TAXPAYER COPY



Sonnenberg & Company, CPAs

A Professional Corporation

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Leonard C. Sonnenberg, CPA

May 5, 2025

Adams Avenue Business Association, Inc.

c/o Scott Kessler, Executive Director 4649 Hawley Boulevard San Diego, CA 92116

INSTRUCTIONS FOR FILING INCOME TAX RETURNS:

GENERAL INSTRUCTIONS:

Form 990 - Return of Organization Exempt from Tax - Due ASAP

Sign Form 8453-TE Exempt Organization Declaration and Signature for Electronic Filing and return to Sonnenberg & Company, CPAs for e-filing

Form 199 - California Exempt Organization Annual Information Return - Due ASAP

Sign Form 8453-EO Exempt Organization Declaration and Signature for Electronic Filing and return to Sonnenberg & Company, CPAs for e-filing

Returns marked "Taxpayer Copy" are for your permanent tax file.

PUBLIC INSPECTION

As explained on the 990, Form 990 is available for public inspection. The donor information on Schedule B is not for public inspection, donor names & addresses should be blocked out on public copies. Three methods to meet IRS public inspection requirements:

- 1. Most Form 990s are sent from the IRS to www.guidestar.com, usually within 60 days of filing. A digital copy of each return can be viewed and printed from the Guidestar website.
- 2. If requested, a nonprofit should provide a copy of a tax return to any individual requesting a copy. A nominal copy charge and/or mailing charge is allowed under IRS guidelines.
- 3. A nonprofit may prepare a PDF copy of the return and email to requestor.

Leonard C. Sonnenberg, CPA

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

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

Α	For the	e 2024 ca	lendar year, or tax year beginning		, and en						
В	Check if a	applicable:	C Name of organization Adams Ave	enue Business Association, I	nc.	D Emp	loyer identifi	cation number			
П.	Address of	change	Doing business as								
_		Ü	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	33-009	33-0098654				
Ш	Name cha	ange	4649 Hawley Boulevard	,			hone numbe	r			
П	Initial retu	ırn	City or town	State	ZIP code						
ᆜ	iiiiiai ieto	airi	San Diego	CA	92116	(619) 2	32-7329				
	Final return	/terminated									
$\overline{}$			Foreign country name Fore	ign province/state/county	Foreign postal of			007.000			
Ш.	Amended	d return			1	G Gros	s receipts \$	667,233			
П	Applicatio	on pending	F Name and address of principal officer:			H(a) Is this a group r	eturn for subord	inates? Yes X No			
			Scott Kessler 4649 Hawley Blvd.,	San Diego CA 02116							
			· — —	San Diego, CA 92110		H(b) Are all subor	_				
1	Tax-exer	mpt status:	501(c)(3) X 501(c) (6	(insert no.) 4947(a)(1) or 527	If "No," attac	n a list. See ir	nstructions			
$\overline{}$	Website	. \\/\//	w.adamsaveonline.com			H(c) Group exemp	tion number				
		-					nion number				
K	Form of o	organizatior	n: X Corporation Trust Asse	ociation Other	L Year	of formation: 19	985 M S	tate of legal domicile: CA			
P	art I	Su	mmary								
	1		escribe the organization's mission	or most significant activitie	e.			_			
	'				.3.						
ø			note and increase commercial activi								
ũ		within th	ie Adams Avenue Business Improv	ement District.							
Governance											
Š	2	Check tl	nis box if the organization of	discontinued its operations	or disposed	of more than 2	5% of its n	et assets			
တ္ပ	3		of voting members of the governin		or disposed .	or more than 2	. 3				
త								13			
S	4		of independent voting members of				4	13			
Activities &	5		mber of individuals employed in ca					5			
€	6	Total nu	mber of volunteers (estimate if nec	essary)			6	50			
Ą	7a	Total un	related business revenue from Par	t VIII, column (C), line 12.			7a	0			
	b		elated business taxable income fror				. 7b				
	1 -					Prior Ye		Current Year			
	8	Contribu	itions and grants (Part VIII, line 1h)		Ħ		73,698	97,435			
ne											
Revenue	9		n service revenue (Part VIII, line 2g				538,589	569,744			
ě	10	Investm	ent income (Part VIII, column (A), li	nes 3, 4, and 7d)			0	54			
œ	11	Other re	evenue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e	e)		0	0			
	12	Total rev	enue—add lines 8 through 11 (must e	qual Part VIII, column (A), li	ne 12)		612,287	667,233			
	13	Grants a	and similar amounts paid (Part IX, c	column (A), lines 1–3).			0	0			
	14		paid to or for members (Part IX, co				0	0			
	15		other compensation, employee bene				182,945	181,826			
es	l l										
S	16a		onal fundraising fees (Part IX, colu				0	0			
Expenses	b		ndraising expenses (Part IX, colum		0						
ũ	17	Other ex	kpenses (Part IX, column (A), lines	11a-11d, 11f-24e)			417,422	448,972			
	18	Total ex	penses. Add lines 13-17 (must equ	ual Part IX, column (A), line	e 25)		600,367	630,798			
	19	Revenu	e less expenses. Subtract line 18 fr	om line 12	[11,920	36,435			
- Lo	:					Beginning of Cu		End of Year			
Net Assets or Fund Balances	20	Total as	sets (Part X, line 16)		Ť	g g	320,655	368,869			
SSE	21				+						
et P	21						11,666	7,312			
			ets or fund balances. Subtract line 2	21 from line 20			308,989	361,557			
	art II		nature Block								
Und	er penalti	ies of perjur	y, I declare that I have examined this return, i	ncluding accompanying schedules	and statements,	and to the best of	my knowledge	9			
and	belief, it is	is true, corre	ect, and complete. Declaration of preparer (oth	ner than officer) is based on all info	ormation of which	preparer has any l	nowledge.				
٠.											
Się		Sign	ature of officer			D:	ate	-			
Here		_			_		116				
		Sco	tt Kessler		Execu	utive Director					
		Туре	or print name and title								
		Prep	parer's name	Preparer's signature		Date		PTIN			
Pa	id	_					Check	if			
		Leo	nard C Sonnenberg	Leonard C Sonnenberg	1	5/5/2025	self-empl	oyed P00287581			
Preparer			's name Sonnenberg & Compar	ny CPAs		Firm's EI	N 95-37	49711			
Ose Only				1, San Diego, CA 92122				57-5252			
		•				Phone no	. 000-4				
Ma	v the IR	RS discus	s this return with the preparer show	n above? See instructions	S			. X Yes No			

4e Total program service expenses

	190 (2024)	Additis Aveilde Busiliess Association, Inc.	33-0090034	Page Z
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	To promo	escribe the organization's mission: ote and increase commercial activity within the Adams Avenue Business Improvement		
	District.			
2	Did the e	rganization undertake any significant program services during the year which were not listed on		
2	the prior	Form 990 or 990-EZ?	Yes	X No
3	services	rganization cease conducting, or make significant changes in how it conducts, any program	Yes	X No
4	Describe expenses	describe these changes on Schedule O. the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported.	-	
4a	(Code:) (Expenses \$ including grants of \$) (Revenu	e\$)
		D, SBEP, CCSD Funds: funded by the city of San Diego to promote and increase commercial		
	networkir	ng events, and community events.		
4b	(Code:) (Expenses \$including grants of \$) (Revenu	e \$)
		······		
4c	(Code:) (Expenses \$ including grants of \$) (Revenu	e\$)
		·····		
4-1	Oth	annone annicas (Dagariba an Cabadula O.)		
4d	Other pro (Expense	ogram services (Describe on Schedule O.) es \$ 0 including grants of \$ 0) (Revenue \$	0)	
	<u>,</u>	, σ / (ποτοπασ φ	<u> </u>	

Part	· · · · · · · · · · · · · · · · · · ·	33-0098654	P	age 🕻
ı aıı	Oncomist of Required ochedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	——		X
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		Х
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III .</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		Х
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	₹ 6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	١.		V
9	complete Schedule D, Part III	8		Х
Ū	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt	:		
	negotiation services? If "Yes," complete Schedule D, Part IV			Χ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10)	Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11	а	Χ
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11	b	Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII.</i>	11	_	Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	· · · · · ·		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11	d	Χ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part	X <u>11</u>	е	Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		ا	\ \
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X.</i> . Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Part X.</i> .		T	Х
124	Schedule D, Parts XI and XII	12	a	Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Ye			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14	a	Х
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14	b	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	<u> </u>	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	146		_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16	' 	Х
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	,	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	3	Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	. ا		V
20a	If "Yes," complete Schedule G, Part III			X
~~				- /\

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . .

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

20b

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1045		
h	24b through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		+
·	to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		+-
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			t
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			Ī
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			1
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		_
20	"Yes," complete Schedule L, Part IV	28c 29	-	X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		+^
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	<u> </u>		 ^`
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			1
	III, or IV, and Part V, line 1.	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		₩
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		.,	
D-	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	<u> </u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		닏
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.		
	reportable gaming (gambling) winnings to prize winners?	l 1c	1	1

33-0098654 Page 5

Par	Statements Personaling Other IPS Filings and Tay Compliance (continued)	0004	Yes	No No				
_			162	NO				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 5							
L		2b	Χ					
b								
3a		3a		X				
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		^				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4.		_				
L	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
b	If "Yes," enter the name of the foreign country							
F	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Х				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		V					
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Χ					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.	V					
_	gifts were not tax deductible?	6b	Χ					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			V				
	and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Χ				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			V				
	required to file Form 8282?	7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		,,				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
L	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which							
_	the organization is licensed to issue qualified health plans							
C	Enter the amount of reserves on hand	44-		~				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		Х				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			\ ,				
	excess parachute payment(s) during the year?	15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17						
	If "Yes," complete Form 6069.							
	ii 100, complete i dilli 0000.							

Part VI

Sect	ion A. Governing Body and Management								
	<u> </u>		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 11a 13								
	If there are material differences in voting rights among members of the governing body, or								
	if the governing body delegated broad authority to an executive committee or similar								
	committee, explain on Schedule O.								
b	b Enter the number of voting members included on line 1a, above, who are independent 1b 13								
2									
_	any other officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		Х					
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х					
4									
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
5		6		X					
6	Did the organization have members or stockholders?	В		^					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		V						
	one or more members of the governing body?	7a	Χ						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		.,						
	stockholders, or persons other than the governing body?	7b	Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during								
	the year by the following:								
a	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Χ						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached								
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Χ					
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	Code.		1					
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Χ						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"								
	describe on Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13	Χ						
14	Did the organization have a written document retention and destruction policy?	14	Χ						
15	Did the process for determining compensation of the following persons include a review and approval by								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Χ						
b	Other officers or key employees of the organization	15b		Χ					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement								
	with a taxable entity during the year?	16a		Χ					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard								
	the organization's exempt status with respect to such arrangements?	16b		Χ					
Sect	ion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed CA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	501(c)							
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest polynomials and the second	icy,							
	and financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	Scott Kessler (619) 298-8280								
	4649 Hawley Boulevard, San Diego, CA 92116								

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Page 7

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, unle		Position check more is the dad director of the day of the		is both an		(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Scott Kessler	40.00	X								
Executive Director	0.00	Х		Х				100,000		
(2) David Harding	5.00			, <u>, , , , , , , , , , , , , , , , , , </u>				100,000		
President	0.00			Х						
(3) Dave McPheeters	5.00									
Vice President	0.00	Х		Х						
(4) Nicky McGreevy	5.00									
Vice President	0.00	Х		Х						
(5) Doug Generoli	5.00									
Treasurer	0.00	Х		Х						
(6) Ryan Altman	5.00									
Secretary	0.00	Χ		Χ						
(7) Tony Carillo	5.00									
Director	0.00	Χ								
(8) Devon Jina	5.00									
Director	0.00									
(9) LT Lanham	5.00	1								
Director	0.00									
(10) Derith Mason	5.00	1								
Director	0.00									
(11) Russ Vuich	5.00	1								
Director	0.00	Х								
(12) Mick Ward	5.00	.,								
Director	0.00		-		-					
(13) Meredith Walton	5.00	1								
Director (4.4)	0.00	Х	-		-					
(14)		1								
		<u> </u>	1		1					

Compensation from the organization is any former efficier, drawfacture of any properties of the organization from the organization from the organization and related discharged and the organization and related discharged and the organization is a receiver or referred to the organization and related discharged and the organization and related discharged and the organization and related discharged and the organization is the organization from the organization for the organization from the organization for the organization for the organization for the organization for the organization of the organization of the organization of the organization of the organization for the organization of the organizat	P	art VI Section A. Officers, Directors, Tru	ustees, Key Em	ploye	es,	and	<u>iH b</u>	ghes	t Co	ompensated Em	iployees (co	<u>ontin</u>	ued)	
(4) Name and tife (a) Name and tife (b) Name and tife (c) Name and						•	•							
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Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 X Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address O Description of services O Total number of independent contractors (including but not limited to those listed above) who received	2	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		sted a	abov	e) v	vho	recei	ved	I more than \$100),000 of			0
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Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any line in	this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
s s	1a	Federated campaigns	a 0				
ant	b	Membership dues					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events					
	d	Related organizations					
ia Iar	е	Government grants (contributions) 10				_	
JS, imi	f	All other contributions, gifts, grants, and	07,100				
tio er S	•	similar amounts not included above 1	f 0		A 4		
ibu	g	Noncash contributions included in					
nt d O	9		g \$ 0				
a ငိ	h	Total. Add lines 1a–1f		97,435			
	- 11	Total. Add lilles Ta-11	Business Code	31, 1 33			
ĕ	2a	Contract Income	900099	144,857			
اہ جَ	b	Major Events	900099	415,980			
ıram Ser Revenue	С	Other Program	900099	8,907			
E S	d			0			
gra	е			0			
Program Service Revenue	f	All other program service revenue		0			
_	g	Total. Add lines 2a–2f		569,744			
	3	Investment income (including dividends, interes	est, and				
		other similar amounts)		54			
	4	Income from investment of tax-exempt bond p	proceeds	0			
	5	Royalties		0			
	_	(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses . 6b					
	C	Rental income or (loss) 6c	0 0				
	d 7a	Net rental income or (loss)	(ii) Other	0			
	'a	sales of assets	(ii) Outoi				
		other than inventory 7a	0 0				
<u>e</u>	b	Less: cost or other basis					
Revenue		and sales expenses 7b	0 0				
(ev	С	Gain or (loss) 7c	0 0				
F.F	d	Net gain or (loss)		0			
Other	8a	Gross income from fundraising					
0		events (not including \$ 0					
		of contributions reported on line 1c).					
		See Part IV, line 18					
	b	Net income or (loss) from fundraising events .	•	0			
	c 9a	Gross income from gaming activities.	<u> </u>	0			
	Ja	See Part IV, line 19 9	a 0				
	b	Less: direct expenses					
	С	Net income or (loss) from gaming activities .		0			
	10a	Gross sales of inventory, less					
		returns and allowances)a 0				
	b	Less: cost of goods sold 10	b 0				
	С	Net income or (loss) from sales of inventory .		0			
ns			Business Code				
eol	11a			0			
an	b			0			
scellaneo Revenue	C	All all an annual and		0			
Miscellaneous Revenue	d	All other revenue		0			
	<u>е</u> 12	Total. Add lines 11a–11d		667,233	0	0	0
	14	I JULIA I TEVETINE. SEE III SUUGUOTIS	<u>.</u>	001,233	U	<u> </u>	U

33-0098654

Part IX Section 501 Statement of Functional Expenses

tion 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	
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Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	0							
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	0							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors,								
	trustees, and key employees	100,000		0					
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0							
7	Other salaries and wages	62,634)						
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	0							
9	Other employee benefits	6,079							
10	Payroll taxes	13,113							
11	Fees for services (nonemployees):								
а	Management	0							
b	Legal	0							
С	Accounting	19,559							
d	Lobbying	0							
е	Professional fundraising services. See Part IV, line 17	0							
f	Investment management fees	0							
g	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A), amount, list line 11g expenses on Schedule O.)	0		0					
12	Advertising and promotion	70,967							
13	Office expenses	1,039							
14	Information technology	0							
15	Royalties	0							
16	Occupancy	0							
17	Travel	1,014							
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	5,808							
20	Interest	0							
21	Payments to affiliates	0) 0	0				
22 23	Depreciation, depletion, and amortization	7,110	С	0	0				
23 24	Insurance	7,110							
24	above. (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A), amount, list line 24e expenses on Schedule O.)								
•	Maintanana Assassant District	107,706							
b	Cyanta	218,596							
C	Tolophono	3,636							
d	Duce and Subscriptions	4,051							
e	All other expenses	9,486							
25	Total functional expenses. Add lines 1 through 24e	630,798		0	0				
26	Joint costs. Complete this line only if the	550,130			0				
	organization reported in column (B) joint costs								
	from a combined educational campaign and								
	fundraising solicitation. Check here if								
	following SOP 98-2 (ASC 958-720)								

33-0098654

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	31,680	1	51,440
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	3,682	3	39,287
	4	Accounts receivable, net	29,199	4	5,914
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		4	
		controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
ets.	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	
ä	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	256,094	11	272,228
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	320,655	16	368,869
	17	Accounts payable and accrued expenses	5,586	17	1,308
	18	Grants payable	0	18	1,000
	19	Deferred revenue	6,080	19	6,004
	20	Tax-exempt bond liabilities	0,000	20	0,001
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
Ø	22	Loans and other payables to any current or former officer, director,	J	<u> </u>	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	0	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			Ŭ
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	11,666		7,312
_{(O}		Organizations that follow FASB ASC 958, check here X	11,000		7,012
ances		and complete lines 27, 28, 32, and 33.			
	0.7		200.000	07	200 240
Ва	27	Net assets without donor restrictions	308,989	27	326,312
Net Assets or Fund Balances	28	Net assets with donor restrictions	0	28	35,245
		Organizations that do not follow FASB ASC 958, check here			
	00	and complete lines 29 through 33.		00	
ts	29	Capital stock or trust principal, or current funds	0	29	
Se	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
As	31	Retained earnings, endowment, accumulated income, or other funds	0	31	004 557
let	32	Total net assets or fund balances	308,989		361,557
_	33	Total liabilities and net assets/fund balances	320,655	33	368,869

Part	Reconciliation of Net Assets	33-0030	,000	гау	JC 12
rait					
	Check if Schedule O contains a response or note to any line in this Part XI		•	•	Ш
1	Total revenue (must equal Part VIII, column (A), line 12)				7,233
2	Total expenses (must equal Part IX, column (A), line 25)),798
3	Revenue less expenses. Subtract line 2 from line 1				5,435
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			308	3,989
5	Net unrealized gains (losses) on investments			16	5,133
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))			361	1,557
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on	— I			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
			01-	V	
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	[2c		Χ
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	ſ			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2024)

SCHEDULE 0

(Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification flumber
Adams Avenue Business Association, Inc.	33-0098654
Form 990, Part VI, Section B, Line 11A: Draft of the Form 990 is provided to all Board members	
for review and approval	
Form 990, Part VI, Section B, Line 12c: Conflict (real, potential, or apparent) are presented	
by the person(s) as they are raised.	
Form 990, Part VI, Section B, Line 15b: Executive Director is responsible for annual	
performance evaluations of all employees. Board of Directors are responsible for Executive	
Director's annual performance evaluation. Process: 1. Executive Committee gathers completed	
evaluation forms from all directors; 2. Executive Committee compiles all information into a	
single document to be presented as performance evaluation; 3. Executive Committee administers	
evaluation; 4. Compensation is determined by Board of Directors vote (based upon budget and	
performance).	
Form 990, Part VI, Section B, Line 19: All public documents are available upon request.	
Total coo, I dit VI, Coolon B, Elio 10.7 ii public documento dio divalidado apon request.	
<i>C</i> .	
•	

TAXABLE YEAR

California Exempt Organization Appual Information Poture

FORM

199

2024	Annual Information Return			199		
Calendar Ye	ar 2024 or fiscal year beginning (mm/dd/yyyy), and endi	ing (mm/dd/yyyy)				
	ganization name AVENUE BUSINESS ASSOCIATION, INC.	California corpo	ration n	umber		
Additional infor	mation. See instructions.	FEIN 33-0098	654			
Street address	(suite or room)	55 0090	PMB n	0.		
	AWLEY BOULEVARD					
City	300	State	ZIP cod			
SAN DIE		CA	9211			
Foreign countr	y name Foreign province/state/county		Foreign	n postal code		
A First retur	n	nave any changes	to its g	uidelines		
B Amended	return	ΓB? See instruction	ıs	·····● Yes X No	o	
C IRC Section	on 4947(a)(1) trust	C Section 23701d,	has th	e organization		
			ructions ● Yes X No			
● Diss	solved Surrendered (Withdrawn) Merged/Reorganized		1 23701g? ● Yes X No			
Enter date	e: (mm/dd/yyyy) If "Yes," enter the gross re				,	
E Check acco	unting method: (1) Cash (2) X Accrual (3) Other L Is the organization a	limited liability com	npany?	● Yes X No	o	
	eturn filed? (1)● 990T (2)● 990PF M Did the organization f			9 to		
(3) ● So	ch H (990) (4) 🗓 Other 990 series report taxable income				2	
_	roup filing? See instructions			as the ■□ Yes ☑ No	0	
	anization in a group exemption					
11 165, W	that is the parent's name? O Is federal Form 1023, Date filed with IRS		🔲 Tes 🔯 No	,		
			,			
Part I Co	omplete Part I unless not required to file this form. See General Information B and	C.		5.60 5.00	_	
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8			569,7980		
	2 Gross dues and assessments from members and affiliates				00	
Receipts	3 Gross contributions, gifts, grants, and similar amounts received		3	97,4350) ()	
and	4 Total gross receipts for filing requirement test. Add line 1 through line 3.			667,2330	10	
Revenues	This line must be completed. If the result is less than \$50,000, see General Information of the complete of th	ation B		001,2330		
	5 Cost of goods sold	0				
	7 Total costs. Add line 5 and line 6		7	IC.	0 (
	8 Total gross income. Subtract line 7 from line 4		_	667,2330		
_	9 Total expenses and disbursements. From Side 2, Part II, line 18			630 , 7980		
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		10	36 , 4350	0 (
	11 Total payments		11		0 (
	12 Use tax. See General Information K		12		00	
Pavments	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11		13		00	
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12		14		00	
	15 Penalties and interest. See General Information J		15		0 (
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	es and statements. and	16 to the b			
Sign	belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all infor	rmation of which prep	arer has	any knowledge.		
Here	Signature		Teleph 619)			
	Date C		PTIN	202-1329		
	Preparer's			87581		
Paid Preparer's	Firm's name (or yours		Firm's		_	
Use Only	if self-employed)			749711		
-	and address 5190 GOVERNOR DR, #201, SAN DIEGO, CA 92122		Teleph 58-4	457-5252		
	May the FTB discuss this return with the preparer shown above? See instructions		ΧY	es No		
	1					

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

		1	Gross sales or receipts from all business	activities. See instruction	nns	•	1		569,74400
			Interest			_			5400
			Dividends			_	. —		0.0
Receip	ts	-	Gross rents			_			00
from Other			Gross royalties			_	. —		00
Source	s		Gross amount received from sale of asse				-		00
			Other income. Attach schedule	,		_	. —		0.0
			Total gross sales or receipts from other sources.				8		569,79800
			Contributions, gifts, grants, and similar ar	-					000
			Disbursements to or for members						0.0
									100,00000
			Compensation of officers, directors, and						62,63400
			Other salaries and wages			_			02,03400
Expens	ses		Interest			_			13,11300
and Disbur	-		Taxes			_	_	<u> </u>	13,11300
ments	56-		Rents				15	<u> </u>	0.0
			Depreciation and depletion (See instructi	•					455,05100
			Other expenses and disbursements. Atta						
<u> </u>			Total expenses and disbursements. Add				18		630,79800
Sched			Balance Sheet	Beginning of	47.5		nd of	taxab	ole year
Assets				(a)	(b)	(c)		_	(d) 51 440
					31,680			•	51,440
			ts receivable		32,881			•	45,201
3 Net	note	s re	eceivable					•	
								•	
5 Fed	leral	anc	d state government obligations		056.004			•	070 000
6 Inve	estm	ents	s in other bonds		256,094			•	272,228
7 Inve	estm	ents	s in stock					•	
8 Mor	tgag	e lo	oans					•	
9 Oth	er in	ves	tments. Attach schedule					•	
10 a	Dep	reci	iable assets						
b	Les	s ac	ccumulated depreciation	()		()	
11 Lan	d.							•	
12 Oth	er as	sset	s. Attach schedule					•	
13 Tot	al as	sset	ts		320,655				368,869
Liabilit	ies a	nd	net worth						
14 Acc	ount	s pa	ayable		5,586			•	1,308
15 Cor	ntribu	ıtior	ns, gifts, or grants payable					•	
16 Bor	ids a	nd	notes payable					•	
17 Mor	tgag	es	payable					•	
18 Oth	er lia	bilit	ties. Attach schedule		6,080				6,004
19 Cap	oitals	stoc	k or principal fund					•	
20 Paid	d-in d	or c	apital surplus. Attach reconciliation					•	
21 Ret	aine	d ea	arnings or income fund		308,989				361,557
22 Tot	al lia	bili	ities and net worth		320,655				368,869
Sched	ule l	VI-1							
			Do not complete this schedule if the			ess than \$50,000			
1 Net	inco	me	per books	36,435	7 Income recorded	on books this yea	ır		
2 Fed	leral	inco	ome tax	•	not included in thi	s return. Attach sch	edule	•	
3 Exc	Excess of capital losses over capital gains					ed			
4 Inco									
Atta							•		
5 Exp	ense	es re	ecorded on books this year not		9 Total. Add line 7 a	ind line 8			
ded	deducted in this return. Attach schedule 10 Net income per return.					turn.			
6 Tota	al. A	dd l	ine 1 through line 5	36 , 435	Subtract line 9 fro	m line 6			36,435