acknowledgement of your e-file transmission status.

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

Keep a signed copy of Form 8879-TE, IRS e-file Signature Authorization in your files for 3 years.

Do not mail:

Form 8879-TE IRS e-file Signature Authorization

WEST ALAMEDA BUSINESS ASSOCIATION

The organization's Federal tax return is **NOT FINISHED** until you complete the following instructions.

Prior to transmission of the return**Form 8868**

No signature is required with Form 8868.

Even Return

No payment is required.

After transmission of the return**Receive acknowledgement of your e-file transmission status.**

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

WEST ALAMEDA BUSINESS ASSOCIATION

The entity's 2021 California tax return is **NOT FINISHED** until you complete the following instructions.

Prior to transmission of the return**Form 199**

The entity should review their 2021 California Exempt Income Tax Return along with any accompanying schedules and statements.

Form 8453-EO

The entity should review, sign and date Form 8453-EO prior to e-filing the return.

Even Return

No payment is required.

After transmission of the return**Receive acknowledgement of your e-file transmission status.**

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your California acknowledgements.

Keep a signed copy of Form 8453-EO in your files for 4 years.

Do Not Mail:

Form 8453-EO

Franchise Tax Board, PO Box 942857, Sacramento CA 94257-0531

WEST ALAMEDA BUSINESS ASSOCIATION

| No. | Description | Date Acquired | Date Sold | Bus. Pct. | Cur. 179 Bonus | Special Dep. Allow. | Prior 179/ Bonus/ Sp. Dep. | Prior Dep. Bal. | Salvage /Basis Reductn. | Depr. Basis | Prior Depr. | Method | Life | Rate | Current Depr. |
|-------------------------|-------------------------------|------------------|--------------|--------------|----------------------|---------------------------|-------------------------------------|-----------------------|-------------------------------|----------------|----------------|--------|------|------|------------------|
| Form 990/990-PF | | | | | | | | | | | | | | | |
| Furniture and Fixtures | | | | | | | | | | | | | | | |
| 1 | COMPUTER EQUIPMENT | 6/30/14 | | | | | | | | 2,750 | 2,750 | S/L | 5 | | 0 |
| | Total Furniture and Fixtures | | | | | | | | | 2,750 | 2,750 | | | | 0 |
| Machinery and Equipment | | | | | | | | | | | | | | | |
| 2 | NEW WABA COMPUTER | 11/30/20 | | | | | | | | 956 | 956 | S/L | 5 | | 191 |
| | Total Machinery and Equipment | | | | | | | | | 956 | 956 | | | | 191 |
| | Total Depreciation | | | | | | | | | 3,706 | 2,766 | | | | 191 |
| | Grand Total Depreciation | | | | | | | | | 3,706 | 2,766 | | | | 191 |

WEST ALAMEDA BUSINESS ASSOCIATION

| No. | Description | Date Acquired | Date Sold | Cost/ Basis | Bus. Pct. | Cur 179 Bonus | Special Depr. Allow. | Prior 179/ Bonus/ Sp. Depr. | Prior Dec. Bal. Depr. | Salvage /Basis Reductn. | Depr. Basis | Prior Depr. | Method | Life | Rate | Current Depr. |
|-------------------------|-------------------------------|------------------|--------------|----------------|--------------|---------------------|----------------------------|--------------------------------------|-----------------------------|-------------------------------|----------------|----------------|--------|------|------|------------------|
| Form 199 | | | | | | | | | | | | | | | | |
| Furniture and Fixtures | | | | | | | | | | | | | | | | |
| 1 | COMPUTER EQUIPMENT | 6/30/14 | | 2,750 | | | | | | | 2,750 | 2,750 | S/L | 5 | | 0 |
| | Total Furniture and Fixtures | | | 2,750 | | 0 | 0 | 0 | 0 | 0 | 2,750 | 2,750 | | | | 0 |
| Machinery and Equipment | | | | | | | | | | | | | | | | |
| 2 | NEW WABA COMPUTER | 11/30/20 | | 956 | | | | | | | 956 | 16 | S/L | 5 | | 191 |
| | Total Machinery and Equipment | | | 956 | | 0 | 0 | 0 | 0 | 0 | 956 | 16 | | | | 191 |
| | Total Depreciation | | | 3,706 | | 0 | 0 | 0 | 0 | 0 | 3,706 | 2,766 | | | | 191 |
| | Grand Total Depreciation | | | 3,706 | | 0 | 0 | 0 | 0 | 0 | 3,706 | 2,766 | | | | 191 |

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

2021Department of the Treasury
Internal Revenue Service

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20 _____

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

WEST ALAMEDA BUSINESS ASSOCIATION

Name and title of officer or person subject to tax

SANDRA RUSSELL President**Part I Type of Return and Return Information**

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

| | | | | |
|---------------------------------------|-------------------------------------|--|-----|----------|
| 1a Form 990 check here | <input type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | |
| 2a Form 990-EZ check here | <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | 118,214. |
| 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 V, line 5) | 4b | |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b | |
| 6a Form 990-T check here | <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b | |
| 7a Form 4720 check here | <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b | |
| 8a Form 5227 check here | <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b | |
| 9a Form 5330 check here | <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b | |
| 10a Form 8038-CP check here | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b | |

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____ (EIN) _____

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

PIN: check one box only

☒ I authorize Chow and Associates CPA to enter my PIN as my signature
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

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

Do not enter all zeros

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

ERO's signature ▶ maggie chow

Date ▶

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

Form

8868

(Rev. January 2022)

Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time To File an
Exempt Organization Return**▶ **File a separate application for each return.**▶ **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | | |
|--|--|--|--------------------------------------|
| Type or print File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions. | | Taxpayer identification number (TIN) |
| | WEST ALAMEDA BUSINESS ASSOCIATION | | |
| | Number, street, and room or suite number. If a P.O. box, see instructions. | | |
| | P.O. BOX 215 | | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | |
| | ALAMEDA, CA 94501 | | |

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

| Application Is For | Return Code | Application Is For | Return Code |
|---|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (section 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |
| Form 990-T (corporation) | 07 | | |

- The books are in the care of ▶ SANDI PILON

Telephone No. ▶ 510-523-5955Fax No. ▶ 510-337-1352

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 11/15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☒ calendar year 20 21 or▶ ☐ tax year beginning _____, 20____, and ending _____, 20____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

| | | | |
|--|-----------|----|----|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- Do not enter social security numbers on this form, as it may be made public.
- Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning , 2021, and ending**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C
WEST ALAMEDA BUSINESS ASSOCIATION
P.O. BOX 215
ALAMEDA, CA 94501

D Employer identification number**E** Telephone number

510-523-5955

F Group Exemption
Number**G** Accounting Method: ☐ Cash ☒ Accrual Other (specify) ►**I** Website: ► www.westalamedabusiness.com**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(6) (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not
required to attach Schedule B
(Form 990).**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total
assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 118,214.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I. ☒

| | | | |
|------------|--|---|----------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 118,171. |
| | 2 | Program service revenue including government fees and contracts | |
| | 3 | Membership dues and assessments | |
| | 4 | Investment income | 43. |
| | 5a | Gross amount from sale of assets other than inventory | |
| | 5b | Less: cost or other basis and sales expenses | |
| | 5c | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) | |
| | 6 | Gaming and fundraising events: | |
| | 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions | |
| | 6b | Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | |
| 6c | Less: direct expenses from gaming and fundraising events | | |
| 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | |
| Expenses | 7a | Gross sales of inventory, less returns and allowances | |
| | 7b | Less: cost of goods sold | |
| | 7c | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) | |
| | 8 | Other revenue (describe in Schedule O) | |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. | 118,214. |
| | 10 | Grants and similar amounts paid (list in Schedule O) | |
| | 11 | Benefits paid to or for members | |
| Net Assets | 12 | Salaries, other compensation, and employee benefits | |
| | 13 | Professional fees and other payments to independent contractors | 79,266. |
| | 14 | Occupancy, rent, utilities, and maintenance | 7,915. |
| | 15 | Printing, publications, postage, and shipping | 6,814. |
| | 16 | Other expenses (describe in Schedule O) See Schedule O | 18,084. |
| | 17 | Total expenses. Add lines 10 through 16. | 112,079. |
| | 18 | Excess or (deficit) for the year (subtract line 17 from line 9) | 6,135. |
| Net Assets | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 125,099. |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) See Schedule O | 5,352. |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20. | 136,586. |

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2021)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II. ☒

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | 122,267. | 133,945. |
| 23 Land and buildings | | |
| 24 Other assets (describe in Schedule O) See Schedule O | 12,832. | 12,641. |
| 25 Total assets | 135,099. | 146,586. |
| 26 Total liabilities (describe in Schedule O) See Schedule O | 10,000. | 10,000. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 125,099. | 136,586. |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III. ☒

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

| | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) |
|---|--|
| 28 TO PROMOTE INTERESTS OF ITS MEMBERS - THE BUSINESS & PROFESSIONAL PERSONS ASSOCIATED WITH THE WEST ALAMEDA BUSINESS ASSOCIATION. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28 a |
| 29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29 a |
| 30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30 a |
| 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31 a |
| 32 Total program service expenses (add lines 28a through 31a) | 32 |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MIS/1099-NEC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|--|---|--|
| SANDY RUSSELL President | 0 | 0. | 0. | 0. |
| ANN MOORE BOARD DIRECTOR | 0 | 0. | 0. | 0. |
| CHRIS VAVROSKY ECONOMIC DEVELOPMENT | 0 | 0. | 0. | 0. |
| CONNSTANCE GARCIA Treasurer | 0 | 0. | 0. | 0. |
| DANIEL HOY Secretary | 0 | 0. | 0. | 0. |
| TANOA STEWART BOARD DIRECTOR | 0 | 0. | 0. | 0. |
| MARIE ORTEGA BOARD MEMBER | 0 | 0. | 0. | 0. |
| PIA BARTON BOARD MEMBER | 0 | 0. | 0. | 0. |
| LINDA ASBURY Executive Dir. | 17 | 31,200. | 0. | 0. |
| JOHN LIPP BOARD MEMBER | 0 | 0. | 0. | 0. |
| TINA VASCONCELLOS BOARD MEMBER | 0 | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐

| | Yes | No |
|--|-----|----|
| 33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O. | | X |
| 34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. | | X |
| 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | X |
| b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O. | | |
| c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III. | | X |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N. | | X |
| 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 0. | | |
| b Did the organization file Form 1120-POL for this year? | | X |
| 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | X |
| b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved. | | |
| 39 Section 501(c)(7) organizations. Enter: | | |
| a Initiation fees and capital contributions included on line 9. | | |
| b Gross receipts, included on line 9, for public use of club facilities. | | |
| 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. | | |
| b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I. | | |
| c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. | | |
| d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. | | |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. | | X |
| 41 List the states with which a copy of this return is filed ▶ None | | |

42 a The organization's books are in care of ▶ SANDI PILON Telephone no. ▶ 510-523-5955
 Located at ▶ 1509 1/2 WEBSTER STREET ALAMEDA CA ZIP + 4 ▶ 94501

| | Yes | No |
|---|-----|----|
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| If 'Yes,' enter the name of the foreign country ▶ | | |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| c At any time during the calendar year, did the organization maintain an office outside the United States? | | X |
| If 'Yes,' enter the name of the foreign country ▶ | | |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** N/A

| | Yes | No |
|--|-----|----|
| 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. | | X |
| b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. | | X |
| c Did the organization receive any payments for indoor tanning services during the year? | | X |
| d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. | | |
| 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions. | | X |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.

| | Yes | No |
|----|-----|----|
| 46 | | X |

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47 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.

| | Yes | No |
|-----|-----|----|
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|--|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000.

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A.

Yes No

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

SANDRA RUSSELL

President

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

maggie chow

maggie chow

Firm's name Chow and Associates CPA

Firm's address 1151 Harbor Bay Pkwy Ste 130

Alameda, CA 94502

Firm's EIN

Phone no. 510-523-6600

May the IRS discuss this return with the preparer shown above? See instructions.

Yes No

BAA

Form 990-EZ (2021)

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

WEST ALAMEDA BUSINESS ASSOCIATION

Employer identification number

Form 990-EZ, Part I, Line 16

Other Expenses

| | | |
|--------------------------------|-----------|----------------|
| Advertising and Promotion..... | \$ | 3,042. |
| Depreciation..... | | 191. |
| Insurance..... | | 2,529. |
| Office Expenses..... | | 1,479. |
| SOCIAL MEDIA SERVICES..... | | 7,200. |
| TAXES..... | | 101. |
| UTILITIES..... | | 1,112. |
| WABA REBRANDING PROJECT..... | | 2,345. |
| WEBSITE MAINTENANCE..... | | 85. |
| Total | \$ | 18,084. |

Form 990-EZ, Part I, Line 20

Other Changes In Net Assets Or Fund Balances

| | | |
|------------------------------|-----------|---------------|
| PRIOR PERIOD ADJUSTMENT..... | \$ | 5,352. |
| Total | \$ | 5,352. |

Form 990-EZ, Part II, Line 24

Other Assets

| | <u>Beginning</u> | <u>Ending</u> |
|--|-------------------|-------------------|
| Machinery and Equipment..... | \$ 940. | \$ 749. |
| Prepaid Expenses and Deferred Charges..... | 10,892. | 10,892. |
| RENT DEPOSIT..... | 1,000. | 1,000. |
| Total | \$ 12,832. | \$ 12,641. |

Form 990-EZ, Part II, Line 26

Total Liabilities

| | <u>Beginning</u> | <u>Ending</u> |
|---------------------|-------------------|-------------------|
| Grants Payable..... | \$ 10,000. | \$ 10,000. |
| Total | \$ 10,000. | \$ 10,000. |

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

TO PROMOTE LOCAL BUSINESSES.

TAXABLE YEAR

2021

California Exempt Organization Annual Information Return

FORM

199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name

WEST ALAMEDA BUSINESS ASSOCIATION

Additional information. See instructions.

California corporation number

1667437

FEIN

PMB no.

Street address (suite or room)

P.O. BOX 215

City

ALAMEDA

Foreign country name

State

CA

Zip code

94501

Foreign province/state/county

Foreign postal code

- A First return. ☐ Yes ☒ No
- B Amended return. ☐ Yes ☒ No
- C IRC Section 4947(a)(1) trust. ☐ Yes ☒ No
- D Final information return?
☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
 Enter date: (mm/dd/yyyy) ☐
- E Check accounting method:
 1 ☐ Cash 2 ☒ Accrual 3 ☐ Other
- F Federal return filed? 1 ☐ 990T 2 ☐ 990-PF 3 ☐ Sch H (990)
 4 ☐ Other 990 series
- G Is this a group filing? See instructions. ☐ Yes ☒ No
- H Is this organization in a group exemption?
 If "Yes," what is the parent's name? ☐ Yes ☒ No

- I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. ☐ Yes ☒ No
- J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ☐ Yes ☐ No
- K Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
 If "Yes," enter the gross receipts from nonmember sources \$ N/A
- L Is the organization a limited liability company? ☐ Yes ☒ No
- M Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No
- N Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No
- O Is federal Form 1023/1024 pending? ☐ Yes ☐ No
 Date filed with IRS

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

| | | | | |
|--|--|--|--------------|---|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8. | 1 | 43. |
| | 2 | Gross dues and assessments from members and affiliates. | 2 | |
| | 3 | Gross contributions, gifts, grants, and similar amounts received. | 3 | 118,171. |
| | 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 | 118,214. |
| | 5 | Cost of goods sold. | 5 | |
| | 6 | Cost or other basis, and sales expenses of assets sold. | 6 | |
| | 7 | Total costs. Add line 5 and line 6. | 7 | |
| | 8 | Total gross income. Subtract line 7 from line 4. | 8 | 118,214. |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18. | 9 | 112,079. |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. | 10 | 6,135. |
| Filing Fee | 11 | Total payments. | 11 | |
| | 12 | Use tax. See General Information K. | 12 | |
| | 13 | Payments balance. If line 11 is more than line 12, subtract line 12 from line 11. | 13 | |
| | 14 | Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12. | 14 | |
| | 15 | Penalties and interest. See General Information J. | 15 | |
| | 16 | Balance due. Add line 12 and line 15. Then subtract line 11 from the result. | 16 | 0. |
| 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 | Title | Date | Telephone |
| Paid Preparer's Use Only | Preparer's signature | | Date | Check if self-employed <input type="checkbox"/> |
| | Firm's name (or yours, if self-employed) and address | | Firm's FEIN | |
| | MAGGIE CHOW | | 510-523-5955 | |
| | CHOW AND ASSOCIATES CPA | | PTIN | |
| | 1151 HARBOR BAY PKWY STE 130 ALAMEDA, CA 94502 | | 510-523-6600 | |
| May the FTB discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

WEST ALAMEDA BUSINESS ASSOCIATION

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 | |
| | 2 | Interest | 2 | 43. |
| | 3 | Dividends | 3 | |
| | 4 | Gross rents | 4 | |
| | 5 | Gross royalties | 5 | |
| | 6 | Gross amount received from sale of assets (See instructions). | 6 | |
| | 7 | Other income. Attach schedule | 7 | |
| | 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 | 43. |
| | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule | 9 | |
| | 10 | Disbursements to or for members. | 10 | |
| Expenses and Disbursements | 11 | Compensation of officers, directors, and trustees. Attach schedule | 11 | 0. |
| | 12 | Other salaries and wages | 12 | |
| | 13 | Interest | 13 | |
| | 14 | Taxes | 14 | |
| | 15 | Rents | 15 | 7,915. |
| | 16 | Depreciation and depletion (See instructions). | 16 | 191. |
| | 17 | Other expenses and disbursements. Attach schedule | 17 | 103,973. |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9. | 18 | 112,079. |

| Schedule L Balance Sheet | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---|---------------------------|----------|---------------------|----------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | 122,267. | | 133,945. |
| 2 | Net accounts receivable | | | | |
| 3 | Net notes receivable | | | | |
| 4 | Inventories | | | | |
| 5 | Federal and state government obligations | | | | |
| 6 | Investments in other bonds | | | | |
| 7 | Investments in stock | | | | |
| 8 | Mortgage loans | | | | |
| 9 | Other investments. Attach schedule | | | | |
| 10a | Depreciable assets | 3,706. | | 3,706. | |
| b | Less accumulated depreciation | 2,766. | 940. | 2,957. | 749. |
| 11 | Land | | | | |
| 12 | Other assets. Attach schedule | | 11,892. | | 11,893. |
| 13 | Total assets | | 135,099. | | 146,587. |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | | | |
| 15 | Contributions, gifts, or grants payable | | 10,000. | | 10,000. |
| 16 | Bonds and notes payable | | | | |
| 17 | Mortgages payable | | | | |
| 18 | Other liabilities. Attach schedule | | | | |
| 19 | Capital stock or principal fund | | | | |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | | |
| 21 | Retained earnings or income fund | | 125,099. | | 136,587. |
| 22 | Total liabilities and net worth | | 135,099. | | 146,587. |

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 | 6,135. | 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. | |
| 3 | Excess of capital losses over capital gains | | | Attach schedule | |
| 4 | Income not recorded on books this year. | | 9 | Total. Add line 7 and line 8 | |
| | Attach schedule | | 10 | Net income per return. | |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | | | Subtract line 9 from line 6 | 6,135. |
| 6 | Total. Add line 1 through line 5 | 6,135. | | | |

2021 Corporation Depreciation and Amortization**3885**Attach to Form 100 or Form 100W. **FORM 199**

Corporation name

California corporation number

WEST ALAMEDA BUSINESS ASSOCIATION**Part I Election To Expense Certain Property Under IRC Section 179**

| | | | |
|----|--|------------------------------|------------------|
| 1 | Maximum deduction under IRC Section 179 for California..... | 1 | \$25,000 |
| 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 | \$200,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-..... | 4 | |
| 5 | Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-..... | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property (elected IRC Section 179 cost)..... | 7 | |
| 8 | Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7..... | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8..... | 9 | |
| 10 | Carryover of disallowed deduction from prior taxable years..... | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5..... | 11 | |
| 12 | IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11..... | 12 | |
| 13 | Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12..... | 13 | |

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

| 14 | (a) Description of property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|----|---|--------------------------------------|-------------------------------|--|-------------------------------|------------------------|--------------------------------------|---|
| | COMPUTER EQUIPM | 6/30/2014 | 2,750. | 2,750. | S/L | 5 | | |
| | NEW WABA COMPUT | 11/30/2020 | 956. | 16. | S/L | 5 | 191. | |
| 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 | 191. |

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 | |
| 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

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

WEST ALAMEDA BUSINESS ASSOCIATION

Statement 1
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

| Name and Address | Title and Average Hours Per Week Devoted | Total Compen- sation | Contri- bution to EBP & DC | Expense Account/ Other |
|---|--|----------------------------|----------------------------------|------------------------------|
| SANDY RUSSELL 1453 WEBSTER ST ALAMEDA, CA 94501 | President 0 | \$ 0. | \$ 0. | \$ 0. |
| ANN MOORE 1505 WEBSTER ST ALAMEDA, CA 94501 | BOARD DIRECTOR 0 | 0. | 0. | 0. |
| CHRIS VAVROSKY 1727 WEBSTER ST ALAMEDA, CA 94501 | ECONOMIC DEVELO 0 | 0. | 0. | 0. |
| CONNSTANCE GARCIA 1509 1/2 WEBSTER ST ALAMEDA, CA 94501 | Treasurer 0 | 0. | 0. | 0. |
| DANIEL HOY 1551 WEBSTER ST, STE B1 ALAMEDA, CA 94501 | Secretary 0 | 0. | 0. | 0. |
| TANOA STEWART 909 MARINA VILLAGE PKWY, #357 ALAMEDA, CA 94501 | BOARD DIRECTOR 0 | 0. | 0. | 0. |
| MARIE ORTEGA 1506 WEBSTER ST ALAMEDA, CA 94501 | BOARD MEMBER 0 | 0. | 0. | 0. |
| PIA BARTON 1542 WEBSTER ST ALAMEDA, CA 94501 | BOARD MEMBER 0 | 0. | 0. | 0. |
| LINDA ASBURY 1509-1/2 WEBSTER ST. ALAMEDA, CA 94501 | Executive Dir. 17.00 | 0. | 0. | 0. |
| JOHN LIPP 1590 FORTMANN WAY ALAMEDA, CA 94501 | BOARD MEMBER 0 | 0. | 0. | 0. |
| TINA VASCONCELLOS 555 RALPH APPEZZATO ALAMEDA, CA 94501 | BOARD MEMBER 0 | 0. | 0. | 0. |

Total \$ 0. \$ 0. \$ 0.

WEST ALAMEDA BUSINESS ASSOCIATION

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

| | |
|--------------------------------|--------------------|
| Accounting Fees..... | \$ 3,235. |
| Advertising and Promotion..... | 3,042. |
| Insurance..... | 2,529. |
| Management fees..... | 31,200. |
| Office Expenses..... | 1,479. |
| Other fees..... | 44,831. |
| Postage and Shipping..... | 391. |
| Printing and Publications..... | 6,423. |
| SOCIAL MEDIA SERVICES..... | 7,200. |
| TAXES..... | 101. |
| UTILITIES..... | 1,112. |
| WABA REBRANDING PROJECT..... | 2,345. |
| WEBSITE MAINTENANCE..... | 85. |
| Total | \$ <u>103,973.</u> |

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

| | |
|--|-------------------|
| Prepaid Expenses and Deferred Charges..... | 10,892. |
| RENT DEPOSIT..... | 1,000. |
| Rounding..... | 1. |
| Total | \$ <u>11,893.</u> |



(For Registry Use Only)

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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.

STREET ADDRESS:

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

WEBSITE ADDRESS:

www.oag.ca.gov/charities

| | | | |
|---|--|--|--|
| WEST ALAMEDA BUSINESS ASSOCIATION | | Check if: | |
| Name of Organization | | <input type="checkbox"/> Change of address | |
| List all DBAs and names the organization uses or has used | | <input type="checkbox"/> Amended report | |
| P.O. BOX 215 | | State Charity Registration Number | |
| Address (Number and Street) | | Corporation or Organization No. | |
| ALAMEDA, CA 94501 | | Federal Employer ID No. | |
| City or Town, State, and ZIP Code | | | |
| 510-523-5955 | | | |
| Telephone Number | | E-mail Address | |

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice

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

PART A – ACTIVITIES

For your most recent full accounting period (beginning 1/01/21 ending 12/31/21) list:

Total Revenue \$ 118,214. Noncash Contributions \$ 0. Total Assets \$ 146,587.
(including noncash contributions)
Program Expenses \$ 0. Total Expenses \$ 112,079.

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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During this reporting period, did the organization receive any governmental funding? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 During this reporting period, did the organization hold a raffle for charitable purposes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Does the organization conduct a vehicle donation program? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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.

| | | | |
|-------------------------------|----------------|-----------|------|
| SIGNATURE OF AUTHORIZED AGENT | PRINTED NAME | TITLE | DATE |
| <i>Sandra Russell</i> | SANDRA RUSSELL | PRESIDENT | |

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | | |
|--|--|--|--------------------------------------|
| Type or print File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions. | | Taxpayer identification number (TIN) |
| | WEST ALAMEDA BUSINESS ASSOCIATION | | |
| | Number, street, and room or suite number, if a P.O. box, see instructions. | | |
| | P.O. BOX 215 | | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | |
| | ALAMEDA, CA 94501 | | |

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

| Application Is For | Return Code | Application Is For | Return Code |
|---|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (section 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |
| Form 990-T (corporation) | 07 | | |

- The books are in the care of ► SANDI PILON

Telephone No. ► 510-523-5955

Fax No. ► 510-337-1352

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ☐. If it is for part of the group, check this box ... ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 11/15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20 21 or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period.

| | | | |
|--|----|----|----|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021Department of the Treasury
Internal Revenue Service

- Do not enter social security numbers on this form, as it may be made public.
- Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public
Inspection

A For the **2021** calendar year, or tax year beginning , 2021, and ending

B Check if applicable:

☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C **WEST ALAMEDA BUSINESS ASSOCIATION**
P.O. BOX 215
ALAMEDA, CA 94501

D Employer identification number
XXXXXXXXXX

E Telephone number
510-523-5955

F Group Exemption Number

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) _____

H Check ☒ if the organization is not required to attach Schedule B (Form 990).

I Website: **www.westalamedabusiness.com**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(6) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ **118,214.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I. ☒

| | | |
|---|---|-----------------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 118,171. |
| | 2 Program service revenue including government fees and contracts | |
| | 3 Membership dues and assessments | |
| | 4 Investment income | 43. |
| | 5a Gross amount from sale of assets other than inventory | 5a |
| | b Less: cost or other basis and sales expenses | 5b |
| | c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) | 5c |
| | 6 Gaming and fundraising events: | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a |
| | b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b |
| c Less: direct expenses from gaming and fundraising events | 6c | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | |
| 7a Gross sales of inventory, less returns and allowances | 7a | |
| b Less: cost of goods sold | 7b | |
| c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) | 7c | |
| 8 Other revenue (describe in Schedule O) | 8 | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 118,214. | |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | 10 |
| | 11 Benefits paid to or for members | 11 |
| | 12 Salaries, other compensation, and employee benefits | 12 |
| | 13 Professional fees and other payments to independent contractors | 79,266. |
| | 14 Occupancy, rent, utilities, and maintenance | 7,915. |
| | 15 Printing, publications, postage, and shipping | 6,814. |
| | 16 Other expenses (describe in Schedule O) See Schedule O | 18,084. |
| | 17 Total expenses. Add lines 10 through 16 | 112,079. |
| 18 Excess or (deficit) for the year (subtract line 17 from line 9) | 6,135. | |
| Net Assets | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 125,099. |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) See Schedule O | 5,352. |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 136,586. |

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2021)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II. ☒

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | 122,267. | 133,945. |
| 23 Land and buildings | | |
| 24 Other assets (describe in Schedule O) See Schedule O | 12,832. | 12,641. |
| 25 Total assets | 135,099. | 146,586. |
| 26 Total liabilities (describe in Schedule O) See Schedule O | 10,000. | 10,000. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 125,099. | 136,586. |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III. ☒

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

| | | |
|----|--|------|
| 28 | TO PROMOTE INTERESTS OF ITS MEMBERS - THE BUSINESS & PROFESSIONAL PERSONS ASSOCIATED WITH THE WEST ALAMEDA BUSINESS ASSOCIATION. | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28 a |
| 29 | | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29 a |
| 30 | | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30 a |
| 31 | Other program services (describe in Schedule O) | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31 a |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MIS/1099-NEC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|--|---|--|
| SANDY RUSSELL President | 0 | 0. | 0. | 0. |
| ANN MOORE BOARD DIRECTOR | 0 | 0. | 0. | 0. |
| CHRIS VAVROSKY ECONOMIC DEVELOPMENT | 0 | 0. | 0. | 0. |
| CONNSTANCE GARCIA Treasurer | 0 | 0. | 0. | 0. |
| DANIEL HOY Secretary | 0 | 0. | 0. | 0. |
| TANOIA STEWART BOARD DIRECTOR | 0 | 0. | 0. | 0. |
| MARIE ORTEGA BOARD MEMBER | 0 | 0. | 0. | 0. |
| PIA BARTON BOARD MEMBER | 0 | 0. | 0. | 0. |
| LINDA ASBURY Executive Dir. | 17 | 31,200. | 0. | 0. |
| JOHN LIPP BOARD MEMBER | 0 | 0. | 0. | 0. |
| TINA VASCONCELLOS BOARD MEMBER | 0 | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐

| | Yes | No |
|---|-----|----|
| 33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O. | | X |
| 34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. | | X |
| 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | X |
| 35 b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O. | | |
| 35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III. | | X |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N. | | X |
| 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 0. | | |
| 37 b Did the organization file Form 1120-POL for this year? | | X |
| 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | X |
| 38 b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved. 0. | | |
| 39 Section 501(c)(7) organizations. Enter: | | |
| a Initiation fees and capital contributions included on line 9. 0. | | |
| b Gross receipts, included on line 9, for public use of club facilities. 0. | | |
| 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 0. ; section 4912 0. ; section 4955 0. | | |
| b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I. | | |
| c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0. | | |
| d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 0. | | |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. | | X |
| 41 List the states with which a copy of this return is filed None | | |

42 a The organization's books are in care of SANDI PILON Telephone no. 510-523-5955
 Located at 1509 1/2 WEBSTER STREET ALAMEDA CA ZIP + 4 94501

| | Yes | No |
|--|-----|----|
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country _____ | | X |
| 42 c See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States?..... If 'Yes,' enter the name of the foreign country _____ | | X |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A

| | Yes | No |
|---|-----|----|
| 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. | | X |
| 44 b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. | | X |
| 44 c Did the organization receive any payments for indoor tanning services during the year? | | X |
| 44 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. | | |
| 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions. | | X |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.

| | Yes | No |
|----|-----|----|
| 46 | | X |

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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.

| | Yes | No |
|-----|-----|----|
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|--|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A.

Yes No

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

SANDRA RUSSELL

President

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ If self-employed PTIN

maggie chow

maggie chow

Firm's name Chow and Associates CPA

Firm's address 1151 Harbor Bay Pkwy Ste 130

Alameda, CA 94502

Firm's EIN

Phone no. 510-523-6600

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

BAA

Form 990-EZ (2021)

SCHEDULE O
(Form 990).

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Employer identification number

WEST ALAMEDA BUSINESS ASSOCIATION

Form 990-EZ, Part I, Line 16
Other Expenses

| | | |
|--------------------------------|-----------|----------------|
| Advertising and Promotion..... | \$ | 3,042. |
| Depreciation..... | | 191. |
| Insurance..... | | 2,529. |
| Office Expenses..... | | 1,479. |
| SOCIAL MEDIA SERVICES..... | | 7,200. |
| TAXES..... | | 101. |
| UTILITIES..... | | 1,112. |
| WABA REBRANDING PROJECT..... | | 2,345. |
| WEBSITE MAINTENANCE..... | | 85. |
| Total | \$ | 18,084. |

Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

| | | | |
|------------------------------|--------------|-----------|---------------|
| PRIOR PERIOD ADJUSTMENT..... | Total | \$ | 5,352. |
| | | \$ | 5,352. |

Form 990-EZ, Part II, Line 24
Other Assets

| | <u>Beginning</u> | <u>Ending</u> |
|--|-------------------|-------------------|
| Machinery and Equipment..... | \$ 940. | \$ 749. |
| Prepaid Expenses and Deferred Charges..... | 10,892. | 10,892. |
| RENT DEPOSIT..... | 1,000. | 1,000. |
| Total | \$ 12,832. | \$ 12,641. |

Form 990-EZ, Part II, Line 26
Total Liabilities

| | <u>Beginning</u> | <u>Ending</u> |
|---------------------|-------------------|-------------------|
| Grants Payable..... | \$ 10,000. | \$ 10,000. |
| Total | \$ 10,000. | \$ 10,000. |

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

TO PROMOTE LOCAL BUSINESSES.

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2021**California e-file Return Authorization for
Exempt Organizations**

FORM

8453-EO

Exempt Organization name

WEST ALAMEDA BUSINESS ASSOCIATION

Identifying number

Part I Electronic Return Information (whole dollars only)

| | | |
|--|----------|-----------------|
| 1 Total gross receipts (Form 199, line 4) | 1 | 118,214. |
| 2 Total gross income (Form 199, line 8) | 2 | 118,214. |
| 3 Total expenses and disbursements (Form 199, line 9) | 3 | 112,079. |

Part II Settle Your Account Electronically for Taxable Year 2021
4 ☐ Electronic funds withdrawal **4a** Amount _____ **4b** Withdrawal date (mm/dd/yyyy) _____
Part III Banking Information (Have you verified the exempt organization's banking information?)
5 Routing number _____
6 Account number _____ **7** Type of account: ☐ Checking ☐ Savings
Part IV Declaration of Officer

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

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

**Sign
Here**

Signature of officer

Date

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

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

**ERO
Must
Sign**ERO's
signature**MAGGIE CHOW**

Date

Check if
also paid
preparer ☒Check if
self-
employed ☐

ERO's PTIN

Firm's name (or yours
if self-employed)
and address**CHOW AND ASSOCIATES CPA
1151 HARBOR BAY PKWY STE 130
ALAMEDA CA**

Firm's FEIN

ZIP code

94502

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

**Paid
Preparer
Must
Sign**Paid
preparer's
signature

Date

Check if
self-
employed ☐

Paid preparer's PTIN

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

Firm's FEIN

ZIP code

FTB 8453-EO 2021

West Alameda Business Assoc

Access your accounts on the go

Online Access offers a secure and convenient way to access the latest information on your accounts and goals, transfer funds, sign and receive documents electronically and communicate with your Edward Jones team. Visit edwardjones.com/access to learn more and sign up.

Corporate - Select

Portfolio Objective - Account: Preservation of Principal

Operating Account

Account Value

\$52,110.86

| | |
|-------------|-------------|
| 1 Month Ago | \$67,514.14 |
| 1 Year Ago | \$75,009.80 |
| 3 Years Ago | \$23,796.84 |
| 5 Years Ago | \$23,154.16 |

Value Summary

| | This Period | This Year |
|-------------------------------|--------------------|-------------|
| Beginning value | \$67,514.14 | \$75,009.80 |
| Assets added to account | 0.33 | 78,628.56 |
| Assets withdrawn from account | -15,625.96 | -102,176.74 |
| Fees and charges | 0.00 | -50.00 |
| Change in value | 222.35 | 699.24 |
| Ending Value | \$52,110.86 | |

For more information regarding the Value Summary section, please visit www.edwardjones.com/mystatementguide.

Asset Details (as of Dec 31, 2022)

additional details at www.edwardjones.com/access

Assets Held At Edward Jones

| | Current Yield/Rate | Beginning Balance | Deposits | Withdrawals | Ending Balance |
|--------------|--------------------|-------------------|----------|--------------|--------------------|
| Money Market | 3.55%* | \$67,514.14 | \$222.68 | -\$15,625.96 | \$52,110.86 |

* The average yield on the money market fund for the past seven days.

Total Account Value

\$52,110.86

Cost basis is the amount of your investment for tax purposes and is used to calculate gain or loss upon sale or other disposition of a security. It is not a measure of performance. The cost basis amounts on your statement should not be relied upon for tax preparation purposes. Cost basis information may be from outside sources and has not been verified for accuracy. Refer to your official tax documents for information about reporting cost basis. Consult a qualified tax advisor or an attorney regarding your situation. If you believe the cost basis information is inaccurate, contact Client Relations.

West Alameda Business Assoc

Experience our online educational resource

The Edward Jones Financial Fitness site can help you and your family make informed financial decisions at every stage of life. With topics like smart investing for teenagers, opening a first bank account, buying a home, and caring for an aging parent, this interactive resource provides a customized experience to meet your unique financial needs. Check it out at edwardjones.com/financialfitness.

Restricted - Placemaking

Corporate - Select

Portfolio Objective - Account: Preservation of Principal

Account Value

\$5,025.85

| | |
|-------------|------------|
| 1 Month Ago | \$5,011.18 |
| 1 Year Ago | \$0.00 |
| 3 Years Ago | \$0.00 |
| 5 Years Ago | \$0.00 |

Value of Your Account

| | | | | |
|----------|----------|-----|-----|-----|
| \$20,000 | | | | |
| \$15,000 | | | | |
| \$10,000 | | | | |
| \$5,000 | | | | |
| \$0 | | | | |
| | Sep 2022 | Oct | Nov | Dec |

Value Summary

| | This Period | This Year |
|-------------------------------|-------------------|-----------|
| Beginning Value | \$5,011.18 | \$0.00 |
| Assets Added to Account | 0.00 | 5,000.00 |
| Assets Withdrawn from Account | 0.00 | 0.00 |
| Fees and Charges | 0.00 | 0.00 |
| Change In Value | 14.67 | 25.85 |
| Ending Value | \$5,025.85 | |

For more information regarding the Value Summary section, please visit www.edwardjones.com/mystatementguide.

Rate of Return

| Your Personal Rate of Return for Assets Held at Edward Jones | This Quarter | Year to Date | Last 12 Months | 3 Years Annualized | 5 Years Annualized |
|--|--------------|--------------|----------------|--------------------|--------------------|
| | 0.52% | 0.52% | — | — | — |

West Alameda Business Assoc

It begins and ends with your goals

Understanding the "why" behind your priorities helps your financial advisor recommend a strategy personalized for you. If you haven't reviewed your goals with your financial advisor lately, set some time aside to ensure your strategy is aligned with what you want to achieve.

Reserve Account

Corporate - Select

Portfolio Objective - Account: Preservation of Principal

Account Value

\$75,639.27

| | |
|-------------|-------------|
| 1 Month Ago | \$75,418.51 |
| 1 Year Ago | \$0.00 |
| 3 Years Ago | \$0.00 |
| 5 Years Ago | \$0.00 |

Value of Your Account

| | |
|-----------|--|
| \$110,000 | |
| \$95,000 | |
| \$80,000 | |
| \$65,000 | |
| \$50,000 | |

Sep
2022

Oct

Nov

Dec

Value Summary

| | This Period | This Year |
|-------------------------------|-------------|-----------|
| Beginning Value | \$75,418.51 | \$0.00 |
| Assets Added to Account | 0.00 | 75,231.85 |
| Assets Withdrawn from Account | 0.00 | 0.00 |
| Fees and Charges | 0.00 | 0.00 |
| Change In Value | 220.76 | 407.42 |

Ending Value

\$75,639.27

For more information regarding the Value Summary section, please visit www.edwardjones.com/mystatementguide.

Rate of Return

| Your Personal Rate of Return for Assets Held at Edward Jones | This Quarter | Year to Date | Last 12 Months | 3 Years Annualized | 5 Years Annualized |
|--|--------------|--------------|----------------|--------------------|--------------------|
| | 0.54% | 0.54% | — | — | — |



www.beaconbusinessbank.com

**SAN FRANCISCO
MAIN OFFICE**
425 California Street, Suite 2000
San Francisco, CA 94104
TEL: (415) 543-3377

SAN MATEO OFFICE
1700 South El Camino Real, Suite 108
San Mateo, CA 94402
TEL: (650) 697-9855

031 00021 01
ACCOUNT:

PAGE: 1
12/30/2022

STATEMENT OF ACCOUNT

000275

WEST ALAMEDA BUSINESS ASSOC
OPERATING ACCOUNT
1509 1/2 WEBSTER ST
ALAMEDA CA 94501

30-0
0
0

=====

WE HAVE MOVED! COME AND VISIT US AT OUR NEW PREMISES IN SAN FRANCISCO!
425 CALIFORNIA ST. SUITE 2000, SAN FRANCISCO, CA 94116.
OUR SF TEAM IS AVAILABLE AT (415) 543-3377 TO ANSWER YOUR QUESTIONS.
WE LOOK FORWARD TO SERVING YOU AT OUR NEW OFFICE.
ENCLOSED YOU WILL FIND OUR SAN FRANCISCO RELOCATION LETTER.
AS ALWAYS, THANK YOU FOR BANKING WITH US.

=====

=====

NFP DDA ACCOUNT

=====

| | | | |
|---|-----------|-------------------------|-----------|
| MINIMUM BALANCE | 10,724.65 | LAST STATEMENT 11/30/22 | 11,400.91 |
| AVG AVAILABLE BALANCE | 10,972.61 | 1 CREDITS | .45 |
| AVERAGE BALANCE | 10,972.61 | 2 DEBITS | 676.26 |
| | | THIS STATEMENT 12/30/22 | 10,725.10 |
| TOTAL DAYS IN STATEMENT PERIOD 12/01/22 THROUGH 12/30/22: | | | 30 |

----- OTHER CREDITS -----

| DESCRIPTION | DATE | AMOUNT |
|-----------------------|-------|--------|
| INTEREST AT .049900 % | 12/30 | .45 |

----- OTHER DEBITS -----

| DESCRIPTION | DATE | AMOUNT |
|----------------------------------|-------|--------|
| Yardi Service Ch WEB PMTS CLN43C | 12/12 | .95 |
| STEPHENSPROPERTY WEB PMTS PCQ43C | 12/12 | 675.31 |

----- I N T E R E S T -----

| | | | |
|----------------------------|-----------|-----------------------------------|------|
| AVERAGE LEDGER BALANCE: | 10,972.61 | INTEREST EARNED: | .45 |
| AVERAGE AVAILABLE BALANCE: | 10,972.61 | DAYS IN PERIOD 12/01/22-12/30/22: | 30 |
| INTEREST PAID THIS PERIOD: | .45 | ANNUAL PERCENTAGE YIELD EARNED: | .05% |
| INTEREST PAID 2022: | 19.73 | | |

* * * C O N T I N U E D * * *