

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

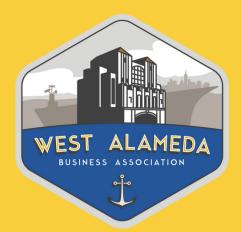
Linda Asbury Executive Director West Alameda Business Association linda@westalamedabusiness.com 510.523.5955



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 End 04 05 06 Outreach 07 **Events 08** Past Events 09

Placemaking on the West

Design Review Committee

Economic Development Membership and Member Marketing and Future

Board of Directors

O1 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.

O2 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 oversite.



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 at the beautiful drought-resistant landscaping.

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



O4 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.



O5 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



O6 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.

O7 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

O7 MARKETING 2022 (Completed Events)

January

1/29 "Much Ado About Nothing" Auditions1/30 "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

O7 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

O7 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 Walk4/8 West End Mercantile4/28 Magickal Market

May

5/12 Second Friday Art Walk5/13 West End Mercantile5/22 Halfway to Halloween event with the Menagerie Oddities Market5/26 Magickal Market

June

6/9 Second Friday Art Walk6/10 West End Mercantile6/17 Sunset Sip & Shop6/30 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 Walk9/9 West End Mercantile9/29 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



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







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



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



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







										West Alame	da B	usiness As	sociation												
										Budg	jet O	verview 202	23												
										Jan	uary	- December													
			_		-			A		Mass		L		_	A		0		0.1		N		D		T-1-1
Inc	J	lan	F	eb	N	larch		Apr	<u> </u>	Мау	-	Jun	Jul	+	Aug		Sep		Oct	N	Nov	<u> </u>	Dec		Total
Income														_											
INCOME																									
MEMBERSHIP & FEES																									
BIA Fees										10,000.00		15,000.00	20,000.00)	20.000.00		15,000.00								80,000.0
Sponsorship					1	10,000.00						10,000.00		-			10,000.00						10,000.00		40,000.0
Associate Members												150.00	150.00)	150.00		150.00								600.0
Total MEMBERSHIP & FEES	\$	0.00	\$	0.00	\$ 1	10,000.00	\$	0.00)		\$	25.150.00	\$ 20,150.00) \$	20.150.00	\$			0.00	\$	0.00	\$	10,000.00	\$	120,600.0
PARKING PASS PROGRAM						450.00						450.00					450.00						450.00		1,800.0
	\$	0.00																							
ATM		125.00		125.00		125.00		125.00)	125.00		125.00	125.00)	125.00		125.00		125.00		125.00		125.00		1,600.0
Total Income	\$	125.00	\$	125.00	\$ 1	10,575.00	\$	125.00	\$	10,125.00	\$	25,725.00	\$ 20,275.0) \$	20,375.00	\$	25,725.00	\$	125.00	\$	125.00	\$	10,575.00	\$	124,000.0
Expenses																									
EXPENSES GENERAL					l				1							l						1			
EVENT EXPENSES																									
GENERAL ADMINISTRATION COSTS																									
OFFICE EXPENSES					L				_																
-Cleaning service		80.00		80.00	L	80.00		80.00)	80.00		80.00	80.00		80.00		80.00		80.00		80.00		80.00		960.0
-Office Supplies		50.00				50.00				50.00			50.00)			50.00				50.00				300.0
-P.O. Box															172.00										172.0
-Telephone and Internet		100.00		100.00		100.00		100.00)	100.00		100.00	100.00)	100.00		100.00		100.00		100.00		100.00		1,200.0
Domain/hosting		30.00																			330.00				360.0
Fees	\$	147.00	\$	147.00	\$	147.00	\$	147.00	\$	147.00	\$	147.00	\$ 147.00) \$	147.00	\$	147.00	\$	147.00		147.00	\$	147.00	\$	1,764.0
D & O / Liability	\$	697.00																		\$ '	1,000.00			\$	1,697.0
Office Rent		745.00		745.00		745.00		745.00)	745.00		745.00	745.00		745.00		745.00		745.00		745.00		745.00		8,940.0
Total Office expenses	1	1,849.00	1	1,072.00		1122		1,072.00)	1,019.00		1,122.00	1,122.00)	1,244.00		1,122.00		1,072.00	2	2,452.00		1,072.00		15,393.0
														_											
Events - July 4th/ Holiday/Halloween							\$	2,500.00	\$	2,500.00	\$	2,500.00		_		\$	2,500.00	\$ 2	2,500.00	\$ 2	2,500.00			\$	15,000.0
Professional Fees														_											
Accounting & Tax								4 000 00						_							000.00		000.00		0.400.0
Tax prerparation								1,000.00										•			900.00		200.00	•	2,100.0
Total Professional Fees			\$	0.00	\$	0.00	\$	1,000.00	\$	0.00	\$	0.00	\$ 0.00	D \$	0.00	\$	0.00	\$	0.00	\$	900.00	\$	200.00	\$	2,100.0
Casual Labor		500.00		500.00		500.00		E00.00		E00.00		500.00	500.00	2	E00.00		500.00		500.00		500.00		500.00		C 000 0
Salaries		500.00		500.00		500.00		500.00	-	500.00		500.00	500.00		500.00		500.00		500.00				500.00		6,000.0
Bookkeeper Executive Director	-	540.00		120.00		120.00 2,600.00		120.00	-	120.00 2,600.00		120.00	120.00		120.00	<u> </u>	120.00		120.00		120.00		120.00 2.600.00		1,860.0 31,200.0
								1	<u> </u>			1	1				1						1		
Marketing Total October		1,000.00		1,000.00		1,000.00	*	1,000.00		1,000.00		1,000.00 4,220.00	1,000.00		1,000.00 4,220.00		1,000.00		1,000.00		1,000.00 4,220.00		1,000.00	<u>^</u>	12,000.0
Total Salaries	\$ 4	4,640.00	\$ 4	4,220.00	\$	4,220.00	\$	4,220.00	\$	4,220.00	\$	4,220.00	\$ 4,220.00	1 2	4,220.00	\$	4,220.00	\$ 4	4,220.00	\$ 4	4,220.00	\$	4,220.00	\$	51,060.0
Manahanta Frienta	\$ 2	2,000.00	¢ 2	2,000.00	\$	2,000.00	\$	2,000.00	\$	2,000.00	\$	2,000.00	\$ 2,000.00	n ¢	2,000.00	¢	2,000.00	¢	2 000 00	¢ .	2,000.00	¢	2,000.00	¢	24,000.0
	φ 2	2,000.00	φ 2	2,000.00	Ŷ	2,000.00	φ	2,000.00	, <i>4</i>	2,000.00	φ	2,000.00	φ 2,000.00	φ τ	2,000.00	φ	2,000.00	φι	2,000.00	φι	2,000.00	φ	2,000.00	φ	24,000.0
Merchants Events				300.00		300.00		300.00		300.00		300.00	300.00	2	300.00	1	300.00		300.00		300.00	1	300.00		3,600.0
		300.00			i			200.00	, i	200.00		200.00	200.00		200.00	<u> </u>	200.00		200.00		200.00	1	200.00		2,400.0
Marketing and Promotion		300.00		200.00		200.00						200.00	200.00	-	_00.00		1.000.00								
		300.00 200.00		200.00		200.00		1.000.00)	200.00							1.000.00		1.000.00						3,000.0
Marketing and Promotion Friends of the West End	\$		\$	200.00	\$	500.00	\$) \$	500.00	\$	500.00	\$ 500.00) \$	500.00	\$	1,500.00			\$	500.00	\$	500.00	\$	
Marketing and Promotion Friends of the West End Event Banners	\$	200.00	\$		\$		\$	1,000.00	\$		\$	500.00	\$ 500.00	5	500.00	\$				\$	500.00	\$	500.00	\$	
Marketing and Promotion Friends of the West End Event Banners	\$	200.00	\$		\$		\$	1,000.00) \$		\$	500.00	\$ 500.00	0\$	500.00	\$				\$	500.00	\$	500.00	\$ \$	9,000.0
Marketing and Promotion Friends of the West End Event Banners Total Marketing and Promotion	\$	200.00	\$		\$		\$	1,000.00) \$		\$	500.00	\$ 500.00	D \$	500.00	\$				\$	500.00	\$	500.00		9,000.0
Marketing and Promotion Friends of the West End Event Banners Total Marketing and Promotion Total Expenses	\$	200.00	\$		\$		\$	1,000.00	\$		\$	500.00	\$ 500.00	D \$	500.00	\$				\$	500.00	\$	500.00		9,000.0
Marketing and Promotion Friends of the West End Event Banners Total Marketing and Promotion	\$	200.00	\$		\$		\$	1,000.00	\$		\$	500.00	\$ 500.00	0\$	500.00	\$				\$	500.00	\$	500.00		3,000.0 9,000.0 116,553.0 \$7,447.00

Balance Sheet

As of December 31, 2022

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

1/2

Balance Sheet

As of December 31, 2022

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

Cash Basis Sunday, January 15, 2023 12:13 PM GMT-08:00

Profit and Loss

January - December 2022

	TOTAL
Income	
	1,686.20
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	3,328.87 16,200.63
Magickal Market	2,500.00
Total EVENT EXPENSES	18,700.63
Total EXPENSES GENERAL	
GENERAL ADMINISTRATION COSTS	24,027.50
OFFICE EXPENSES	856.75
-Cleaning service	
-Postage & delivery	. 930.00
-Utilities	269.60
Telephone-internet service	
Total -Utilities	1,131.04
	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

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 Salarles	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	110 50
Website maintenance	112.50 112.50
Total WEBSITE	
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 1, 183.04
Total Holiday - Installation & Supplies	
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	0.00
Reconciliation Discrepancies-1	. 0.02
Taxes	75.00
Total Other Expenses	\$75.02
NET OTHER INCOME	\$1,098.18
NET INCOME	\$6,546.46

	Total	80000 40000 600 120600 1800	1600 124000	960 300 172 0	0 1200 360
		10000 10000 450	125 10575	80	100
	Dec	O	125	20 80	100 330
	Νον	O	125 125	88	100
	Oct	15000 10000 150 25150 450	125 25725	20	100
	Sep	20000 150 20150	125 20375	80 172	100
	Aug	20000 150 20150	125 20275	80 50	100
		15000 10000 150 25150 450	125 25725	80	100
	nnΓ	10000	125 10125	50	100
	May	° jo	125 125	8	100
	March Apr	10000 10000 450	125 10575	80 50	. 100
		0	125 125 ON COSTS	80 80 80	100 Maintanen
mper	Feb	IEMBERSHIP & FEES BIA Fees Sponsorship Associate Members otal M 0 KKING PASS PROGRAM	125 125 125 125 NERAL NSES	ENSES 80 50	100 Repair and 30
January - December	Jan Income INCOME	MEMBERSHIP & FEES BIA Fees Sponsorship Associate Members Total M 0 PARKING PASS PROGRAM	ATM 125 125 Total Incon 125 125 Expenses EXPENSES GENERAL EVENT EXPENSES GENERAL ADMINISTRATION COSTS	OFFICE EXPENSES -Clear 8(-Office 5(-P.O. Box	-Telept 100 100 -Computer Repair and Maintanence Domain/hc 30

West Alameda Business Association Budget Overview 2023 January - December

																												•				
		0	108	300	66	155	600	1764		2500	1697 N	8940	15393	P COT					15000			2100	2100		6000	1860	31200	12000	51060	24000	3600	2400
· · ·	-		თ	25	0	13.1	50	147		212	•	745	1072	7/01	707 707	1092	2473.1					. 200	200		200	120	2600	1000	4220	2000	300	200
	•		б	25	0	12.9	20	147		208	1000	745	7157	7047	707	2472	5228.9	•	2500			006	006		500	120	2600	1000	4220	2000	300	200
			ი	25	0	12.9	50	147		208		745	CL01	7/0T	7	1092	2468.9		2500				0	·	500	120	2600	1000	4220	2000	300	200
			ი	25	0	12.9	50	147		208	• •	745	0, 1, 1	7711	20	1142	2568.9		2500				0		500	120	2600	1000	4220	2000	300	200
	-		6	. 25	O	12.9	20	147		208		745		1244	20	1264	2812.9						0		500	120	2600	1000	4220	2000	300	200
4.	•	·	ດ	25	0	12.9	50	147	·	208	·	745		1122	20	1142	2568.9						0		500	120	2600	1000	4220	2000	300	200
			ი	25	0	12.9	50	147		208		745		1122	20	1142	2518.9		2500				0		200	120	2600	1000	4220	2000	300	200
		·	6	25	0	12.9	50	147		208		716		1019	20	1039	2465.9		2500				0		500	120	2600	1000	4220	2000	300	200
			6	. 25	.0	12.9	50	147		208		716	(41)	1072	20	,1092	2468.9	·	2500			1000	1000		. 005	120	2600	1000	4220	2000	300	200
			6	25	66	12.9	20	147		208		745	(4)	1122	20	1092	2667.9			.'			,O		500	120	2600	1000	4220	2000	300	200
		-	6	25	0	12.9	50	147		208	-	145	C4/	1072	20	#REF!	1376.9		//Halloweet			-	0		500	120	2600	1000	4220	2000	300	500
			6	25	0	12.9	20	. 147		208	697		C4/	1849	20	1869.	4022.9		4th/ Holiday	al Fees	Accounting & Tax	ion	ssional F		500	540	2600	1000	4640	2000	300	200
		Fees	Balt	Banl	Drot	Goo	Quic	Fees	Insurance	Liab	D & O / Lia	i Li Li		Total Office	Com	Total			Events - July 4th/ Holiday/Halloween	Professional Fees	Accounti	Tax nrernaration	Total Professional F	Casual Labor	Salaries	Bookk	Execu	Marke	Total Sa	Merchants	Marketing	Friends

3000	0006	116553
	500	
	500	
1000	1500	
1000	1500	
	500	
	500	
	500	·
	500	
1000	1500	
	500	
	500	
	500	
Event Banners	Total Mark	Total Expenses

CONTINGENCY

7447

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

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

FEDERAL FORMS

Form 990-EZ Schedule O Form 8868

Form 8879-TE

2021 Return of Organization Exempt from Income Tax Supplemental Information Application for Extension Depreciation Schedules IRS e-file Signature Authorization

CALIFORNIA FORMS

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

FEE SUMMARY

Preparation Fee

Federal Exempt Organization Tax Summary (EZ)

Page 1

WEST ALAMEDA BUSINESS ASSOCIATION

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

California 199 Tax Summary

Page 1

WEST ALAMEDA BUSINESS ASSOCIATION

RECEIPTS AND REVENUES	2021	2020	Diff
Gross sales or receipts Gross contributions, gifts, & grants Total gross receipts Total costs	43 118,171 118,214 0	140 267,885 268,025	-97 -149,714 -149,811 0
Total gross income	118,214	268,025	-149,811
Total expenses Excess receipts over expenses	112,079 6,135	221,683 46,342	-109,604 -40,207
FILING FEE Filing fee Balance due	00	0 0	0 0

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

Preparer e-file Instructions - Federal

Page 1

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 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

Preparer e-file Instructions - Federal

Page 2

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.

2021

Preparer e-file Instructions - California

Page 1

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

MEST ALANTEDA BUSINESS ASSOCIATION Image: Description Descrin Description Descri	12/31/21		20	21 Fec	leral	Boo	k Dep	2021 Federal Book Depreciation Schedule	ion Sc	chedu	lle				Page 1
				WE	ST AL	AMED/		VESS AS:	SOCIAT	NO			ľ		
Biture and Fidures 2739 2739 2739 2730 51 5 ColMUTE EXDIMMENT 6.30/14 2/38 0 0 0 0 2/38 2/39 5/1 5 Tool Farefue and Fidures 2/38 0 0 0 0 2/38 2/39 2/39 5/1 5 Tool Farefue and Fidures 11/30/20 46 0 0 0 0 0 2/36 5/1 5 NEW WARK COMPUTER 11/30/20 46 0 0 0 0 0 2/36 2/36 1 5 Tool Indepineer 3.05 0 0 0 0 0 3/16 2/36 1 5 Tool Indepineer 3.06 0 0 0 0 0 3/16 2/16 1		Date Accuticed	Date Sold	Cost/ Basis	· · · ·		Special Depr. Allow	Prior 179/ Bonus/ Sp. Depr	Prior Dec. Bal. Depr.		Depr. Basis	Prior Depr	Method	· · · ·	Current Depr
6/30/14 $2/20$ 0 0 0 $2/30$ $2/16$	1 990/990-PF														
6/30/14 $2/30$ $2/30$ $5/1$ $5/1$ 70 $2/30$ 0 0 0 0 $2/30$ $5/1$ $11/30/20$ 956 16 866 16 $5/1$ 5 3706 0 0 0 0 0 0 $2/30$ $5/1$ 3706 0 0 0 0 0 0 $2/36$ 3706 0 0 0 0 0 $2/36$ 3706 0 0 0 0 $3/36$ 3706 0 0 0 $3/36$ $2/36$	Furniture and Fixtures									۰.		•.	. •		•
Constrained $2,730$ $2,730$ $2,730$ $2,730$ time and Equipment 366 66 6 0 0 0 0 $2,730$ New Works, controller $11/30/20$ 56 10 0 0 0 0 0 0 $2,730$ New Works, controller $3,205$ 0	1 COMPUTER EQUIPMENT	6/30/14	1	2,750	I						2,750	2,750			0
Hite words 11/33/20 35 11/33/20 35 16 5/1 5 Tatal Machinery and Equipment 35 0 0 0 0 0 16 Tatal Machinery and Equipment 3/36 0 0 0 0 2/36 16 Tatal Machinery and Equipment 3/36 0 0 0 0 2/36 2/36 Fault Depreciation 3/36 0 0 0 0 3/36 2/36 Grand Total Depreciation 3/36 0 0 0 0 3/36	Total Furniture and Fixtures			2,750		Ō	0			•	2,750	2,750			C
NEW waRA Controllter 11/30/20 965 16 $8/1$ 5 Teal Machinery and Equipment 966 0 0 0 0 66 16 7 5 Teal Machinery and Equipment $3/16$ 0 0 0 0 966 16 7 7 <td>Machinery and Equipment</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>· .</td> <td></td> <td></td> <td>•• ••</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Machinery and Equipment						· .			•• ••					
	2 NEW WABA COMPUTER	11/30/20	·	956	•		-	•••			956	16			161
initial of the second s	Total Machinery and Equipment			956		0	0				956			-	191
	Total Depreciation	 		3,706			0				3,706	2,766			191
	Grand Total Depreciation			3,706	•		0				3,706	2,766			191
		•	· .	,	- ,	۰.					÷		• .	•	
		• • •						. '		-			•		
					-		•	· ·		-		1. J.			
						-	•			•				. •	
	•					· · ·	•				.'	· · ·		·	•
						· ·							·		
													-		

12/31/21		2021 California Book Depreciation Schedule	liforn	ia Bo	ok De	precia	tion S	chedi	ule			Page	le 1
			VEST A	LAMED,	A BUSIN	WEST ALAMEDA BUSINESS ASSOCIATION	SOCIATI	NO					
No. Description	Date Date Accurred Sold	de Cost/ Basis	Bus. Pet	Cur 179 Bonus	Special Depr. Allow	Prior 179/ Bonus/ So. Denr.	Prior Dec. Bal. Denr	Salvage /Basis Reducto	Depr. Basis	Prior Danr	Method Liře Rate	Currenț Currenț Denr	ŧ,
199													
Furniture and Fixtures					·								
1 COMPUTER EQUIPMENT	6/30/14	2	2,750						2,750	2,750	S/L 5	l	0
Total Furniture and Fixtures Machinery and Eruinment		'	2,750	0	0	0	0	ū	2,750	2,750			0
2 NEW WABA COMPUTER	11/30/20		956						956	16	S/L 5		191
Total Machinery and Equipment			356		0		O ¹		356	16			191
Total Depreciation		, e	3,706			0	0		3,706	2,766			161
Grand Total Depreciation		, cr	3,706	0	0	0	0	0	3,706	2,766			191
•													
												·	
					÷., .								
		·								· .			
-													

	IRS e-file Signatu for a Tax Ex	empt Entity		
Department of the Treasury Internal Revenue Service	For calendar year 2021, or fiscal year beginning ► Do not send to the IRS ► Go to www.irs.gov/Form8873	. Keep for your records.		2021
Name of filer			EIN or SSN	
WEST ALAM	DA BUSINESS ASSOCIATION			
SANDRA RUSSELL	President			
Part I Type of R	eturn and Return Information			0029 CD
and Form 5330 filers ma 6a, 7a, 8a, 9a, or 10a belo 6b, 7b, 8b, 9b, or 10b, wh	n for which you are using this Form 8879-TE and en / enter dollars and cents. For all other forms, en w, and the amount on that line for the return b lichever is applicable, blank (do not enter -0-). ete more than one line in Part I.	eing filed with this form was But, if you entered -0- on th	blank, then leave lir e return, then enter	ne 1b, 2b, 3b, 4b, 5 -0- on the applicab
1a Form 990 check he	e ▶ 🔲 b Total revenue, if any (Form 990	, Part VIII, column (A), line	12)1b	
2a Form 990-EZ check	here X b Total revenue, if any (Form 990	I-EZ, line 9)		118,2
3a Form 1120-POL che				
4a Form 990-PF check				
5a Form 8868 check h				
6a Form 990-T check l 7a Form 4720 check h				
8a Form 5227 check h				
9a Form 5330 check h	ere 🕨 🖬 b Tax due (Form 5330, Part II, lin			
10a Form 8038-CP che		iested (Form 8038-CP, Part	III, line 22) 10b	
Dealeration	and Signature Authorization of Office	er or Person Subject to	Тах	
IRS and to receive from	the IRS (a) an acknowledgement of receipt or re-		nsmission, (b) the re nd its designated Fina	ason for any delay ncial Agent to
electronic return. I conse IRS and to receive from processing the return or re- initiate an electronic funds of the federal taxes ower U.S. Treasury Financial financial institutions invo inquiries and resolve issi- return and, if applicable, PIN: check one box only	he IRS (a) an acknowledgement of receipt or re fund, and (c) the date of any refund. If applicable, I withdrawal (direct debit) entry to the financial instit ton this return, and the financial institution to c Agent at 1-888-353-4537 no later than 2 busines lived in the processing of the electronic paymen lies related to the payment. I have selected a per the consent to electronic funds withdrawal.	authonize the U.S. Treasury a authorize the U.S. Treasury a tution account indicated in the lebit the entry to this accour ss days prior to the payment t of taxes to receive confide ersonal identification numbe	nsmission, (b) the re nd its designated Fina tax preparation softwa it. To revoke a paym (settlement) date. I ntial information nec	ason for any delay ncial Agent to are for payment ent, I must contact also authorize the essary to answer ure for the electror
electronic return. I conse IRS and to receive from processing the return or re- initiate an electronic funds of the federal taxes ower U.S. Treasury Financial financial institutions invo inquiries and resolve issi- return and, if applicable, PIN: check one box only	The IRS (a) an acknowledgement of receipt or re fund, and (c) the date of any refund. If applicable, I withdrawal (direct debit) entry to the financial instit on this return, and the financial institution to c Agent at 1-888-353-4537 no later than 2 busines lived in the processing of the electronic paymen lies related to the payment. I have selected a per the consent to electronic funds withdrawal.	authorize the U.S. Treasury a authorize the U.S. Treasury a lution account indicated in the lebit the entry to this accour ss days prior to the payment of taxes to receive confide	nsmission, (b) the re nd its designated Fina tax preparation softwa it. To revoke a paym (settlement) date. I ntial information nec r (PIN) as my signatu Enter five numbers, but	ason for any delay ncial Agent to are for payment ent, I must contact also authorize the essary to answer
electronic return. I conse IRS and to receive from processing the return or re initiate an electronic funds of the federal taxes ower U.S. Treasury Financial <i>J</i> financial institutions invo inquiries and resolve issu- return and, if applicable, PIN: check one box only X I authorize <u>Chow</u>	the IRS (a) an acknowledgement of receipt or re iund, and (c) the date of any refund. If applicable, I withdrawal (direct debit) entry to the financial institu- tion this return, and the financial institution to c Agent at 1-888-353-4537 no later than 2 business lived in the processing of the electronic payment ues related to the payment. I have selected a per the consent to electronic funds withdrawal. <u>and Associates CPA</u> ERO firm name	authorize the U.S. Treasury a authorize the U.S. Treasury a tution account indicated in the lebit the entry to this accour ss days prior to the paymen t of taxes to receive confide ersonal identification numbe to enter my PIN	nsmission, (b) the re nd its designated Fina tax preparation softwa it. To revoke a paym (settlement) date. I ntial information nec r (PIN) as my signatu 	ason for any delay ncial Agent to are for payment ent, I must contacl also authorize the essary to answer ure for the electror
electronic return. I conse IRS and to receive from processing the return or re- initiate an electronic funds of the federal taxes ower U.S. Treasury Financial <i>J</i> financial institutions invo- inquiries and resolve issi- return and, if applicable, PIN: check one box only X I authorize <u>Chow</u> on the tax year 200 agency(ies) regulation return's disclosure	It to allow my intermediate service provider, un- the IRS (a) an acknowledgement of receipt or re- fund, and (c) the date of any refund. If applicable, I withdrawal (direct debit) entry to the financial institu- to this return, and the financial institution to c Agent at 1-888-353-4537 no later than 2 busines lived in the processing of the electronic paymen les related to the payment. I have selected a per the consent to electronic funds withdrawal. <u>and Associates CPA</u> <u>ERO firm name</u> 21 electronically filed return. If I have indicated ing charities as part of the IRS Fed/State program, I consent screen.	ason for rejection of the tra authorize the U.S. Treasury a tution account indicated in the lebit the entry to this accour ss days prior to the payment t of taxes to receive confide ersonal identification numbe to enter my PIN within this return that a copy also authorize the aforementi	nsmission, (b) the re nd its designated Fina tax preparation softwa it. To revoke a paym (settlement) date. I ntial information nec r (PIN) as my signatu Enter five numbers, but do not enter all zeros y of the return is beir oned ERO to enter my	ason for any delay ncial Agent to are for payment ent, I must contact also authorize the essary to answer ure for the electron as my signatur g filed with a state PIN on the
electronic return. I conse IRS and to receive from processing the return or re- initiate an electronic funds of the federal taxes ower U.S. Treasury Financial <i>J</i> financial institutions invo- inquiries and resolve issi- return and, if applicable, PIN: check one box only X I authorize <u>Chow</u> on the tax year 200 agency(ies) regulatili return's disclosure As an officer or pers	The IRS (a) an acknowledgement of receipt or re fund, and (c) the date of any refund. If applicable, I withdrawal (direct debit) entry to the financial institu- tion this return, and the financial institution to c Agent at 1-888-353-4537 no later than 2 business lived in the processing of the electronic paymen- lies related to the payment. I have selected a per- the consent to electronic funds withdrawal. <u>and Associates CPA</u> <u>ERO firm name</u> 21 electronically filed return. If I have indicated ig charities as part of the IRS Fed/State program, I	ason for rejection of the tra authorize the U.S. Treasury a tution account indicated in the lebit the entry to this accour ss days prior to the payment t of taxes to receive confide ersonal identification numbe to enter my PIN within this return that a copy also authorize the aforement open filed with a state agency	nsmission, (b) the re nd its designated Fina tax preparation softwa it. To revoke a paym (settlement) date. I ntial information nec r (PIN) as my signatu Enter five numbers, but do not enter all zeros y of the return is beir oned ERO to enter my h the tax year 2021 ek (ies) regulating charitie	ason for any delay ncial Agent to are for payment ent, I must contact also authorize the essary to answer ure for the electron as my signatur g filed with a state PIN on the
electronic return. I conse IRS and to receive from processing the return or re- initiate an electronic funds of the federal taxes ower U.S. Treasury Financial <i>J</i> financial institutions invo- inquiries and resolve issi- return and, if applicable, PIN: check one box only X I authorize <u>Chow</u> on the tax year 200 agency(ies) regulatili return's disclosure As an officer or pers	In the IRS (a) an acknowledgement of receipt or re- fund, and (c) the date of any refund. If applicable, I withdrawal (direct debit) entry to the financial institu- tion this return, and the financial institution to c Agent at 1-888-353-4537 no later than 2 business lived in the processing of the electronic paymen ues related to the payment. I have selected a par- the consent to electronic funds withdrawal. <u>and Associates CPA</u> ERO firm name 21 electronically filed return. If I have indicated ing charities as part of the IRS Fed/State program, I consent screen. I on subject to tax with respect to the entity, I will er tated within this return that a copy of the return is to ogram, I will enter my PIN on the return's disclosure	ason for rejection of the tra authorize the U.S. Treasury a tution account indicated in the lebit the entry to this accour ss days prior to the payment t of taxes to receive confide ersonal identification numbe to enter my PIN within this return that a copy also authorize the aforement open filed with a state agency	nsmission, (b) the re nd its designated Fina tax preparation softwa it. To revoke a paym (settlement) date. I ntial information nec r (PIN) as my signatu Enter five numbers, but do not enter all zeros y of the return is beir oned ERO to enter my	ason for any delay ncial Agent to are for payment ent, I must contact also authorize the essary to answer ure for the electron as my signatur g filed with a state PIN on the
electronic return. I conse IRS and to receive from processing the return or re- unitiate an electronic funds of the federal taxes ower U.S. Treasury Financial / financial institutions invo inquiries and resolve issi- return and, if applicable, PIN: check one box only X I authorize <u>Chow</u> on the tax year 20/ agency(ies) regulati- return's disclosure As an officer or person sur- return. If I have indi- the IRS Fed/State p Signature of officer or person sur-	The IRS (a) an acknowledgement of receipt or refund, and (c) the date of any refund. If applicable, I withdrawal (direct debit) entry to the financial institution to c agent at 1-888-353-4537 no later than 2 busines lived in the processing of the electronic payment are related to the payment. I have selected a payment to consent to electronic funds withdrawal. and Associates CPA ERO firm name 21 electronically filed return. If I have indicated in genarities as part of the IRS Fed/State program, I consent screen. I ensubject to tax with respect to the entity, I will enter the return is brogram, I will enter my PIN on the return's disclosuro plect to tax itom and Authentication	ason for rejection of the tra authorize the U.S. Treasury a tution account indicated in the lebit the entry to this accour ss days prior to the payment t of taxes to receive confide ersonal identification numbe to enter my PIN within this return that a copy also authorize the aforement open filed with a state agency	nsmission, (b) the re nd its designated Fina tax preparation softwa it. To revoke a paym (settlement) date. I ntial information nec r (PIN) as my signatu Enter five numbers, but do not enter all zeros y of the return is beir oned ERO to enter my h the tax year 2021 ek (ies) regulating charitie	ason for any delay ncial Agent to are for payment ent, I must contact also authorize the essary to answer ure for the electron as my signatur g filed with a state PIN on the
electronic return. I conse IRS and to receive from processing the return or re- initiate an electronic funds of the federal taxes ower U.S. Treasury Financial / financial institutions invo inquiries and resolve issi- return and, if applicable, PIN: check one box only X I authorize <u>Chow</u> on the tax year 20/ agency(ies) regulatili- return's disclosure As an officer or person sul Signature of officer or person sul Part-III <u>Certifica</u> FRO's EFIN/PIN. Enter y	nt to allow my intermediate service proceed of the irrection of receipt or re- fund, and (c) the date of any refund. If applicable, I withdrawal (direct debit) entry to the financial institu- tion this return, and the financial institution to c Agent at 1-888-353-4537 no later than 2 business lived in the processing of the electronic paymen- lies related to the payment. I have selected a per- the consent to electronic funds withdrawal. <u>and Associates CPA</u> <u>ERO firm name</u> 21 electronically filed return. If I have indicated ing charities as part of the IRS Fed/State program, I consent screen. the on subject to tax with respect to the entity, I will er- bar and within this return that a copy of the return is the trogram, I will enter my PIN on the return's disclosure plect to tax	authorize the U.S. Treasury a authorize the U.S. Treasury a tution account indicated in the lebit the entry to this accour ss days prior to the payment t of taxes to receive confide ersonal identification numbe to enter my PIN within this return that a copy also authorize the aforementi oter my PIN as my signature o being filed with a state agency re consent screen.	nsmission, (b) the re nd its designated Fina tax preparation softwa it. To revoke a paym (settlement) date. I ntial information nec r (PIN) as my signatu Enter five numbers, but do not enter all zeros y of the return is beir oned ERO to enter my h the tax year 2021 ek (ies) regulating charitie	ason for any delay ncial Agent to are for payment ent, I must contact also authorize the essary to answer ure for the electron as my signatur g filed with a state PIN on the
electronic return. I conse IRS and to receive from processing the return or re initiate an electronic funds of the federal taxes owed U.S. Treasury Financial / financial institutions invo inquiries and resolve issi- return and, if applicable, PIN: check one box only X I authorize <u>Chow</u> on the tax year 200 agency(ies) regulating return's disclosure As an officer or person sur- the IRS Fed/State p Signature of officer or person sur- Part III <u>Certifica</u> ERO's EFIN/PIN. Enter yonumber (EFIN) followed	nt to allow my intermediate service proves, intermediate service proves, intermediate service proves, intermediate service proves, in the IRS (a) an acknowledgement of receipt or refund, and (c) the date of any refund. If applicable, I withdrawal (direct debit) entry to the financial institution to c agent at 1-888-353-4537 no later than 2 busines. It is not allow my provider and the processing of the electronic payment are related to the payment. I have selected a payment to consent to electronic funds withdrawal. and Associates CPA ERO firm name 21 electronically filed return. If I have indicated in the processing of the IRS Fed/State program, I consent screen. If a payment of the IRS Fed/State program, I will enter my PIN on the return's disclosure of the tax. If on and Authentication our six-digit electronic filing identification by your five-digit self-selected PIN. numeric entry is my PIN, which is my signature on turn in accordance with the requirements of Pu	Advantage of the translation of the translation for rejection of the translation of the translation account indicated in the lebit the entry to this account is days prior to the payment to faxes to receive confide ersonal identification number to enter my PIN as the aforement of the translation of translation of the translation of the translation of the translation of trans	nsmission, (b) the re nd its designated Fina tax preparation softwa it. To revoke a paym (settlement) date. I ntial information nec r (PIN) as my signatu Enter five numbers, but do not enter all zeros v of the return is beir oned ERO to enter my n the tax year 2021 ele (ies) regulating charitie Date ► Date ►	ason for any delay ncial Agent to are for payment lent, I must contact also authorize the essary to answer ure for the electron as my signatur as my signatur g filed with a state PIN on the ectronically filed es as part of
electronic return. I conse IRS and to receive from processing the return or re initiate an electronic funds of the federal taxes owed U.S. Treasury Financial / financial institutions invo inquiries and resolve issi- return and, if applicable, PIN: check one box only X I authorize <u>Chow</u> on the tax year 200 agency(ies) regulatil return's disclosure As an officer or person return. If I have indi- the IRS Fed/State p Signature of officer or person su Part III <u>Certificar</u> ERO's EFIN/PIN. Enter y- number (EFIN) followed I certify that the above am submitting this re Providers for Business	nt to allow my intermediate service proves, intermediate service proves, intermediate service proves, intermediate service proves, in the IRS (a) an acknowledgement of receipt or refund, and (c) the date of any refund. If applicable, I withdrawal (direct debit) entry to the financial institution to c agent at 1-888-353-4537 no later than 2 busines. It is not allow my provider and the processing of the electronic payment are related to the payment. I have selected a payment to consent to electronic funds withdrawal. and Associates CPA ERO firm name 21 electronically filed return. If I have indicated in the processing of the IRS Fed/State program, I consent screen. If a payment of the IRS Fed/State program, I will enter my PIN on the return's disclosure of the tax. If on and Authentication our six-digit electronic filing identification by your five-digit self-selected PIN. numeric entry is my PIN, which is my signature on turn in accordance with the requirements of Pu	Alson for rejection of the tra authorize the U.S. Treasury a lution account indicated in the lebit the entry to this accour ss days prior to the payment t of taxes to receive confide ersonal identification numbe to enter my PIN within this return that a copy also authorize the aforement ther my PIN as my signature o being filed with a state agency re consent screen. Do not ent the 2021 electronically filed re b. 4163, Modernized e-File (nsmission, (b) the re nd its designated Fina tax preparation softwa it. To revoke a paym (settlement) date. I ntial information nec r (PIN) as my signatu Enter five numbers, but do not enter all zeros v of the return is beir oned ERO to enter my n the tax year 2021 ele (ies) regulating charitie Date ► Enter all zeros eturn indicated above. MeF) Information for	ason for any delay ncial Agent to are for payment lent, I must contact also authorize the essary to answer ure for the electron as my signatur as my signatur g filed with a state PIN on the ectronically filed es as part of
electronic return. I conse IRS and to receive from processing the return or re initiate an electronic funds of the federal taxes owed U.S. Treasury Financial / financial institutions invo inquiries and resolve issi- return and, if applicable, PIN: check one box only X I authorize <u>Chow</u> on the tax year 200 agency(ies) regulatil return's disclosure As an officer or person return. If I have indi- the IRS Fed/State p Signature of officer or person su Part III <u>Certificar</u> ERO's EFIN/PIN. Enter y- number (EFIN) followed I certify that the above am submitting this re Providers for Business	In the IRS (a) an acknowledgement of receipt or refund, and (c) the date of any refund. If applicable, I withdrawal (direct debit) entry to the financial institution to c Agent at 1-888-353-4537 no later than 2 busines lived in the processing of the electronic paymen uses related to the payment. I have selected a pay the consent to electronic funds withdrawal. <u>and Associates CPA</u> <u>ERO firm name</u> 1 electronically filed return. If I have indicated ng charities as part of the IRS Fed/State program, I consent screen. I end within this return that a copy of the return is to orgram, I will enter my PIN on the return's disclosure of the action by your five-digit self-selected PIN. numeric entry is my PIN, which is my signature on turn in accordance with the requirements of Pu Returns. ERO Must Retain Th	Alson for rejection of the tra authorize the U.S. Treasury a lution account indicated in the lebit the entry to this accour ss days prior to the payment t of taxes to receive confide ersonal identification numbe to enter my PIN within this return that a copy also authorize the aforement other my PIN as my signature o being filed with a state agency re consent screen. Do not ent the 2021 electronically filed re b. 4163, Modernized e-File (Date >	nsmission, (b) the re nd its designated Fina tax preparation softwa it. To revoke a paym (settlement) date. I ntial information nec r (PIN) as my signatu Inter five numbers, but do not enter all zeros v of the return is beir oned ERO to enter my on the tax year 2021 election (ies) regulating charitien Date ►	ason for any delay ncial Agent to are for payment ent, I must contac also authorize the essary to answer ure for the electror as my signatur g filed with a state PIN on the ectronically filed es as part of
electronic return. I conse IRS and to receive from processing the return or re- initiate an electronic funds of the federal taxes ower U.S. Treasury Financial / financial institutions invo- inquiries and resolve issi- return and, if applicable, PIN: check one box only X I authorize <u>Chow</u> on the tax year 20/ agency(ies) regulatile return's disclosure As an officer or person su Part III Certifica ERO's EFIN/PIN. Enter y- number (EFIN) followed I certify that the above am submitting this re- Providers for Business ERO's signature ► <u>macro</u>	In the IRS (a) an acknowledgement of receipt or refund, and (c) the date of any refund. If applicable, I withdrawal (direct debit) entry to the financial institution to c Agent at 1-888-353-4537 no later than 2 busines lived in the processing of the electronic paymen uses related to the payment. I have selected a pay the consent to electronic funds withdrawal. <u>and Associates CPA</u> ERO firm name 21 electronically filed return. If I have indicated ng charities as part of the IRS Fed/State program, I consent screen. I end within this return that a copy of the return is to orgram, I will enter my PIN on the return's disclosure of the x b tion and Authentication our six-digit electronic filing identification by your five-digit self-selected PIN. numeric entry is my PIN, which is my signature on turn in accordance with the requirements of Pu Returns. <u>i e chow</u>	Alson for rejection of the tra authorize the U.S. Treasury a fution account indicated in the lebit the entry to this accour ss days prior to the payment t of taxes to receive confide ersonal identification numbe to enter my PIN within this return that a copy also authorize the aforement also authorize the aforement of the my PIN as my signature o being filed with a state agency re consent screen. Do not ent the 2021 electronically filed re b. 4163, Modernized e-File (Date ► tis Form — See Instruct the IRS Unless Request	nsmission, (b) the re nd its designated Fina tax preparation softwa it. To revoke a paym (settlement) date. I ntial information nec r (PIN) as my signatu Enter five numbers, but do not enter all zeros v of the return is beir oned ERO to enter my n the tax year 2021 ele (ies) regulating charitie Date ► er all zeros eturn indicated above. MeF) Information for tions sted To Do So	ason for any delay ncial Agent to are for payment ent, I must contact also authorize the essary to answer ure for the electron as my signatur as my signatur g filed with a state PIN on the ectronically filed es as part of

.

. .

	0000	
Form	8998	

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

	" rile a separate application for each return,	
Go	o www.irs.gov/Form8868 for the latest information	۱.

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.

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

Application Is For	Return Code	Application Is For		eturn 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		FIRMES LATE	
 The books are in the care of ► <u>SANDI PILON</u> Telephone No. ► <u>510-523-5955</u> If the organization does not have an office or place of bus If this is for a Group Return, enter the organization's four check this box ►	iness in the digit Group heck this bo	Exemption Number (GEN) If this ox ►and attach a list with the names	is for the whole grou and TINs of all mem	► □ up, nbers
 1 I request an automatic 6-month extension of time until 1 for the organization named above. The extension is for the X calendar year 20 21 or ► X calendar year 20 21 or ► tax year beginning, 20 2 If the tax year entered in line 1 is for less than 12 month Change in accounting period 	the organiza , and endin	g, 20	•	
3a If this application is for Forms 990-PF, 990-T, 4720, or 6 nonrefundable credits. See instructions	669, enter	the tentative tax, less any	3a\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6 tax payments made. Include any prior year overpayment	069, enter t allowed as	any refundable credits and estimated s a credit	3b\$	0.
c Balance due. Subtract line 3b from line 3a. Include your EFTPS (Electronic Federal Tax Payment System). See i	nstructions	<u></u>	3c \$	0.
Caution: If you are going to make an electronic funds withdra- payment instructions.				E for
			-	

		Short Form		OMB No. 1545-0047
Form	990	D-EZ Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)		2021
		Do not enter social security numbers on this form, as it may be made public.	Ň	Occurre Dublic
Depari	tment of th ai Revenue	► Go to www.irs.gov/Form990EZ for instructions and the latest information.		Open to Public Inspection
		021 calendar year, or tax year beginning , 2021, and ending	,	
	heck if app		ıployer id	entification number
	ddress cha			
١	lame chang	WEST ALAMEDA BUSINESS ASSOCIATION P.O. BOX 215	aphone r	umber
	nitial return	ATAMEDA. CA 94501 5	10-5	23-5955
	inal return/te Amended re	minated		emption
	Amenued Re Application	Dending	umber	
		ng Method: □Cash IX Accrual Other (specify) ► H Check ► X		organization is not
1.1	Vebsite :	www.westalamedabusiness.com	attach	Schedule B
J	Tax-exemp	t status (check enly one) – 501(e)(3) K 501(e) (6) 4(insert int.) 404(e)(1) ei 404	·	
ĸ	Form of c	rganization: X Corporation Trust Association Other		
L	Add line	s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total Part IL column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. ►\$	118,214.
Pa		evenue Expenses and Changes in Net Assets or Fund Balances (see the instruct	ions te	or Part I)
19.5 <u>16</u> .52	CI	neck if the organization used Schedule O to respond to any question in this Part 1		
	1 Co	ntributions, gifts, grants, and similar amounts received	1 2	118,171.
	2 Pr	ogram service revenue including government fees and contracts	2	
	3 Me	mbership dues and assessments	4	43.
	4 Inv	vestment income		
	5 a Gr	oss amount from sale of assets other than inventory		
	b Le	n or (loss) from sale of assets other than inventory (subtract line 5b from line 5a).	5 c	
	c Gai 6 Ga	n or (loss) from sale of assets other than inventory (subtract line of hom time sa)		
ø	a Gr	oss income from gaming (attach Schedule G if greater than \$15,000) 6a		
Revenue	b Gr	oss income from fundraising events (not including \$ of contributions		
eve	fre	m fundraising events reported on line 1) (attach Schedule G if the sum		
Ť	of	such gross meome and contributions exceeded the level in the second		
	d Ne	et income or (loss) from gaming and fundraising events (add lines 6a and and subtract line 6c)	6 d	· · ·
		oss sales of inventory, less returns and allowances		
	h a	set cost of goods sold		
	r G	oss profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7 c	
	8 0	her revenue (describe in Schedule O)	8	
	9. Te	otal revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 10	118,214.
	10 G	rants and similar amounts paid (list in Schedule O)	11	
	11 B	enefits paid to or for members	12	
ses	12 S	alaries, other compensation, and employee benefits	13	79,266.
Expenses	13 Pi	corpancy, rent, utilities, and maintenance.	14	7,915.
ĔĂ	14 O 15 Pi	inting publications nostage, and shipping	15	6,814.
	16 0	rinting, publications, postage, and shipping	16	18,084.
	17 T	tal expenses. Add lines 10 through 16	17	112,079.
	18 E	ccess or (deficit) for the year (subtract line 17 from line 9)	10000000	6,135.
ets	10 N	at assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	r 200	105 000
Ass	fi	gure reported on prior year's return).	19 20	<u>125,099.</u> 5,35 <u>2</u> .
Net Assets	20 0	ther changes in net assets or fund balances (explain in Schedule O). See Schedule O	20	136,586.
	21 N	et assets or fund balances at end of year. Combine lines 18 through 20	<u> </u>	Form 990-EZ (2021)

Form	990-EZ (2021) WEST ALAMEDA BU	SINESS ASSOCIATION			Page 2
Par	Balance Sheets (see the inst Check if the organization used Sche	ructions for Part II)	option in this Dout II		
	Check in the organization used Sche	dule o to respond to any qu	estion in this Part II	N Destaulas ef	
22	Cash, savings, and investments			A) Beginning of year	(B) End of year
	Land and buildings	****		122,267.2	
24	Land and buildings	See Schedule	a 0 ⊢-		3
25	Total assets		T T	==/ ***	12,641.
25	Total liabilities (describe in Schedule O)	See Schedula	-		<u>146,586.</u>
	Net appets an fund belan and (line 07 of				<u> </u>
27	Net assets or fund balances (line 27 of			125,099.2	7 <u>136,586.</u>
Pal	till Statement of Program Service Ac	complishments (see the inst	ructions for Part III)	াল্য	Expenses
What	Check if the organization used Sc	nequie O to respond to any o	uestion in this Part III,		equired for section 501
- Wildi	s the organization's primary exempt purpose? See	Schedule U		(c)	(3) and 501(c)(4)
mea	ribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	manner, describe the service	ces provided, the numb	m services, as 1019 per of persons 1 for	janizations; optional others.)
bene	fited, and other relevant information for e	ach program title.			
28	TO PROMOTE INTERESTS OF I	<u>TS MEMBERS - THE E</u>	SUSINESS & PROF	ESSIONAL	
•	PERSONS ASSOCIATED WITH T	<u>HE WEST ALAMEDA BU</u>	JSINESS_ASSOCIA	TION.	
	(Grants \$) If th	s amount includes foreign g	rants, check here		а
29					
	(Grants \$) If th	s amount includes foreign g	rants, check here		a
30			· · · ·		
	(Grants \$	s amount includes foreign gi	rants, check here		a
31	Other program services (describe in Sch	edule O)			· · · · · · · · · · · · · · · · · · ·
	(Grants \$) If th	is amount includes foreign g	rants, check here	≻ 🗍 31	a
32	Total program service expenses (add lin	nes 28a through 31a)		▶ 32	
Par	List of Officers, Directors,	Frustees, and Key Emp	ovees (list each one ever	if not compensated - see th	e instructions for Part IV)
	Check if the organization used Sc	hedule O to respond to any o	Nunction in this Dout IV		
	oncon in the organization used of	iounio o lo respond to any t	uesuon in uus ran iv.		
·					
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MIS/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of
	(a) Name and title		(c) Reportable compensation (Forms W-2/1099-MIS/ 1099-NEC) (if not paid, enter -0-)		(e) Estimated amount of
	(e) Name and title	(b) Average hours per weak 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
Pre	(e) Name and title DY_RUSSELL sident	(b) Average hours per week devoted to	(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	(e) Estimated amount of other compensation
Pre	(e) Name and title DY_RUSSELL sident MOORE	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1093-MIS/ 1093-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Pre ANN BOA	(e) Name and title DY_RUSSELL sident MOORE RD_DIRECTOR	(b) Average hours per weak devoted to position	(c) Reportable compensation (Forms W-2/1093-MIS/ 1093-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Pre ANN BOA CHF	(a) Name and title DY_RUSSELL sident MOORE RD_DIRECTOR IS_VAVROSKY	(b) Average hours per week devoted to position 0	(c) Reportable compensation (Forms W-2/1093-MIS/ 1093-NEC) (if not paid, enter -0-) 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Pre ANN BOA CHF ECC	(e) Name and title DY_RUSSELL sident MOORE RD DIRECTOR IS VAVROSKY NOMIC DEVELO	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1093-MIS/ 1093-NEC) (if not paid, enter -0-) 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation . 0. 0.
Pre ANN BOA CHF ECC CON	(e) Name and title DY_RUSSELL sident MOORE RD DIRECTOR IS VAVROSKY NOMIC DEVELO NSTANCE_GARCIA	(b) Average hours per week devoted to position 0	(c) Reportable compensation (Forms W-2/1093-MIS/ 1093-NEC) (if not paid, enter -0-) 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0	(e) Estimated amount of other compensation
Pre ANN BOA CHF ECC CON Tre	(e) Name and title DY_RUSSELL sident MOORE RD DIRECTOR IS VAVROSKY NOMIC DEVELO INSTANCE_GARCIA asurer	(b) Average hours per week devoted to position 0	(c) Reportable compensation (Forms W-2/1093-MIS/ 1093-NEC) (if not paid, enter -0-) 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0	(e) Estimated amount of other compensation
Pre ANN BOA CHF ECC CON Tre DAN	(a) Name and title DY_RUSSELL sident MOORE RD DIRECTOR IS VAVROSKY NOMIC DEVELO INSTANCE_GARCIA asurer IEL_HOY	(b) Average hours per week devoted to position 0 0	(c) Reportable compensation (Forms W-2/1093-MIS/ 1093-NEC) (if not paid, enter -0-) 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0 0 0	(e) Estimated amount of other compensation
Pre ANN BOA CHF ECC CON Tre DAN Sec	(a) Name and title DY_RUSSELL sident MOORE RD DIRECTOR IS VAVROSKY NOMIC DEVELO INSTANCE GARCIA asurer IEL_HOY retary	(b) Average hours per week devoted to position 0	(c) Reportable compensation (Forms W-2/1093-MIS/ 1099-NEC) (if not paid, enter -0-) 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0	(e) Estimated amount of other compensation
Pre ANN BOA CHF ECC CON Tre DAN Sec TAN	(a) Name and title DY_RUSSELL sident MOORE RD DIRECTOR IS VAVROSKY NOMIC DEVELO INSTANCE_GARCIA asurer IEL_HOY retary OA_STEWART	(b) Average hours per week devoted to position 0 0 0 0	(c) Reportable compensation (Forms W-2/1093-MIS/ 1093-NEC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0 0 0 0	(e) Estimated amount of other compensation
Pre ANN BOA CHE ECC CON Tre DAN Sec TAN BOA	(a) Name and title DY_RUSSELL sident MOORE RD DIRECTOR IS VAVROSKY NOMIC DEVELO INSTANCE GARCIA asurer IEL_HOY retary OA_STEWARTRD DIRECTOR	(b) Average hours per week devoted to position 0 0	(c) Reportable compensation (Forms W-2/1093-MIS/ 1093-NEC) (if not paid, enter -0-) 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0 0 0	(e) Estimated amount of other compensation . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0.
Pre ANN BOA CHE ECC CON Tre DAN Sec TAN BOA MAR	(a) Name and title DY_RUSSELL sident MOORE RD DIRECTOR IS VAVROSKY NOMIC DEVELO INSTANCE_GARCIA asurer IEL_HOY retary OA_STEWART RD DIRECTOR IE_ORTEGA	(b) Average hours per week devoted to position 0 0 0 0 0 0 0	(c) Reportable compensation (Forms W-2/1093-MIS/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0 0 0 0 0 0 0	(e) Estimated amount of other compensation . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0.
Pre ANN BOA CHE ECC CON Tre DAN Sec TAN BOA BOA	(a) Name and title DY_RUSSELL sident MOORE RD DIRECTOR IS VAVROSKY NOMIC DEVELO INSTANCE GARCIA asurer IEL_HOY retary OA_STEWART_ RD DIRECTOR IE_ORTEGA RD MEMBER	(b) Average hours per week devoted to position 0 0 0 0	(c) Reportable compensation (Forms W-2/1093-MIS/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0 0 0 0	(e) Estimated amount of other compensation . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0.
Pre ANN BOA CHE ECC CON TEC DAN Sec TAN BOA BOA PIA	(a) Name and title DY_RUSSELL sident MOORE RD DIRECTOR IS VAVROSKY NOMIC DEVELO INSTANCE GARCIA asurer IEL HOY retary OA_STEWART RD DIRECTOR IE_ORTEGA RD MEMBER BARTON	(b) Average hours per week devoted to position 0 0 0 0 0 0 0 0	(c) Reportable compensation (Forms W-2/1093-MIS/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0 0 0 0 0 0 0	(e) Estimated amount of other compensation . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0.
Pre ANN BOA CHE ECC CON TEC DAN Sec TAN BOA BOA PIA BOA	(a) Name and title DY_RUSSELL sident MOORE RD DIRECTOR IS VAVROSKY NOMIC DEVELO INSTANCE GARCIA asurer ILEL HOY retary OA STEWART RD DIRECTOR IE_ORTEGA RD MEMBER BARTON RD MEMBER	(b) Average hours per week devoted to position 0 0 0 0 0 0 0	(c) Reportable compensation (Forms W-2/1093-MIS/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0 0 0 0 0 0 0	(e) Estimated amount of other compensation . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0.
Pre ANNA BOA ECC CON TEC CON TAN BOA BOA BOA BOA BOA BOA BOA BOA BOA BOA	(a) Name and title DY_RUSSELL sident MOORE RD DIRECTOR IS VAVROSKY NOMIC DEVELO INSTANCE GARCIA asurer ILEL HOY retary OA STEWART RD DIRECTOR IE_ORTEGA RD MEMBER BARTON RD MEMBER DA ASBURY	(b) Average hours per week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0	(c) Reportable compensation (Forms W-2/1093-MIS/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plens, and deferred compensation 0 0 0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0.
Pre ANN BOA CHF ECCO CON Tre ECCO Tre DAN Seco TAN BOA PIA BOA PIA BOA LIN Exe	(a) Name and title DY_RUSSELL sident MOORE RD DIRECTOR IS VAVROSKY NOMIC DEVELO INSTANCE GARCIA asurer IEL HOY retary OA STEWART RD DIRECTOR IE ORTEGA RD MEMBER BARTON RD MEMBER DA ASBURY cutive Dir.	(b) Average hours per week devoted to position 0 0 0 0 0 0 0 0	(c) Reportable compensation (Forms W-2/1093-MIS/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plens, and deferred compensation 0 0 0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0.
Pre ANN BOA CHE ECC CON TRE CON TRE DAN SEC TAN BOA BOA BOA PIA BOA LIN EXE JOH	(a) Name and title DY_RUSSELL sident MOORE RD DIRECTOR IS VAVROSKY NOMIC DEVELO INSTANCE GARCIA asurer IEL HOY retary OA STEWART RD DIRECTOR IE ORTEGA RD MEMBER BARTON RD MEMBER DA ASBURY cutive Dir. N_LIPP	(b) Average hours per week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0	(c) Reportable compensation (Forms W-2/1093-MIS/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0.
Pre ANN BOA CHE ECCO TRE CON TRE DAN SECO TAN BOA PIA BOA PIA BOA LIN EXE JOH	(a) Name and title DY_RUSSELL sident MOORE RD DIRECTOR IS VAVROSKY NOMIC DEVELO INSTANCE GARCIA asurer IEL HOY retary OA STEWART RD DIRECTOR IE ORTEGA RD MEMBER BARTON RD MEMBER DA ASBURY cutive Dir. N LIPP RD MEMBER	(b) Average hours per week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0	(c) Reportable compensation (forms W-2/1099-MIS/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0.
Pre ANN BOA CHE ECC Tre CON TAN BOA TAN BOA PIA BOA LIN EXE JOH	(a) Name and title DY_RUSSELL sident MOORE RD DIRECTOR IS VAVROSKY NOMIC DEVELO INSTANCE GARCIA asurer IEL HOY retary OA STEWART RD DIRECTOR IE ORTEGA RD MEMBER BARTON RD MEMBER DA ASBURY cutive Dir. N LIPP RD MEMBER A VASCONCELLOS	(b) Average hours per week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 17	(c) Reportable compensation (forms W-21099-MIS/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plens, and deferred compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0.
Pre ANN BOA CHE ECC Tre CON TAN BOA TAN BOA PIA BOA LIN EXE JOH	(a) Name and title DY_RUSSELL sident MOORE RD DIRECTOR IS VAVROSKY NOMIC DEVELO INSTANCE GARCIA asurer IEL HOY retary OA STEWART RD DIRECTOR IE ORTEGA RD MEMBER BARTON RD MEMBER DA ASBURY cutive Dir. N LIPP RD MEMBER	(b) Average hours per week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 17	(c) Reportable compensation (forms W-2/1099-MIS/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plens, and deferred compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0.
Pre ANN BOA CHE ECC Tre CON TAN BOA TAN BOA PIA BOA LIN EXE JOH	(a) Name and title DY_RUSSELL sident MOORE RD DIRECTOR IS VAVROSKY NOMIC DEVELO INSTANCE GARCIA asurer IEL HOY retary OA STEWART RD DIRECTOR IE ORTEGA RD MEMBER BARTON RD MEMBER DA ASBURY cutive Dir. N LIPP RD MEMBER A VASCONCELLOS	(b) Average hours per week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0 0 177 0	(c) Reportable compensation (forms W-2/1099-MIS/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plens, and deferred compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0.
Pre ANN BOA CHE ECC Tre CON TAN BOA TAN BOA PIA BOA LIN EXE JOH	(a) Name and title DY_RUSSELL sident MOORE RD DIRECTOR IS VAVROSKY NOMIC DEVELO INSTANCE GARCIA asurer IEL HOY retary OA STEWART RD DIRECTOR IE ORTEGA RD MEMBER BARTON RD MEMBER DA ASBURY cutive Dir. N LIPP RD MEMBER A VASCONCELLOS	(b) Average hours per week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0 0 177 0	(c) Reportable compensation (forms W-2/1099-MIS/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plens, and deferred compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0.
Pre ANN BOA CHE ECC Tre CON TAN BOA TAN BOA PIA BOA LIN EXE JOH	(a) Name and title DY_RUSSELL sident MOORE RD DIRECTOR IS VAVROSKY NOMIC DEVELO INSTANCE GARCIA asurer IEL HOY retary OA STEWART RD DIRECTOR IE ORTEGA RD MEMBER BARTON RD MEMBER DA ASBURY cutive Dir. N LIPP RD MEMBER A VASCONCELLOS	(b) Average hours per week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 177 0	(c) Reportable compensation (forms W-2/1099-MIS/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plens, and deferred compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0.
Pre ANN BOA CHE ECC Tre CON TAN BOA TAN BOA PIA BOA LIN EXE JOH	(a) Name and title DY_RUSSELL sident MOORE RD DIRECTOR IS VAVROSKY NOMIC DEVELO INSTANCE GARCIA asurer IEL HOY retary OA STEWART RD DIRECTOR IE ORTEGA RD MEMBER BARTON RD MEMBER DA ASBURY cutive Dir. N LIPP RD MEMBER A VASCONCELLOS	(b) Average hours per week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 177 0	(c) Reportable compensation (forms W-2/1099-MIS/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plens, and deferred compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0.
Pre ANN BOA CHE ECC Tre CON TAN BOA TAN BOA PIA BOA LIN EXE JOH	(a) Name and title DY_RUSSELL sident MOORE RD DIRECTOR IS VAVROSKY NOMIC DEVELO INSTANCE GARCIA asurer IEL HOY retary OA STEWART RD DIRECTOR IE ORTEGA RD MEMBER BARTON RD MEMBER DA ASBURY cutive Dir. N LIPP RD MEMBER A VASCONCELLOS	(b) Average hours per week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 177 0	(c) Reportable compensation (forms W-2/1099-MIS/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plens, and deferred compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0.
Pre ANN BOA CHE ECC Tree DAN Sec TAN BOA FIA BOA PIA BOA LIN EXE JOH	(a) Name and title DY_RUSSELL sident MOORE RD DIRECTOR IS VAVROSKY NOMIC DEVELO INSTANCE GARCIA asurer IEL HOY retary OA STEWART RD DIRECTOR IE ORTEGA RD MEMBER BARTON RD MEMBER DA ASBURY cutive Dir. N LIPP RD MEMBER A VASCONCELLOS	(b) Average hours per week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 177 0	(c) Reportable compensation (forms W-2/1099-MIS/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plens, and deferred compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0. . 0.

Form 990-EZ (2021)

		-		
Form	1 990-EZ (2021) WEST ALAMEDA BUSINESS ASSOCIATION		Pa	age 3
Par	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	· · · · · ·		. П
			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	33		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	34		<u>X</u>
35 a	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)?	35 a		x
	(such as those reported on lines 2, 6a, and 7a, among others) 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.	35b	-	
с с	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			
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		<u> </u>
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	36		x
27 -	a Enter amount of political expenditures, direct or indirect, as described in the instructions.			### #
ł	b Did the organization file Form 1120-POL for this year?	37 b		X
38 a	Did the secretize however from or make any loans to any officer director trustee or key employee; or were	38 a		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If 'Yes,' complete Schedule L, Part II, and enter the total	30 a	00000000000000	X
1	amount involved			
39	Section 501(c)(7) organizations. Enter:		4.4	
	a Initiation fees and capital contributions included on line 9			
	D Gloss receipts, melded on line 5, for public use of the function of the function			
40 a	a Section SUT(c)(S) organizations. Enter another of tax imposed on the organization acting the pro-			
. 1	section 4911 \blacktriangleright 0.; section 4912 \blacktriangleright 0.; section 4955 \blacktriangleright 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	40b		
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I			
	managers or disgualified persons during the year under sections 4912, 4950, and 4958,	-		
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	10 Page		
		- 22.24	14 A.	12.6
	All any institute At any time during the tax year, was the organization a party to a prohibited tax	THE COLORADO		1
	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	40 e		X
41	All any institute At any time during the tax year, was the organization a party to a prohibited tax	40 e		X
	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	40 e		X
41	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 List the states with which a copy of this return is filed ► <u>None</u>	40 e		X
41	 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 List the states with which a copy of this return is filed ► <u>None</u> a The organization's hooks are in care of ► SANDT PILON 	23-5	9 <u>55</u>	<u>x</u>
41 42	 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 List the states with which a copy of this return is filed ► <u>None</u> a The organization's books are in care of ► <u>SANDI PILON</u> Telephone no. ► <u>510-5</u> Located at ► <u>1509</u> <u>1/2</u> WEBSTER STREET ALAMEDA CA ZIP + 4 ► <u>94501</u> 	23-5		
41 42	 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 List the states with which a copy of this return is filed ► <u>None</u> a The organization's <u>source</u> Telephone no. ► <u>510-5</u> Located at ► <u>1509 1/2</u> WEBSTER STREET ALAMEDA CA <u>ZIP + 4 ► <u>94501</u></u> A there the colored a variable the organization have an interest in or a signature or other authority over a 	23-5	9 <u>5</u> 5_ Yes	
41 42	 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-TList the states with which a copy of this return is filed ► <u>None</u> a The organization's <u>SANDI PILON</u> Telephone no. ► <u>510-5</u> Located at ► <u>1509 1/2</u> WEBSTER STREET ALAMEDA CA ZIP + 4 ► <u>94501</u> 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)? 	23-5 42b	Yes	No
41 42	 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 List the states with which a copy of this return is filed ► <u>None</u> a The organization's <u>source</u> Telephone no. ► <u>510-5</u> Located at ► <u>1509 1/2</u> WEBSTER STREET ALAMEDA CA <u>ZIP + 4 ► <u>94501</u></u> A there the colored a variable the organization have an interest in or a signature or other authority over a 	23-5 42b	Yes	
41 42	 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-TList the states with which a copy of this return is filed ► <u>None</u> a The organization's <u>SANDI PILON</u> Telephone no. ► <u>510-5</u> Located at ► <u>1509 1/2</u> WEBSTER STREET ALAMEDA CA ZIP + 4 ► <u>94501</u> 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)? 	23-5 42b	Yes	No
41 42	 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-TList the states with which a copy of this return is filed ► <u>None</u> a The organization's <u>SANDI PILON</u> Telephone no. ► <u>510-5</u> Located at ► <u>1509 1/2</u> WEBSTER STREET ALAMEDA CA ZIP + 4 ► <u>94501</u> 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)? 	23-5 42b	Yes	No
41 42	 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-TList the states with which a copy of this return is filed ► <u>None</u> a The organization's <u>None</u> Telephone no. ► <u>510-5</u> Located at ► <u>1509 1/2</u> WEBSTER STREET ALAMEDA CA <u>ZIP + 4 ► 94501</u> 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 ► 	<u>23-5</u> 42b	Yes	No X
41 42	 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-TList the states with which a copy of this return is filed ► <u>None</u> a The organization's <u>None</u> Telephone no. ► <u>510-5</u> Located at ► <u>1509 1/2</u> WEBSTER STREET ALAMEDA CA <u>ZIP + 4 ► <u>94501</u></u> 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 ► 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? 	23-5 42b	Yes	No
41 42	 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-TList the states with which a copy of this return is filed ► <u>None</u> a The organization's <u>None</u> Telephone no. ► <u>510-5</u> Located at ► <u>1509 1/2</u> WEBSTER STREET ALAMEDA CA <u>ZIP + 4 ► 94501</u> 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 ► 	<u>23-5</u> 42b	Yes	No X
41 42	 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-TList the states with which a copy of this return is filed ► <u>None</u> a The organization's <u>None</u> Telephone no. ► <u>510-5</u> Located at ► <u>1509 1/2</u> WEBSTER STREET ALAMEDA CA <u>ZIP + 4 ► <u>94501</u></u> 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 ► 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? 	<u>23-5</u> 42b	Yes	No X
41 42	 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-TList the states with which a copy of this return is filed ► <u>None</u> a The organization's <u>None</u> Telephone no. ► <u>510-5</u> Located at ► <u>1509 1/2</u> WEBSTER STREET ALAMEDA CA <u>ZIP + 4 ► <u>94501</u></u> 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 ► 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? 	<u>23-5</u> 42b	Yes	No X
41	 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-TList the states with which a copy of this return is filed ► None a The organization's <u>None</u> Telephone no. ► <u>510-5</u> Located at ► <u>1509</u> <u>1/2</u> WEBSTER STREET ALAMEDA CA ZIP + 4 ► <u>94501</u> 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)?	23-5 42b 42c	Yes	No X
41 42	 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-TList the states with which a copy of this return is filed ► <u>None</u> a The organization's <u>books are in care of ► SANDI PILON</u> Telephone no. ► <u>510-5</u> Located at ► <u>1509 1/2 WEBSTER STREET ALAMEDA CA</u> ZIP + 4 ► <u>94501</u> 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)?	23-5 42b 42c	Yes	No X X
41 42 43	 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-TList the states with which a copy of this return is filed ► <u>None</u> a The organization's <u>books are in care of ► SANDI PILON</u> <u>Telephone no. ► 510-5</u> Located at ► <u>1509 1/2 WEBSTER STREET ALAMEDA CA</u> <u>ZIP + 4 ► 94501</u> 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 ► 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?	23-5 42b 42c	Yes Yes	No X X X N/A N/A No
41 42 43	 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-TList the states with which a copy of this return is filed ► <u>None</u> a The organization's <u>books are in care of ► SANDI PILON</u> <u>Telephone no. ► 510-5</u> Located at ► <u>1509 1/2 WEBSTER STREET ALAMEDA CA</u> <u>ZIP + 4 ► 94501</u> 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)?	23-5 42b 42c	Yes Yes	No X X X N/A N/A No
41 42 43 44	 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If 'Yes,' complete Form 8886-TList the states with which a copy of this return is filed ► <u>None</u> a The organization's <u>books are in care of SANDI PILON</u> Telephone no. ► <u>510-5</u> Located at ► <u>1509 1/2</u> WEBSTER STREET ALAMEDA CA. [PI+4 ► <u>94501</u>] 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 ► 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?	23-5 42b 42c	Yes ►	No X X X N/A N/A No
41 42 43 43	 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If 'Yes,' complete Form 8886-TList the states with which a copy of this return is filed ► <u>None</u> a The organization's <u>books are in care of SANDI PILON</u> <u>Telephone no. ► 510-5</u> Located at ► <u>1509 1/2</u> WEBSTER STREET ALAMEDA CA <u>2/P + 4 ► 94501</u> 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 ► 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? if 'Yes,' enter the name of the foreign country ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year	23-5 42b 42c 44a 44a	Yes Yes Yes	No X X X X N/A N/A N/A No X
41 42 43 44	 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 886-T	23-5 42b 42c	Yes Yes Yes	No X X X N/A N/A N/A No X
41 42 43 44	 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 8866-T	23-5 42b 42c 44a 44a	Yes Yes Yes	No X X X X N/A N/A N/A No X
41 42 43 44	 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	23-5 42b 42c 42c 44a 44a 44b 44c 44d	Yes ↓ Yes	No X X X X N/A N/A N/A N/A X X X X X
41 42 43 44	 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 886'T	23-5 42b 42c 42c	Yes ↓ Yes	No X X X X N/A N/A N/A No X X X X

BAA

TEEA0812L 09/27/21

Form 990	EZ (2021) WEST ALAMEDA BUSIN	ESS ASSOCIATIO	N				P	Page 4
cano	the organization engage, directly or indire didates for public office? If 'Yes,' complet	e Schedule C, Part I.	aign activities	on behalf c	f or in opposition to	46	Yes	No X
Part VI.	Section 501(c)(3) Organization All section 501(c)(3) organization for lines 50 and 51.	s Only ons must answer o	questions 4	7-49b and	d 52, and complete	e the table	s.	
	Check if the organization used	Schedule O to res	pond to an	v auestio	n in this Part VI			
47 Did t	he organization engage in lobbying activities						Yes	No
com	plete Schedule C, Part II					47		
48 lsth	e organization a school as described in s	ection 170(b)(1)(A)(ii)	? If 'Yes,' com	nplete Sche	dule E	48	["""	
49 a Did 1 b If 'Y	the organization make any transfers to ar es,' was the related organization a sectio	exempt non-charitabl	e related orga	anization?				
50 Com	plete this table for the organization's five hig loyees) who each received more than \$100,0	hest compensated empl	ovees (other th	nan officers	directors trustees and	49 b key		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable (Forms W-2/ 1099-1	compensation 1099-MISC/ NEC)	 (d) Health benefits, contributions to employee benefit plans, and deterred compensation 	(e) Estimate other com		
<u>_</u>		-						
		-						
		-						
	· · · · · · · · · · · · · · · · · · ·							
	·				· · · · · · · · · · · · · · · · · · ·			
51. Com	I number of other employees paid over \$ plete this table for the organization's five hig	hest compensated inder	pendent contra	ctors who ea	ich received more than S	\$100.000 of		
com	pensation from the organization. If there (a) Name and business address of each independent of	is none, enter 'None.'		(b) Type o		(c) Comp	ensatior	 n
						+	· · ·	
	,,,	~	-					
			-			<u> </u>		
·	· · · · · · · · · · · · · · · · · · ·					Ļ		
			-					
		m	- · ·			<u> </u>		
d Tota	I number of other independent contractors	s each receiving over s	<u> </u>			<u> </u>		
52 Did t com	he organization complete Schedule A? N pleted Schedule A	ote: All section 501(c)	(3) organizati	ons must al	tach a	► []Yes		No
Under penaltie true, correct,	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	including accompanying sche r) is based on all information	dules and stateme of which preparer	ents, and to the has any knowle	best of my knowledge and be	lief, It is		
Sign Here	Signature of officer SANDRA RUSSELL Type or print name and title	· · ·		-	Date President			
	Print/Type preparer's name	Preparer's signature		Date		PTIN		
Paid	maggie chow	maggie chow		-	Check if self-employed			
Preparer	Firm's name ► Chow and Associ							
Use Only	Firm's address ► <u>1151 Harbor Bay</u>				Firm's EIN			
May the JE	Alameda, CA 945 S discuss this return with the preparer st		uctions			<u>)-523-66(</u> ►		
BAA			uouons		· · · · · · · · · · · · · · · · · · ·	► X Yes		No
-						Form 99	г- с д (2	2021)

TEEA0812L 09/27/21

SCHEDULE O (Form 990)

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.

Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.			pen to Public ispection
Internal Revenue Service Name of the organization		Employer ident	fication n	umber
	USINESS ASSOCIATION			
WEDT ALAMEDA L				
Form 990-EZ, Other Expens	Part I, Line 16 es	· · .		
Depreciation Insurance Office Expension SOCIAL MEDI TAXES UTILITIES WARA REBRAN	and Promotion n nses A SERVICES DING PROJECT NTENANCE	· · · · · · · · · · · · · · · · · · ·	\$	3,042. 191. 2,529. 1,479. 7,200. 101. 1,112. 2,345. 85.
MERSILE WAT	NIENANCE	Total	\$	18,084.
Form 990-EZ, Other Change	Part I, Line 20 s In Net Assets Or Fund Balances			
PRIOR PERIC	D ADJUSTMENT	Total	\$ \$	5,352. 5,352.
Form 990-EZ, Other Assets	Part II, Line 24		•	
•	<u></u> Bo	<u>eginning</u>	· · · · · · · · · · · · · · · · · · ·	Ending
Prepaid Exp	and Equipment\$ penses and Deferred Charges\$ T	940 10,892 <u>1,000</u> 12,832).	749. 10,892. <u>1,000.</u> 12,641.
	Total <u>\$</u>		<u></u>	12,041.
Form 990-EZ Total Liabiliti	Part II, Line 26 es			
				-

	7.	•	<u>Beg</u>	<u>inning</u>	Ending
Grants Payable		 Total	\$ \$	<u>10,000.</u> 10,000.	10,000. 10,000.

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

TO PROMOTE LOCAL BUSINESSES.

OMB No. 1545-0047

2021

SS 132 * + - -

TAXABLE YEARCalifornia Exempt Organization2021Annual Information Return

	ear 2021 or fiscal year beginning (mm/dd/yyyy)	, and ending (mm/dd/yyyy)	·
	Organization name		-	California corporation number
	LAMEDA BUSINESS ASSOCIATION			1667437
Additional info	prmation. See instructions.		· · · · · · · · · · · · · · · · · · ·	FEIN
Street address	s (suite or room)		.	DMD me
P.O. B	OX 215			PMB no.
City	7		State	Zip code
ALAMED			CA	94501
			Foreign province/state/county	Foreign postal code
 B Amendea C IRC Sect D Final infa ● □ C Enter dat E Check ac 1 □ 	d return • Yes 2 ion 4947(a)(1) trust • Yes 2 vormation return? Dissolved Surrendered (Withdrawn) Merged/Reorga te: (mm/dd/yyyy) • counting method:	Anized No Figure 1 anized No Fig	ion have any changes to its gui ne FTB? See instructions R&TC Section 23701d, has the aged in political activities? In exempt under R&TC Section a gross receipts from ces	
	her 990 series	E is the organizatio	n a limited liability company?.	
G Is this a	group filing? See instructions	No M Did the organizat taxable income?	ion file Form 100 or Form 109 t	to report ······· • Yes XNo
H Is this or	ganization in a group exemption	N Is the organizatio	n under audit by the IRS or has	s the IRS
lf "Yes,"	what is the parent's name?	- ,	year?	
		Date filed with IR	023/1024 pending?	Yes No
	· · · · · · · · · · · · · · · · · · ·			·
Part I	Complete Part I unless not required to file this form. Se			
Receipts and Revenues	 Gross sales or receipts from other sources. From S Gross dues and assessments from members and a Gross contributions, gifts, grants, and similar amount Total gross receipts for filing requirement test. Additional gross receipts for filing requirement test. 	affiliates unts received d line 1 through line 3.	•	1 43. 2 3 118,171.
·.	 5 Cost of goods sold 6 Cost or other basis, and sales expenses of assets 7 Total costs. Add line 5 and line 6 8 Total gross income. Subtract line 7 from line 4 	sold		4 118,214. 7
Expenses	9 Total expenses and disbursements. From Side 2, F			9 112,079.
	 Excess of receipts over expenses and disbursement Total payments Use tax. See General Information K Payments balance. If line 11 is more than line 12, Use tax balance. If line 12 is more than line 11, su 	subtract line 12 from lin	• • •	10 6,135. 11 12 13 14
Filing Fee	15 Penalties and interest. See General Information J.			15
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from			
Sign Here	Under penalties of perjury, I declare that I have examined this return, includ correct, and complete. Declaration of preparer (other than taxpayer) is base Signature			V.
Poid	Preparer's ►	Date	Check if self-	• PTIN
Paid Preparer's Use Only	signature MAGGIE CHOW Firm's name (or yours, if self-employed) and address MAGGIE CHOW CHOW AND ASSOCIATES CPA <u>1151 HARBOR BAY PKWY STE</u> <u>ALAMEDA, CA 94502</u>			• FimsPein • Filephone • 510-523-6600
•	May the FTB discuss this return with the preparer show	n above? See instruction	ons	• X Yes No
	· · · · ·			

3651214

Form 199 2021 Side 1

059

CACA1112L 01/04/22

WEST Part II		rgani: cardle	A BUSINESS ASSOCIAT zations with gross receipts of r ess of amount of gross receipts –	nore than \$50,000 and j complete Part II or furnis	h substitute information	·		
		1 G	ross sales or receipts from all t	ousiness activities. See	instructions			<u> </u>
		2 in	terest) <u>Z</u>	43.
		3 D	ividends				3	·
Receip	ts	3 G	ross rents				4	
from Other		4 G 5 G	ross royalties				5	
Source		5 G	ross amount received from sale	of assets (See instruct	ions)		6	
		6 G	ther income. Attach schedule .	5 of 835010 (500 motion)			7	
		/ 0	otal gross sales or receipts from other s	ourope Add line 1 through line	7 Enter here and on Side 1	. Part I, line 1	8	43.
		8 T	ontributions, gifts, grants, and similar ar	mounts naid Attach schedule		,	9	
		9 0	isbursements to or for member	e			10	
		10 D	compensation of officers, directo	are and trustees. Attach	schedule	EE STMT 1	11	0.
			ompensation of oncers, oneco		, concedence in the second		• 12	
Expens	200	2 C	nterest			-	13	
and		13 Ir	axes				<u>,</u>	
Disbur ments		4 T	axes Rents				15	7,915.
menta		15 F	lents	·····			• 16	191.
	-	16 D	epreciation and depletion (See	Instructions)	SEE ST	ATEMENT 2		103,973.
	1	17 🤇	Other expenses and disburseme	nts. Attach schedule		0 0	18	112,079.
	, , , ,	18 T	otal expenses and disbursements. Add			<u></u>		xable year
Sche	dule	LE	Balance Sheet		i taxable year	(c)		(d)
Assets	;			(a)	(b)		1948 AVA	• 133,945.
					122,207.		C. 6.847.5	• 10079101
			ceivable			1000	62143369	•
			able			1.21	407 A	•
4 1	nventoria	es	te government obligations	Account of the second second		1.12.5	A CONT	•
					······································	Contraction of the	2007146	•
			other bonds			Store Star	S. 97.00	•
7	nvestme	nts in	stock		·			•
8 1	Aortgage	loans	nts, Attach schedule			Tana Arite at 18		•
							706.	
			iets			2-	957.	749.
			ed depreciation					•
11 l	and				11,892.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2. N 2 9 2	• 11,893.
			ttach schedule					146,587.
. 13	Fotal as	sets		and a strange was also	135,099.			
			t worth		Constraint of the second second		<u> </u>	
)le		10.000	Status Cartan		• 10,000.
15 (Contribu	tions, (gifts, or grants payable	ALL STREET	10,000			• 10,0001
16	Bonds a	nd note	es payable	CONTRACTOR		 All states of the state All states of the state 		•
17	Mortgag	es paya	able				27 (135523), 49 32 (14 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -	
18	Other lia	bilities	Attach schedule.	Carling and Maria	20	ALC REPORT OF A	Kristen († 1875) Rakonski skologijskog	•
19	Capital s	stock o	r principal fund	AND STREET, AND SALES AND STREET, SALES	2		estatet Herrichtet	•
20	Paid-in (or capi	tal surplus. Attach reconciliation		105 000			• <u>136,587</u> .
21	Retained	l earnii	ngs or income fund	CONTRACTOR OF MANY	<u>125,099</u> 135,099		<u>10 - 11 - 12 - 12 - 12 - 12 - 12 - 12 - </u>	146,587.
22	Total lia	<u>ubilitie</u>	s and net worth		120,099		\$811/85/94/97-94	
Sche	dule	M-1	Reconciliation of income per Do not complete this schedu	le if the amount on Sch	edule L, line 13, colum	n (d), is less that	n \$50,0	00.
			r books	• 6,135		on books this year not		
2	Federal	income	e tax	•		ach schedule s return not charged		
			al losses over capital gains					
			orded on books this year.		Attach schodule			
	Attach s	chedul	e,		9 Total, Add line 7	and line 8		
5	Expense	s reco	rded on books this year not deducted	a tan tan ka geranda ka	10 Net income p			north of the Manufact Public of South
			Attach schedule	6,13		9 from line 6		6,135.
6	Total A	ad line	1 through line 5	0/13.				

3652214

Γ

059

CACA1112L 01/04/22

TAXABLE YEAR

2021 Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

	ch to Form 100 or For	m 100W. FOR	M 199						
Corpo	ration name	-			-		California	corporatio	on number
WES	ST ALAMEDA BUS	SINESS ASSOC	IATION					•	
Par	t Election To Ex	xpense Certain Pro	perty Under IRC S	ection 179				·	
1	Maximum deduction	under IRC Section	179 for California.					1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service.		· · · · · · · · · · · · · · · ·	•••••••	· · · · · · · · · · · · · · · · · · ·	2	925,000
3	Threshold cost of IR	C Section 179 pror	perty before reduct	on in limitation				3	\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less, enter -0-			E	4	
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If zero or less.	enter 0			5	
6		Description of property		(b) Cost (business		(c) Electe			CONTRACTOR OF THE
_		· · · · ·	-			(0) 210010		£ 4/3 (S	A A Second Second Second
•	• •••							网络白色木	the contemporation of
·	· • • • • • • • • • • • • • • • • • • •				· .			102	REAR STALL REAR ST
	,			·····		·····			1.000000
7	Listed property (elec	ted IPC Section 17	79 0001	L	7		<u> </u> ,8		
8	Total elected cost of							8	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8			ne	····· -	9	
10	Carryover of disallow	ved deduction from	i nri or tàxable vear	e		• • • • • • • • • • • •	1	-	
	Business income lim	ved accurction from	smaller of business	: income (not less t	han zara) a	····· r lina 6	1	-	·
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	0 but do not enter	more then	l III e 5 , line 11	1		
13	Carryover of disallov	ved deduction to 20	122 Add line 9 and	lline 10 less line 1		13	<u></u>	_	C. C. MARGE
Par	t II Depreciation a	nd Election of Addit	ional First Year Den	reciation Deduction	Under R&T(Section 243	356	198	
14	(a)	(b)	(c)	(d)	T	· · · · · · · · · · · · · · · · · · ·			(1-)
	Description	Date acquired	Cost or	Depreciation	(e) Depreciation	Life or	. (g) Depreciatio	on for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this yea		year
				allowable in earlier years					depreciation
CON	APUTER EQUIPM	6/30/2014	2,750.	2,750.	S/L	5		<u> </u>	
	WABA COMPUT	***************************************	956.	16.	S/L	5	·	101	
	MINDIA CONTOI	11/30/2020	350.	10.	5/1	5		191.	
	· · · · · · · · · · · · · · · · · · ·		·····	·····	<u></u>		·		
	· · · · · · · · · · · · · · · · · · ·								
15	Add the amounts in	column (g) and co	umn (h). The total	of column (h) may	not exceed				
Dave	\$2,000. See instruct	ions for line 14, co	lumn (h)		••••••	15		<u>191.</u>	
Par			v			,			
16	Total: If the corporat	tion is electing; tense, add the amo	unt on line 12 and	line 15 column (a)	\ O K				
. •	IRC Section 179 exp Additional first year	depreciation under	R&TC Section 243	56, add the amoun	its on line 1	5. columns ((a) and (h) o	r	
	Depreciation (if no e	election is made), e	nter the amount fro	om line 15, column	(g)			16	
	Total depreciation cl	aimed for federal p	ourposes from fede	ral Form 4562, line	22			17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16,	enter the difference	e here and	on Form 10	0 or		
	Form 100W, Side 2,	line 12. (If Californ	ia depreciation arr	iounts are used to a	e riere and o determine n	et income h	or		
	state adjustments or	<u>n Form 100 or Forn</u>	<u>n 100Ŵ,</u> no adjustn	nent is necessary.).				18	
Par	t IV Amortization								
19	(a)	(b)	(c)		d)	(e) R&TC	(f)		(g)
	Description of property	Date acquire (mm/dd/yyyy				R&TC	Period or		Amortization
	, or property	(mm/uu/yyyy	outer bas	sis allowed or in earlie		Section (see instr)	percentage	3	for this year
	· · · · ·				, ,				
									·
,				· · · · · · · · · · · · · · · · · · ·					
			·····						
		· · · ·		<u> </u>					
20	Total. Add the amou								· · · · · · · · · · · · · · · · · · ·
21	Total amortization cl							1	
22	Amortization adjustn Form 100W, Side 1,	hent. If line 21 is g	reater than line 20,	enter the difference	e here and	on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line to in line 21 is line 12	less than line 20, i	enter the difference	e nere and o	n Form 100	or	2	
	. entrioutry oldo 2;		• • • • • • • • • • • • • • • • • • • •	******	<u></u>	• • • • • • • • • • • • • • • • •	Z	c	
				· .					

7621214

FTB 3885 2021

059

CACA3501L 12/17/21

2021

California Statements

Page 1

France

ギャキー

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 <u>Per Week Devoted</u>	Total Compen- <u>sation</u>	Contri- bution to EBP & DC	Expense Account/ Other
SANDY RUSSELL 1453 WEBSTER ST ALAMEDA, CA 94501	President O	\$ 0.	\$ 0.	\$ O.
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 O	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	ΰ.	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	Ö.	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.
х.	Total	\$	<u>\$0.</u>	<u>\$0.</u>

021		Cal	ifornia	State	ments	5		Page
	WE	ST ALA	MEDA BUS	SINESS	ASSOC			
Statement 2 Form 199, Part II, Line 17 Other Expenses	, .	·				,		
Accounting Fees Advertising and Prom Insurance Management fees Office Expenses Other fees Postage and Shipping Printing and Publica SOCIAL MEDIA SERVICH TAXES UTILITIES WABA REBRANDING PROJ WEBSITE MAINTENANCE	g. ations ES						 ···· ···· ···· ··· ···	3,235. 3,042. 2,529. 31,200. 1,479. 44,831. 391. 6,423. 7,200. 101. 1,112. 2,345. 85. 103,973.
				· ·				
Statement 3 Form 199, Schedule L, Li Other Assets Prepaid Expenses and RENT DEPOSIT Rounding.	d Deferre						• •	10,892. 1,000. <u>1.</u> 11,893.
•		·						
					·			
		·						
						·		
				,				
. ·				,				

TATE OF CALIFORNIA		•	•			DEPARTMENT OF JU PAGE		
Rev. 02/2021) N						(For Registry Use (Only)	And
/AIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470			ON RENEWA					
STREET ADDRESS:	Secti	ons 12586 and 125 al. Code Regs. sec	87, California Gove tions 301-306, 309,	ernment (311. and	Code I 312			
300 Street acramento, CA 95814	E-House to an house to a	his monart annually ha lat	ter than four months and ult in the loss of tax exem	fifteen dave	s after the end of the			
016) 210-6400 /EBSITE ADDRESS:	minimum tay of \$	800 nius interest, anti/or t	fines or filing penalties. Re ion 12586.1. IRS extensio	evenue & la>	xation Gode section			
ww.oag.ca.gov/charities			Chec]
WEST ALAMEDA BUSIN	ESS ASSOCIAT	ION	Cc	hange of	address			
Name of Organization				mended i	report			
ist all DBAs and names the organizat	ion uses or has used			Charity	Registration Num	ber		
P.O. BOX 215 Address (Number and Street)			State	onany	The gist a don than			
ALAMEDA, CA 94501			Corp	oration o	r Organization N). 		
City or Town, State, and ZIP Code 510-523-5955								
Telephone Number	E-mail Add		-		oyer ID No.	44		
ANNUA	AL REGISTRATION F	RENEWAL FEE SCHI Make Check Paya	EDULE (11 Cal. Code ble to Department	e Regs. se of Justic	ections 301-307, 3 :e	11, and 312)		
Total Revenue	Fee	<u>Total Revenue</u>		Fee	Total Revenue			20
Less than \$50,000 Between \$50,000 and \$100,0 Between \$100,001 and \$250,0		Between \$250,001 Between \$1,000,00 Between \$5,000,00	01 and \$5 million	\$100 \$200 \$400	Between \$100,0	0,001 and \$100 millie 00,001 and \$500 mill 0 million	ion \$1	,000 ,000 ,200
PART B STATEMEN	n Expenses \$	0.		Expense	25 \$ <u>11</u>	ssets \$14 2,079		
Note: All questions must b providing an explana	a an anna di Marcall	anower "voc" to any	v of the questions	helow. vr	ou must attach a	separate page	Yes	No
1 During this reporting period officer, director or trustee there	od, were there any eof, either directly o	contracts, loans, leases or r with an entity in v	or other financial transa which any such office	er, director	ween the organiz or trustee had any	ation and any financial interest?		X
2 During this reporting period	od, was there any th	heft, embezzlement	t, diversion or misu	se of the	organization's charita	ble property or funds?		X
3 During this reporting period								X
4 During this reporting period coventurer used?	od, were the service	es of a commercial fun	draiser, fundraising	counsel f	or charitable purpose	s, or commercial		X
5 During this reporting period	od, did the organiza	ntion receive any go	overnmental funding	g?				X
6 During this reporting period	od, did the organiza	ation hold a raffle fo	or charitable purpos	ses?	·			X
7 Does the organization co								X
8 Did the organization cond generally accepted accou	luct an independen	t audit and prepare	audited financial s		s in accordance v	vith		X
		this reporting perio	d?	tatement	•	<u> </u>		
9 At the end of this reportin	ng period, did the o	this reporting period			· · · · · · · · · · · · · · · · · · ·	tricted net assets?		X
9 At the end of this reportir I declare under penalty of p and belief, the content is tr	ng period, did the o	rganization hold res	tricted net assets, while	e reportir	ng negative unres			
L declare under nenalty of t	ng period, did the o perjury that I have e ue, correct and cor SAN	rganization hold res	rt, including accom	e reportir	ng negative unres			

CAEA9801L 01/26/22

Form OOOO	Form	8868
-----------	------	------

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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		Taxpayer Identification number (TIN)
print	WEST ALAMEDA BUSINESS ASSOCIATION	
File by the	Number, street, and room or sulte number, if a P.O. box, see instructions.	
	P.O. BOX 215	
return, See instructions,	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	ALAMEDA, CA 94501	

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	
Form 990-T (trust other than above)	06	Form 8870	
Form 990-T (corporation)	07		
 If this is for a Group Return, enter the organization's four check this box ►	ness in the digit Group neck this be	Exemption Number (GEN) . If th	is is for the whole group, es and TINs of all members
 1 I request an automatic 6-month extension of time until <u>1</u> for the organization named above. The extension is for the <u>X</u> calendar year 20 <u>21</u> or ► <u>X</u> calendar year 20 <u>21</u> or ► <u>1</u> tax year beginning, 20 2 If the tax year entered in line 1 is for less than 12 month <u>Change in accounting period</u> 	ne organiz , and endin	ation's return for:	
 3a If this application is for Forms 990-PF, 990-T, 4720, or 6 nonrefundable credits. See instructions b If this application is for Forms 990-PF, 990-T, 4720, or 6 tax payments made. Include any prior year overpayment c Balance due. Subtract line 3b from line 3a. Include your EFTPS (Electronic Federal Tax Payment System). See in 	069, enter allowed as	any refundable credits and estimated s a credit	3a\$ 0. 3b\$ 0.
Caution: If you are going to make an electronic funds withdraw payment instructions.	nstructions wal (direct	debit) with this Form 8868, see Form 8453	3c \$ 0. -TE and Form 8879-TE for

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

Form 8868 (Rev. 1-2022)

Form	99	Short Form Return of Organization Exempt From Income Tax		омв №. 1545-0047 2021
POIN		(except private foundations)		2021
		Do not enter social security numbers on this form, as it may be made public.		Open to Public
Depari	ment a al Rever	the Treasury Service Go to www.irs.gov/Form990EZ for instructions and the latest information.		Inspection
		e 2021 calendar year, or tax year beginning ; 2021, and ending	,	
		applicable: C D Em	ployer id	entification number
		change WEST ALAMEDA BUSINESS ASSOCIATION		
	lame ch	\mathbf{E}^{res} IP O BOX 215	ephone n	umber
	nitial re	atameda. CA 94501 5	10-52	23-5955
		n/terminated F Gr	oup Ex	emption
		ion pending	mber	<u> </u>
		H Check ► X	if the	organization is not
		te: www.westalamedabusiness.com		Schedule B
J.	fax-exe	mpt status (check only one) 501(c)(3) X 501(c) (6) ◄ (insert no.) 4947(a)(1) or 527 (Form 990).		
κ I	form o	of organization: X Corporation Trust Association Other		
		view of the second seco		110 014
	annete			<u>118,214.</u>
Pa	ŧľ	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructi	IONS IG	
		Check if the organization used Schedule O to respond to any question in this Part I.	1	118,171.
]	1	Contributions, gifts, grants, and similar amounts received	2	
·	2	Program service revenue including government fees and contracts	3	,
	3	Membership dues and assessments	4	43.
·	4	Gross amount from sale of assets other than inventory	2824	
	5 a	Less: cost or other basis and sales expenses		
1	b	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a).	5 c	
	. с 6	Gaming and fundraising events:		
e	0 9	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
nu	b	Gross income from fundraising events (not including \$ of contributions		
Revenue	-	from fundariaing avants reported on line 1) (attach Schedule G if the sum		
Ř		of such gross income and contributions exceeds \$15,000,		
		Less: direct expenses from gaming and randoming or one at the test of		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	
	-	Gross sales of inventory, less returns and allowances		
	/a	Less: cost of goods sold		•
	u 2	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7 c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	118,214.
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
ŝ	12	Salaries, other compensation, and employee benefits	12	70.000
isu.	13	Professional fees and other payments to independent contractors.	13	79,266.
Expenses	14	Occupancy, rent, utilities, and maintenance	14 15	<u>7,915.</u> 6,814.
ш	15	Printing, publications, postage, and shipping	16	18,084.
	16	Printing, publications, postage, and shipping		112,079.
	17	Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (subtract line 17 from line 9)	18	6,135.
ß	18	Excess or (dencit) for the year (subtract line 17 norm into of the state of the state with and of year	1000 941	
ssel	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).	19	125,099.
Net Assets	20	figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O). See Schedule O Other changes in net assets or fund balances (explain in Schedule O).	20	5,352.
Ne	20	Net assets or fund balances at end of year. Combine lines 18 through 20	21	136,586.
<u> </u>		r Panenwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2021)

Form	990-EZ (2021) WEST ALAMEDA BU	SINESS ASSOCIATION	<u> </u>		_	Page 2
Par	till Balance Sheets (see the ins Check if the organization used Sch	tructions for Part II)	estion in this Port II			· X
		dale o lo respond to any qu		A) Beginning of yea	<u></u>	(B) End of year
22	Cash, savings, and investments		¥	122,267		
23	Land and buildings			122,207	23	133,945.
24	Land and buildings	See Schedul	e 0 –	10 000		10 641
25	Total assets.			12,832		12,641.
26	Total liabilities (describe in Schedule O	See Schedule	e 0	135,099		146,586.
27	Net assets or fund balances (line 27 of	column (P) must pare with	line 21	10,000		10,000.
	Ellis Statement of Program Service A	column (b) must agree with	me zi)	125,099	. 27	<u> </u>
<u>I</u> al	Check if the organization used Sc	bedule O to receive the inst	(ructions for Part III)			Expenses
What	s the organization's primary exempt purpose? See	Schodulo O	question in unis Part III.	···· 🛆	(Req	uired for section 501
Desc mea: bene	ribe the organization's program service a sured by expenses. In a clear and concis filed, and other relevant information for	ccomplishments for each of e manner, describe the servi each program title.	its three largest progra ces provided, the numb	m services, as per of persons	organ) and 501(c)(4) nizations; optional thers.)
28	TO PROMOTE INTERESTS OF 1	TS MEMBERS - THE F	NISTNESS & PROF	FISSTONAT		· · · · · · · · · · · · · · · · · · ·
	PERSONS ASSOCIATED WITH 7	THE WEST ALAMEDA BI	ISTNESS ACCOUNT			
		THE WHOLL THERE DO				
	(Grants \$] If th	is amount includes foreign g	rants check here		20 -	
29					28 a	·
]	
	(Grants §	is amount includes foreign g		→ , 		
30		is amount includes loreign g		····· •	29 a	
30	_					
						·
	(Grants \$) If th	is amount includes foreign g	rants, check here	<u></u> ►[[*]]	30 a	
31	Other program services (describe in Sch	iedule O)	. 			
	(Grants \$) If th	is amount includes foreign g	rants, check here	ト	31 a	
32	Total program service expenses (add li	nes 28a through 31a)			32	
Par	IV. List of Officers, Directors,	Trustees, and Key Emp	loyees (list each one even	n if not compensated — s	ee the i	nstructions for Part IV)
	Check if the organization used So	hedule O to respond to any o	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 emplo benefit plans, and defi- compensation	oyee erred	(e) Estimated amount of other compensation
SAN		week devoted to	(Forms W-2/1099-MIS/ 1099-NEC) (if not paid, enter -0-)	contributions to emplo benefit plans, and defe compensation	oyee erred	(e) Estimated amount of other compensation
	DY_RUSSELL	week devoted to position	(if not paid, enter -0-)	contributions to emplo		other compensation
Pre	DY_RUSSELLsident	week devoted to	(if not paid, enter -0-)	contributions to emplo benefit plans, and defe compensation	oyee erred	(e) Estimated amount of other compensation
Pre ANN	DY_RUSSELL sident MOORE	week devoted to position	(if not paid, enter -0-)	contributions to emplo benefit plans, and def compensation	0.	other compensation
Pre ANN BOA	DY_RUSSELL sident MOORE RD DIRECTOR	week devoted to position	(if not paid, enter -0-)	contributions to emplo benefit plans, and def compensation		other compensation
Pre ANN BOA CHF	DY_RUSSELL sident MOORE RD DIRECTOR IS_VAVROSKY	week devoted to position	(if not paid, enter -0-) 0.	contributions to emplo benefit plans, and def compensation	0.	0.
Pre ANN BOA CHF ECC	DY_RUSSELL sident MOORE RD DIRECTOR IS_VAVROSKY NOMIC_DEVELO	week devoted to position	(if not paid, enter -0-) 0.	contributions to emplo benefit plans, and def compensation	0.	other compensation
Pre ANN BOA CHF ECC CON	DY_RUSSELL sident MOORE	week devoted to position 0 0 0	(if not paid, enter -0-) 0. 0.	contributions to emplo benefit plans, and def compensation	0. 0. 0.	0. 0.
Pre ANN BOA CHF ECC CON Tre	DY_RUSSELL sident MOORE	week devoted to position	(if not paid, enter -0-) 0.	contributions to emplo benefit plans, and def compensation	0.	0.
Pre ANN BOA CHF ECC CON Tre DAN	DY_RUSSELL_ sident MOORE_ RD_DIRECTOR IS_VAVROSKY NOMIC_DEVELO NSTANCE_GARCIA_ asurer_ IEL_HOY	week devoted to position 0 0 0 0 0 0 0	(if not paid, enter -0-) 0. 0. 0. 0.	contributions to emplo benefit plans, and def compensation	0. 0. 0.	0. 0.
Pre ANN BOA CHF ECC CON Tre DAN Sec	DY_RUSSELL_ sident MOORE_ RD_DIRECTOR IS_VAVROSKY NOMIC_DEVELO NSTANCE_GARCIA asurer IEL_HOY_ retary	week devoted to position 0 0 0	(if not paid, enter -0-) 0. 0. 0. 0.	contributions to emplo benefit plans, and def compensation	0. 0. 0.	0. 0.
Pre ANN BOA CHF ECC CON Tre DAN Sec TAN	DY_RUSSELL_ sident MOORE RD_DIRECTOR IS_VAVROSKY NOMIC_DEVELO NSTANCE_GARCIA asurer IEL_HOY_ retary OA_STEWART_	week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(if not paid, enter -0-) 0. 0. 0. 0. 0.	contributions to emplo benefit plans, and defi compensation	0. 0. 0. 0.	0. 0. 0. 0.
Pre ANN BOA CHF ECC CON Tre DAN Sec TAN BOA	DY_RUSSELL_ sident MOORE RD_DIRECTOR IS_VAVROSKY NOMIC_DEVELO NSTANCE_GARCIA asurer IEL_HOY retary OA_STEWART RD_DIRECTOR	week devoted to position 0 0 0 0 0 0 0	(if not paid, enter -0-) 0. 0. 0. 0. 0.	contributions to emplo benefit plans, and defi compensation	0. 0. 0.	other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0.
Pre ANN BOA CHE ECC CON Tre DAN Sec TAN BOA MAR	DY_RUSSELL_ sident MOORE RD_DIRECTOR IS_VAVROSKY NOMIC_DEVELO NSTANCE_GARCIA asurer IEL_HOY retary OA_STEWART RD_DIRECTOR IE_ORTEGA	week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(if not paid, enter -0-) 0. 0. 0. 0. 0.	contributions to emplo benefit plans, and defi compensation	0. 0. 0. 0.	0. 0. 0. 0.
Pre ANN BOA CHE CON ECCO Tre DAN Sec TAN BOA BOA BOA	DY_RUSSELL sident MOORE RD_DIRECTOR IS_VAVROSKY NOMIC_DEVELO NSTANCE_GARCIA asurer IEL_HOY retary OA_STEWART RD_DIRECTOR IE_ORTEGA RD_MEMBER	week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	compensation	0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
Pre ANN BOA CHE CON CON CON CON CON CON CON CON CON CON	DY_RUSSELL sident MOORE RD_DIRECTOR IS_VAVROSKY NOMIC_DEVELO NSTANCE_GARCIA asurer IEL_HOY retary OA_STEWART RD_DIRECTOR IE_ORTEGA RD_MEMBER BARTON	week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	compensation	0. 0. 0. 0. 0.	other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0.
Pre ANN BOA CHE CON CON CON CON CON CON CON CON CON CON	DY_RUSSELL sident MOORE RD_DIRECTOR IS_VAVROSKY NOMIC_DEVELO NSTANCE_GARCIA asurer IEL_HOY retary OA_STEWART RD_DIRECTOR IE_ORTEGA RD_MEMBER	week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0.	compensation	0. 0. 0. 0. 0. 0. 0.	0. 0.
Pre ANN BOA CHE CON TRANSEC DAN Sec TAN BOA BOA PIA BOA	DY_RUSSELL sident MOORE RD_DIRECTOR IS_VAVROSKY NOMIC_DEVELO NSTANCE_GARCIA asurer IEL_HOY retary OA_STEWART RD_DIRECTOR IE_ORTEGA RD_MEMBER BARTON	week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0.	compensation	0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
Pre ANN BOA CHFF ECCO Tre DAN Sec TAN BOA BOA BOA BOA BOA LIN Exe	DY_RUSSELL_ sident MOORE RD_DIRECTOR IS_VAVROSKY NOMIC_DEVELO NSTANCE_GARCIA asurer IEL_HOY retary OA_STEWART RD_DIRECTOR IE_ORTEGA RD_MEMBER BARTON RD_MEMBER DA_ASBURY cutive_Dir.	week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0.	compensation	0. 0. 0. 0. 0. 0. 0. 0.	0. 0.
Pre ANN BOA CHFF ECCON Tre DAN Sec TAN BOA BOA BOA BOA BOA LIN Exe	DY_RUSSELL_ sident MOORE RD_DIRECTOR IS_VAVROSKY NOMIC_DEVELO NSTANCE_GARCIA asurer IEL_HOY retary OA_STEWART RD_DIRECTOR IE_ORTEGA RD_MEMBER BARTON RD_MEMBER DA_ASBURY cutive_Dir.	week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0.	compensation	0. 0. 0. 0. 0. 0. 0.	0. 0.
Pre ANN BOA CHF ECC CON Tre DAN Sec TAN BOA BOA PIA BOA PIA BOA LIN Exe JOH	DY_RUSSELL sident MOORE RD_DIRECTOR IS_VAVROSKY NOMIC_DEVELO NSTANCE_GARCIA asurer IEL_HOY retary OA_STEWART RD_DIRECTOR IE_ORTEGA RD_MEMBER BARTON RD_MEMBER DA_ASBURY	week devoted to position 0 17	(if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	compensation	0. 0. 0. 0. 0. 0. 0. 0.	0. 0.
Prevalue of the second	DY_RUSSELL sident MOORE RD_DIRECTOR IS_VAVROSKY NOMIC_DEVELO NSTANCE_GARCIA asurer IEL_HOY retary OA_STEWART RD_DIRECTOR IE_ORTEGA RD_MEMBER BARTON RD_MEMBER DA_ASBURY cutive_Dir. N_LIPP RD_MEMBER	week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0.	compensation	0. 0. 0. 0. 0. 0. 0. 0.	0. 0.
Pre ANN BOA CHF ECC CON Tre DAN Secc TAN BOA AR BOA PIA BOA PIA BOA LIN EXE DOA TIN	DY_RUSSELL sident MOORE RD_DIRECTOR IS_VAVROSKY NOMIC_DEVELO NSTANCE_GARCIA asurer IEL_HOY retary OA_STEWART RD_DIRECTOR IE_ORTEGA RD_MEMBER BARTON RD_MEMBER DA_ASBURY cutive_Dir. N_LIPP RD_MEMBER A_VASCONCELLOS	week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 17 0	(if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	compensation	0. 0. 0. 0. 0. 0. 0. 0. 0.	0. 0.
Pre ANN BOA CHF ECC CON Tre DAN Secc TAN BOA AR BOA PIA BOA PIA BOA LIN EXE DOA TIN	DY_RUSSELL sident MOORE RD_DIRECTOR IS_VAVROSKY NOMIC_DEVELO NSTANCE_GARCIA asurer IEL_HOY retary OA_STEWART RD_DIRECTOR IE_ORTEGA RD_MEMBER BARTON RD_MEMBER DA_ASBURY cutive_Dir. N_LIPP RD_MEMBER	week devoted to position 0 17	(if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	compensation	0. 0. 0. 0. 0. 0. 0. 0.	0. 0.
Pre ANN BOA CHF ECC CON Tre DAN Secc TAN BOA AR BOA PIA BOA PIA BOA LIN EXE DOA TIN	DY_RUSSELL sident MOORE RD_DIRECTOR IS_VAVROSKY NOMIC_DEVELO NSTANCE_GARCIA asurer IEL_HOY retary OA_STEWART RD_DIRECTOR IE_ORTEGA RD_MEMBER BARTON RD_MEMBER DA_ASBURY cutive_Dir. N_LIPP RD_MEMBER A_VASCONCELLOS	week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 17 0	(if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	compensation	0. 0. 0. 0. 0. 0. 0. 0. 0.	0. 0.
Pre ANN BOA CHF ECC CON Tre DAN Secc TAN BOA AR BOA PIA BOA PIA BOA LIN EXE DOA TIN	DY_RUSSELL sident MOORE RD_DIRECTOR IS_VAVROSKY NOMIC_DEVELO NSTANCE_GARCIA asurer IEL_HOY retary OA_STEWART RD_DIRECTOR IE_ORTEGA RD_MEMBER BARTON RD_MEMBER DA_ASBURY cutive_Dir. N_LIPP RD_MEMBER A_VASCONCELLOS	week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 17 0	(if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	compensation	0. 0. 0. 0. 0. 0. 0. 0. 0.	0. 0.
Pre ANN BOA CHF ECC CON Tre DAN Secc TAN BOA AR BOA PIA BOA PIA BOA LIN EXE DOA TIN	DY_RUSSELL sident MOORE RD_DIRECTOR IS_VAVROSKY NOMIC_DEVELO NSTANCE_GARCIA asurer IEL_HOY retary OA_STEWART RD_DIRECTOR IE_ORTEGA RD_MEMBER BARTON RD_MEMBER DA_ASBURY cutive_Dir. N_LIPP RD_MEMBER A_VASCONCELLOS	week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 17 0	(if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	compensation	0. 0. 0. 0. 0. 0. 0. 0. 0.	0. 0.
Pre ANN BOA CHF ECC CON Tre DAN Secc TAN BOA AR BOA PIA BOA PIA BOA LIN EXE DOA TIN	DY_RUSSELL sident MOORE RD_DIRECTOR IS_VAVROSKY NOMIC_DEVELO NSTANCE_GARCIA asurer IEL_HOY retary OA_STEWART RD_DIRECTOR IE_ORTEGA RD_MEMBER BARTON RD_MEMBER DA_ASBURY cutive_Dir. N_LIPP RD_MEMBER A_VASCONCELLOS	week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 17 0	(if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	compensation	0. 0. 0. 0. 0. 0. 0. 0. 0.	0. 0.
Pre ANN BOA CHF ECC CON Tre DAN Secc TAN BOA AR BOA PIA BOA PIA BOA LIN EXE DOA TIN	DY_RUSSELL sident MOORE RD_DIRECTOR IS_VAVROSKY NOMIC_DEVELO NSTANCE_GARCIA asurer IEL_HOY retary OA_STEWART RD_DIRECTOR IE_ORTEGA RD_MEMBER BARTON RD_MEMBER DA_ASBURY cutive_Dir. N_LIPP RD_MEMBER A_VASCONCELLOS	week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 17 0	(if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	compensation	0. 0. 0. 0. 0. 0. 0. 0. 0.	0. 0.
Pre ANN BOA CHF ECC CON Tre DAN Secc TAN BOA AR BOA PIA BOA PIA BOA LIN EXE DOA TIN	DY_RUSSELL sident MOORE RD_DIRECTOR IS_VAVROSKY NOMIC_DEVELO NSTANCE_GARCIA asurer IEL_HOY retary OA_STEWART RD_DIRECTOR IE_ORTEGA RD_MEMBER BARTON RD_MEMBER DA_ASBURY cutive_Dir. N_LIPP RD_MEMBER A_VASCONCELLOS	week devoted to position 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 17 0	(if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	compensation	0. 0. 0. 0. 0. 0. 0. 0. 0.	0. 0.

•

- CONTRACT AT AMENA DUCTNESS ASSOCTATION			Page 3
Form 990-EZ (2021) WEST ALAMEDA BUSINESS ASSOCIATION Party 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		33	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	34	X
 a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from the second s	m business activities		
(such as those reported on lines 2, 6a, and 7a, among others)?		35 a	X
b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide a	n explanation in Schedule O.	35 b	
 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to si reporting, and proxy tax requirements during the year? If Yes,' complete Schedule C, Pai 	t III	35 c	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	Ν	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.	► 37 a 0	· CERCICACIONESC	
b Did the organization file Form 1120-POL for this year?	Jovee: or were	37 b	
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key emparts any such loans made in a prior year and still outstanding at the end of the tax year cover	ed by this return?	38 a	X
b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved	. 38 b 0		100
39 Section 501(c)(7) organizations. Enter:		机合金	
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities	. 39a 0 . 39b 0		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during	the year under: N/A		
0 : section 4912 ► 0 : section 4	955 ► . 0.		
 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in benefit transaction during the year, or did it engage in an excess benefit transaction in a section for the section	prior year that has not been	1960-123099	a de deservation de construction
reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Fall L.		40 b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations 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 reim by the organization	bursed		
All exceptions. At any time during the tay year, was the organization a party to a prohi	bited tax	40 e	
 e All organizations. At any time during the tax year, was the organization a party of a party she tay she tay and the she tay an			<u></u>
42 a The organization's books are in care of ► <u>SANDI PILON</u>	Telephone no. ► 510- ZIP + 4 ► 9450		955
Located at <u>1509 1/2 WEBSTER STREET ALAMEDA CA</u>			Yes No
b At any time during the calendar year, did the organization have an interest in or a signature or of financial account in a foreign country (such as a bank account, securities account, or oth securities).	er financial account)?	42 b	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 Financ c At any time during the calendar year, did the organization maintain an office outside the	al Accounts (FBAR). United States?	42 c	
c At any time during the calendar year, did the organization maintain an once outside the If 'Yes,' enter the name of the foreign country ►		_	<u> </u>
	· ·		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041	- Check here		• 🗌 N/2
and enter the amount of tax-exempt interest received or accrued during the tax year	► 43		<u>N/i</u> Yes No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must	t be completed instead		4 // x x x x x
of Form 990-EZ	•••••••••••••••••••••••••••••••••••••••	44 a	
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 to instead of Form 990-EZ.		. 44 b	
c Did the organization receive any payments for indoor tanning services during the year? .	•••••	. 44 c	× X
	•••••••••••••••••••••••••••••••••••••••		1 1
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	aning of apption E19/b//19/9 if Man	. 45 a	a X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the me Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	aming of section or z(b)(15)/ if tes,	. 45 b	X I
BAA TEEA0812L 09/27/21		Form 9	90-EZ (202

.

Form 990-EZ (2021) WEST ALAMEDA BUSINE	SS ASSOCIATION				Р	age 4
46 Did the organization engage, directly or indirect candidates for public office? If 'Yes,' complete	Schedule C, Part I	gn activities on behalf c	f or in opposition to	46	Yes	No Seco X
Part VI Section 501(c)(3) Organizations All section 501(c)(3) organizatio for lines 50 and 51.	s Only				es	
Check if the organization used S	<u>Schedule O to resp</u>	ond to any question	n in this Part VI			. [*]
47 Did the organization engage in lobbying activities complete Schedule C, Part II	or have a section 501(h)	election in effect during	the tax vear? If 'Yes.'	•	Yes	No
 48 Is the organization a school as described in se 49 a Did the organization make any transfers to an b If 'Yes,' was the related organization a section 50 Complete this table for the organization's five high employees) who each received more than \$100,00 	exempt non-charitable 527 organization?, lest compensated emplo	related organization?	directors trustees and k	49 a		
(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) Estimate other con	ed amour npensatio	t of תר
		-				
			· · ·			
				· · ·		<u> </u>

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	9	(c) Compensation
			······································	
		· · · · · · · · · · · · · · · · · · ·	····.	
d Total	I number of other independent contractors each receiving over \$10	0,000	••••••	- Lo,,,,,,,,,
52 Did t comp	the organization complete Schedule A? Note: All section 501(c)(3) pleted Schedule A.	organizations must attach a	L	► Yes No
Under penaltie true, correct, a	es of perjury, I declare that I have examined this return, including accompanying schedule and complete. Declaration of preparer (other than officer) is based on all information of w	s and statements, and to the best of	my knowledge and b	
		niar proparor rido any midmodger		· •
Sigņ	Signature of officer	Dat	e	······
Here	SANDRA RUSSELL Type or print name and title	Pres	ident	
	Print/Type preparer's name Preparer's signature	Date	()	PTIN
Paid	maggie chow maggie chow		Check I If	
Preparer	Firm's name > Chow and Associates CPA			
Use Only	Firm's address > 1151 Harbor Bay Pkwy Ste 130	- 4 ···· · · · · · · · · · · · · · · · ·	Firm's EIN	
	Alameda, CA 94502	· · · · · · · · · · · · · · · · · · ·	Phone no. 51(0-523-6600
May the IR	RS discuss this return with the preparer shown above? See instruct	ions		
BAA				

Form 990-EZ (2021)

SCHEDULE O (Form 990).

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

Department of the Treasury Internal Revenue Service Name of the organization

WEST ALAMEDA BUSINESS ASSOCIATION

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

Advertising and Promotic	5 n \$	3,042.
Donregistion		191.
Insurance		2,529.
Office Expenses		1,4/9,
SOCIAL MEDIA SERVICES		7,200.
TAXES		1,112.
UTILITIES		2.345.
WABA REBRANDING PROJECT.		Z, 545. 85
WEBSITE MAINTENANCE	Total §	18,084.

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

PRIOR PERIOD ADJUSTMENT		·	<u>\$ 5,352.</u>
		Total	<u>\$ </u>
· · ·	· .	• •	

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

	B∈	ginning	En	<u>ding</u>
Machinery and Equipment. Prepaid Expenses and Deferred Charges. RENT DEPOSIT. Total	\$	940. \$ 10,892. <u>1,000.</u> 12,832. \$		749. 10,892. <u>1,000.</u> 12,641.

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

Total Liabilities			•	•
	_	Beginning		Ending
Grants Payable	0102	<u> </u>	\$ \$	10,000. 10,000.

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

TO PROMOTE LOCAL BUSINESSES.

-1	11 U

Date Accept						DT MAIL 1	THIS FO	ORM TO THE FTB
TAXABLE Y	EAR Califor	rnia e-file Return	Authori	zation for	٢.			FORM
2021		ot Organizations						8453-EO
Exempt Organiz		ACCOCTANTON					Identifying	number
	AMEDA BUSINESS	Information (whole dollars on	μ <u>λ</u>					
		199, line 4)					1	118,214.
2 Total g	pross income (Form 1	99, line 8)					2	118,214.
		ements (Form 199, line 9)				•••••	3	112,079.
Part II 9	Settle Your Accou	unt Electronically for Ta	xable Year	2021				
	ectronic funds withdra	· · · · · · · · · · · · · · · · · · ·		4b Withdra			уу) _	
		ion (Have you verified the ex	empt organiza	tion's banking ir	nformatio	on?)		
5 Routin 6 Accourt				Turna of account	. П.a	المعادلة		
	Declaration of Of	ficer	/	Type of account		hecking	<u> </u>	avings
•	T	on's account to be settled as o	designated in f	Part II. If I check	Part II,	box 4, I aut	horize a	n electronic funds
withdrawal f	or the amount listed o	on line 4a.						· .
Under penalti return origin	ies of perjury, I declare ator (ERO), transmitt	that I am an officer of the above er, or intermediate service pro	e exempt organ	ization and that the amounts in Part	he inform	ation I provid	ded to my	y electronic
correspondir	ng lines of the exemp	t organization's 2021 Californi	ia electronic re	turn. To the bes	st of mv ∤	knowledge a	and belie	of, the exempt
Tax Board (s return is true, correct, FTB) does not receive	, and complete. If the exempt or e full and timely payment of th	ganization is fili ne exempt orda	ng a balance due inization's fee lia	e return, l abilitv, th	understand e exempt o	that if th roanizat	e Franchise ion will remain liable
for the fee li	ability and all applica	ble interest and penalties. I al B by the ERO, transmitter, or int	uthorize the ex	empt organizati	on return	and accom	panving	schedules and
return or ref	fund is delayed, I auti	horize the FTB to disclose to t	the ERO or int	ermediate servi	e process ice provi	der the reas	cempt of con(s) fo	ganization's or the delay.
Sign Here	Signature of officer		Date	PRESI	DENT			
TIEFE	-		Dale	Title				
Part V I	Declaration of Ele	ectronic Return Originat	or (ERO) ar	id Paid Prepa	arer. Se	e instructio	ns.	
I declare that the best of r	it I have reviewed the	above exempt organization's m only an intermediate service	return and that	t the entries on	form FT	B 8453-EO	are com	plete and correct to
organization	's return. I declare, h	owever, that form FTB 8453-E	O accurately r	eflects the data	on the re	eturn.) hav	/e obtair	ned the organization
forms and in	nature on form FTB 84 Information that I will fi	153-EO before transmitting thi ile with the FTB, and I have fo	is return to the bliowed ail othe	FTB; I have pro er requirements	ovided the describe	e organizati d in ETB Pi	on office ib 1345	er with a copy of all 2021 Handbook for
Authorized e	-file Providers. I will I	keep form FTB 8453-EO on fil	le for four yea	rs from the due	date of t	he return or	four ve	ars from the date the
under penali	ties of perjury, I decla	whichever is later, and I will mak are that I have examined the a	bove exempt a	proanization's re	eturn and	accompany	<i>i</i> na sch	edules and
statements,	and to the best of my ave knowledge.	knowledge and belief, they a	ire true, correc	t, and complete	. I make	this declara	tion bas	ed on all information
			Da	te	Check if	Check	if	ERO's PTIN
ERO	ERO's signature MAGGI	E CHOW			also paid preparer	X self- employ	/ed	
Must	Firm's name (or yours	CHOW AND ASSOCIATE		20			Firm's FEI	N
Sign	and address	ALAMEDA	WI DIE 13	50		CA	ZIP code	94502
Under penalties	of perjury, I declare that I h	ave examined the above organization's declaration based on all information of	return and accomp	anying schedules and	d statement	s, and to the b	est of my k	nowledge and belief, they
are due, correct			or which I have kn	Date	1		1	
Paid	Paid preparer's. signature				•	Check if self-employed		Paid preparer's PTIN
Preparer	Francisco de la constante de la					con employed	Firm's FEI	N
Must Sign	Firm's name (or yours if self-					÷		
	employed) and address						ZIP code	
	· ·							FTB 8453-EO 2021
				•				

201 Progress Parkway Maryland Heights, MO 63043-3042

West Alameda Business Assoc

Edward Jones

MAKING SENSE OF INVESTING

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.

percting account

Corporate - Select Portfolio Objective - Account: Preservation of Principal

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

This Period	This Year
\$67,514.14	\$75,009.80
0.33	78,628.56
-15,625.96	-102,176.74
0.00	-50,00
222.35	699.24
	\$67,514.14 0.33 -15,625.96 0.00

additional details at www.edwardjones.com/access

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

Asset Details (as of Dec 31, 2022)

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

Total Account Value

086

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.

\$52,110.86



Account Holder(s) West Alameda Business Assoc Account Number Financial Advisor Christopher Lightner, 510-521-0734 1150 Ballena Blvd, Ste 100, Alameda, CA 94501

Statement Date Nov 26 - Dec 31, 2022

Page 1 of 3

Edward Jones

MAKING SENSE OF INVESTING

Account Holder(s) West Alameda Business Assoc Account Number Financial Advisor Christopher Lightner, 510-521-0734 1150 Ballena Bivd, Ste 100, Alameda, CA 94501

Statement Date Nov 26 - Dec 31, 2022

Page 1 of 3

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 - Maremaking

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 \$5,000 \$0 Sep 2022

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	This Quarter	Year to Date	Last 12 Months	3 Years Annualized	5 Years Annualized
Assets Held at Edward Jones	0.52%	0.52%	Amphican	PROCEEDING	, konstanter anteren er en er

劉湖



MAKING SENSE OF INVESTING

Account Holder(s) West Alameda Business Assoc Account Number Financial Advisor Christopher Lightner, 510-521-0734 1150 Ballena Blvd, Ste 100, Alameda, CA 94501

Statement Date Nov 26 - Dec 31, 2022

Page 1 of 3

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 Acco	unt		
\$110,000		an a		
\$95,000		ور و المورد معرفه العرب و المراجع و المراجع و المراجع و المراجع و المراجع و المراجع و	an a	a da antes processo en la compaño
\$80,000				
\$65,000		d age for the former of the contribution of th	angentermentels in alternation and the transform and the second	
\$50,000				
	3ep 022	Oot	Nov	De

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.edwardiones.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%	Hittendez	nani (n. n.) ta (n. nin	

1862



031 00021 01 ACCOUNT: PAGE: 1

12/30/2022

SAN FRANCISCO MAIN OFFICE 425 Colifornia Street, Suite 2000 San Francisco, CA 94104 TeL (415) 543-3377

f.

1

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

STATEMENT OF ACCOUNT

000275

000275			
NECT ALAMEDA DUCI	NEGO ACOC		
WEST ALAMEDA BUSI OPERATING ACCOUNT			30-0
1509 1/2 WEBSTER			30-0 0
ALAMEDA CA 94501			- 0
ALAMEDA CA 94501	5a)		. 0
425 CALIFORNIA ST. SU OUR SF TEAM IS AVAILA WE LOOK FORWARD TO SE	ITE 2000,SAN FR BLE AT (415)543 RVING YOU AT OU D OUR SAN FRANC	-3377 TO ANSWER YOUR QUEST R NEW OFFICE. ISCO RELOCATION LETTER.	
	NFP DDA ACCOUNT		
All and the second second	All is a stational	S. S. Janks	11 (00 01
IINIMUM BALANCE	10,724.65	LAST STATEMENT 11/30/22	11,400.91
VERAGE BALANCE		1 CREDITS 2 DEBITS	676.26
VERAGE BALANCE	10,972.61	THIS STATEMENT 12/30/22	10,725.10
OTAL DAYS IN STATEMENT PE			30
OTAL DATS IN STATEMENT TE	RIOD 12/01/22 1	IROUGH 12/30/22.	50
	OTHER CR		
ESCRIPTION	OTHER OR	DATE	AMOUNT
NTEREST AT .049900 %		12/30	. 4
New York Control of Co			
	OTHER D	EBITS	
ESCRIPTION		DATE	AMOUNT
ardi Service Ch WEB PMTS	CLN43C	12/12	.95
TEPHENSPROPERTY WEB PMTS	PCQ43C	12/12	675.31
	INTER	E S T	
NEDACE LEDCED DALANCE.	10 072 61	INTEDECT EADNED.	. 45
VERAGE LEDGER BALANCE:	10,9/2.01	INTEREST EARNED: DAYS IN PERIOD 12/01/22-1	• • •
VERAGE AVAILABLE BALANCE:			
		ANNUAL PERCENTAGE TIELD E	ARNED: .05/
		N H F D * * *	
INTEREST PAID THIS PERIOD: INTEREST PAID 2022: *	.45 19.73 * * CONTII	ANNUAL PERCENTAGE YIELD E	ARNED:

Member

Z0030046