TAXABLE YEAR

California Exempt Organization Annual Information Return

FORM

201	9	Annual Information Return	_		•	199
		19 or fiscal year beginning (mm/dd/yyyy) $12/01/2019$, and ending (mm/dd/yyyy) 11/30/	202	0 ·	
Corporation/Or	rganiza	ion name		С	California corporation nu	ımber
		SLENDALE ASSOCIATION			3517749	
Additional info	rmatior	. See instructions.			EIN 32-0394561	
Street address	(suite	or room)			PMB no.	
100 N I	BRAI	ID BLVD #508				
CITENDA			State		ip code	
GLENDA: Foreign country			CA Foreign province/state/county		91203 Foreign postal code	
A First Retu	urn		R&TC Section 23701d, has the			
B Amended	Retur	organization enga	aged in political activities?		- □∨	X No
C IRC Secti	on 494	7(a)(1) trust			• Yes	A No
D Final Info		n Return?				
	issolve	If "Yes " enter the	on exempt under R&TC Section e gross receipts from		<u>—</u>	X No
E Check acc		g method: L If organization is	ces		'. <u></u>	
			701d and meets the filing fee box. No filing fee is required .		• X	
		series M Is the organization	n a Limited Liability Company	?	• Yes	X No
G Is this a	group 1	iling? See instructions	ion file Form 100 or Form 109	to rep	oort · · · · · •	X No
		ion in a group exemption Yes X No O Is the organization	on under audit by the IRS or ha	s the	IRS	X No
11 162, 1	WIIAL IS	· ·	r year?		=	_
I Did the o	rganiza	ition have any changes to its guidelines Date filed with IF	023/1024 pending?		····· Yes	No
		the FTB? See instructions				
Part I	Com	plete Part I unless not required to file this form. See General Information	B and C.			
	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8		1	1,435	,083.
	2	Gross dues and assessments from members and affiliates	<u> </u>	2		
Receipts and	3	Gross contributions, gifts, grants, and similar amounts received	SEESCHB. •	3	15	<u>,500.</u>
Revenues	4	Total gross receipts for filing requirement test. Add line 1 through line 3. $ \\$	Į.			
		This line must be completed. If the result is less than \$50,000, see Gene	eral Information B •	4	1,450	<u>,583.</u>
	5	Cost of goods sold				
	6	Cost or other basis, and sales expenses of assets sold [6] Tatal costs. Add line 5 and line 6		-		
	7	Total costs. Add line 5 and line 6		<u>7</u> 8	1,450	502
	9	Total expenses and disbursements. From Side 2, Part II, line 18		9	1,312	
Expenses	10	Excess of receipts over expenses and disbursements. Subtract line 9 from	<u> </u>	10		,308.
	11	Total payments.		11		,
	12	Use tax. See General Information K		12		
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from li	ne 11 •	13		
Filing	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line	: 12 •	14		
Fee	15	Filing fee \$10 or \$25. See General Information F		15		
	16	Penalties and Interest. See General Information J.		16		
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result		17		0.
Cian		penalties of perjury, I declare that I have examined this return, including accompanying schedules t, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			knowledge and belief,	
Sign Here		Title	oreparer has any knowledge. Date		 Telephone 	
	of off	ture PRESIDENT			818-476-012	1
	Prepa	Date Date	Check if self-		● PTIN	
Paid	signa	ture JOHN L. SADD, JR., C.P.A	employed		P00436651 ■ Firm's FEIN	
Preparer's Use Only	Firm's	THE ACCOUNTANCY LLP				
•	self-e	mployed) 500 N BRAND BLVD FI 20		_	80-0519547 ■ Telephone	
		GLENDALE, CA 91203			(818) 547-5	701
	Ma	the FTB discuss this return with the preparer shown above? See instruct	ons		· []	No
	<u> </u>	, , ,				

DOWNTOWN GLENDALE ASSOCIATION

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

		regui	diess of afficultion gross receipts	complete raren or lanns	ni Juba	ditate illioilliadon	•			
		1	Gross sales or receipts from all	business activities. See	instrud	ctions	•	1		
		2	Interest				•	2		322.
_		3	Dividends					3		
Rece from		4	Gross rents					4		
Othe	r	5	Gross royalties					5		
Sour	ces	6	Gross amount received from sal	le of assets (See Instruct	tions).			6		
		7	Other income. Attach schedule.							1,434,761.
		8	Total gross sales or receipts from other					8		1,435,083.
			Contributions, gifts, grants, and similar a					9		17,500.
		10	Disbursements to or for membe							27,70001
		11	Compensation of officers, direct	ors, and trustees. Attach	sched	dule	EE STMT 3 .	11		0.
		12	Other salaries and wages					12		
Expe and	nses		Interest							
and Disbu	Irca.	14	Taxes					14		
ment		15	Rents				=	15		20 (5)
			Depreciation and depletion (See							38,656.
		16	Other Expenses and Disbursem							22,749.
		17								1,233,370.
			Total expenses and disbursements. Add					18		1,312,275.
	edule) L	Balance Sheet	Beginning of	taxab			l of ta	xabl	e year
Asse				(a)		(b)	(c)			(d)
1						130,140.			•	299,416.
_			receivable			21,619.			•	13,400.
3			eivable						•	
4			Laboration and the Control of the Co						<u>-</u>	
_			tate government obligations						•	
6			n other bonds						•	
7			n stock							
8	_	-	S						•	
9			ents. Attach schedule						•	
			ssets	· · · · · · · · · · · · · · · · · · ·			112,5			
b	Less ac	cumul	ated depreciation	64,784.		47,812.	87 , 5			25,063.
11	Land								•	
12	Other a	ssets.	Attach schedule						•	
13	Total a	ssets .				199,571.				337,879.
Liabi	lities a	and n	et worth							
14	Accoun	ts paya	able						•	
15	Contrib	utions,	gifts, or grants payable						•	
16	Bonds a	and no	tes payable						•	
17			yable						•	
18	Other li	abilitie	es. Attach schedule							
19	Capital	stock	or principal fund			199,571.			•	337,879.
			ital surplus. Attach reconciliation						•	•
			ings or income fund						•	
22	Total li	iabiliti	es and net worth			199,571.				337,879.
Sch	edule	• M -1	Reconciliation of income per Do not complete this schedule	r books with income per if the amount on Schedule	returr L, line	1 13, column (d), is	s less than \$50,000			
1	Net inc	ome ne	er books				books this year not incl			
			e tax	•	7	in this return. Attac	•		•	
3	Excess	of capi	ital losses over capital gains	•	8	Deductions in this r	eturn not charged	İ		
			corded on books this year.			against book incom	-			
									•	
5			orded on books this year not deducted		9	Total. Add line 7 an	nd line 8			
)	10	Net income per	return.	ļ		
6	Total. A	Add line	e 1 through line 5	138,308		Subtract line 9	from line 6			138,308.
										· · · · · · · · · · · · · · · · · · ·

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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

CALIFORNIA COPY Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

2019

DOWNT	OWN GLENDALE A	ASSOCIATION	32-0394561
Organiza	ation type (check one)	:	
Filers of	:	Section:	
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	on
Form 99	0-PF	527 political organization	
		501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
Note: Or	nly a section 501(c)(7)	red by the General Rule or a Special Rule. , (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
General	Rule		
X		ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contribution of the contributions for determining and II.	
Special	Rules		
	under sections 509(a) received from any or	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3%(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, lin ne contributor, during the year, total contributions of the greater of (1) \$5,000 line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that
	during the year, tota	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recell contributions of more than \$1,000 exclusively for religious, charitable, scient prevention of cruelty to children or animals. Complete Parts I, II, and III.	
	during the year, cont \$1,000. If this box is charitable, etc., purp	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receivibutions <i>exclusively</i> for religious, charitable, etc., purposes, but no such concided, enter here the total contributions that were received during the year lose. Don't complete any of the parts unless the General Rule applies to this <i>sively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the same statement of the parts unless that the same same same same same same same sam	tributions totaled more than r for an <i>exclusively</i> religious, organization because
		isn't covered by the General Rule and/or the Special Rules doesn't file Sched lo' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 9	

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

DOWNTOWN GLENDALE ASSOCIATION

32-0394561

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF GLENDALE 613 E. BROADWAY GLENDALE, CA 91206	\$ <u>15,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

32-0394561

Name of organization Employer identification number

DOWNTOWN GLENDALE ASSOCIATION Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
N/A			
		 \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	·	 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
		Schedule B (Form 990, 990-E	

TEEA0703L 08/09/19

Employer identification number 32-0394561

Part III	or (10) that total more than \$1,000 for the following line entry. For organizations contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contribe ompleting Part III, enter the tota (Enter this information once. So space is needed.	al of <i>exclusively</i> religious, charitable, etc., ee instructions.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Parti	N/A		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee

2019 Corporation Depreciation and Amortization

3885

		-	=										
	ch to Form 100 or For	m 100W. FORI	И 199										
Corpo	ration name								Califor	nia cor	poratio	n number	
DO	NTOWN GLENDAI	LE ASSOCIATI	ON						351	774	9		
Par	t I Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	79								
1	Maximum deduction									1		\$25 , 00	0
2	Total cost of IRC Se									2			
3	Threshold cost of IR		-							3		\$200,00	<u> 0</u>
4	Reduction in limitation									5	-		
<u>5</u>	Dollar limitation for t		act line 4 from line							Э			
0	(a)	Description of property		(b) C	ost (business ı	ise only)	(c)	Elected	cost				
			70 1)			7							
8	Listed property (elec		•				no 7			8	Т		
9	Total elected cost of Tentative deduction.									9			_
10	Carryover of disallov									10			_
11	Business income lim									11			_
12	IRC Section 179 exp				•	-				12			
13	·					_							
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation	n Deduction	Under R&T	C Section	n 243	56				
14	(a)	(b)	(c)		(d)	(e)	(1)	(<u>ç</u>	<u>)</u>		(h)	
	Description of property	Date acquired	Cost or other basis		eciation wed or	Depreciation method	Life ra	or	Deprecia	ation	for	Additional first	
	or property	(mm/dd/yyyy)	Other basis		vable in	IIIeulou	la	ıc	this	yeai		year depreciation	
				earli	er years							·	
COI	MPUTER	10/14/2014	2,600.		2,241.	200DB		5		35	59.		
AU.	TOMOBILE	5/26/2015	31,500.		28,234.	S/L		5		3,26			
PRI	ESSURE WASHER	6/03/2015	22,250.		19,943.	200DB		5	2	2,30			
TRA	ASH CANS	11/30/2015	5,466.		4,899.	200DB		5		56	67.		
PRI	ESSURE WASHER	8/20/2019	8,199.		820.	200DB		5	2	2,62	24.		
15	Add the amounts in	column (g) and co	lumn (h). The total	of colur	nn (h) may	not exceed	I						
	\$2,000. See instruct	ions for line 14, co	lumn (h)					15	22	2,74	19.		
Par													
16	Total: If the corporat IRC Section 179 exp		unt on line 12 and	lina 15	column (a)	\ Or							
	Additional first year	depreciation under	R&TC Section 243	356, add	the amoun	ts on line 1							
	Depreciation (if no e	• •				107				_	16		
	Total depreciation cl									· · ·	17		
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g line 6. If line 17 is	reater than line 16, less than line 16.	, enter t enter th	ne aitterenc e difference	e nere and here and o	on For n Forr	m 100 1 100	or or				
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	nounts a	re used to d	determine r	et inco	me be	efore				
<u> </u>	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is r	necessary.).						18		
Par		4.5	(-)			-IN	1 1-				1	()	
19	(a) Description	(b) Date acquire	d (c) Cost o	r	Amorti	d) zation	(e R&	<u>C</u>	(f) Period	or		(g) Amortization	
	of property	(mm/dd/yyyy			allowed or	allowable	Sect	ion	percenta			for this year	
					in earlie		(see i					-	
DIS	STRICT FORMAT	<u>[O 11/30/201</u>	.3 30,	<u>,000.</u>		<u>30,000.</u>	24	8		7			
											1		
											-		
											-		
									1		1		
20	Total. Add the amou	107								20	1		
21	Total amortization cl									21			
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter t	he difference	te here and	on Form	m 100	or or		1		
	Form 100W, Side 1, Form 100W, Side 2,	line 12								22			
	,,					-	•	-			•		_

CACA3501L 12/04/19 059 7621194 FTB 3885 2019

CALIFORNIA FORM

TAXABLE YEAR

2019 Corporation Depreciation and Amortization

2005

	ch to Form 100 or For	m 100W. FORI	M 199								
Corpoi	ration name							Califor	rnia corp	oration	number
DOM	NTOWN GLENDAI	LE ASSOCIATI	ON					351	7749)	
Parl	Election To Ex	kpense Certain Pro	perty Under IRC S	ection 1	79			-			
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		
3	Threshold cost of IR	C Section 179 prop	erty before reducti	ion in Iir	mitation				3		\$200,000
4	Reduction in limitation								4		
5	Dollar limitation for t		act line 4 from line	1					5		
6	(a)	Description of property		(b) C	ost (business ı	use only)	(c) Elected	d cost	_		
									_		
									_		
7	Listed property (elec		•								
8	Total elected cost of								8		
9	Tentative deduction.								9		
10 11	Carryover of disallov Business income lim								10 11		
12	IRC Section 179 exp				•	•			12		
13	Carryover of disallov								12		
Parl		nd Election of Addit						356			
14	(a)	(b)	(c)		(d)	(e)	(f)		g)		(h)
	Description	Date acquired	Cost or		reciation	Depreciation	Life or	Depreci	ation f	or	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or wable in	method	rate	this	year		year depreciation
					er years						acpreciation
PRE	SSURE WASHER	10/31/2019	6,445.		215.	200DB	5		2,06	2.	
TRU	JCK	4/25/2019	36,136.		8,432.	S/L	5	1	1,56	4.	
15	Add the amounts in										
Par	\$2,000. See instruct	ions for line 14, co	lumn (n)				15				
	Total: If the corporal	tion is electing:									
10	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15	, column (g)	or or					
	Additional first year									6	
17	Depreciation (if no e Total depreciation cl	•				,				7	
									··· ⊢	,	
	Depreciation adjustn Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter th	e difference	here and	on Form 100	or			
	Form 100W, Side 2, state adjustments or								1	8	
Parl		11 01111 100 01 1 0111	i 100vv, 110 aujustii	HEHR IS I	iecessaiy.).					U	
19	(a)	(b)	(c)		((d)	(e)	(f)			(g)
	Description	Date acquire	d Cost o		Amorti	ization	R&TC	Period		1	Amortization
	of property	(mm/dd/yyyy	v) other bas	SIS	allowed or in earlie		Section (see instr)	percent	age		for this year
					iii cailic	, 50015	(555 111511)				
							1				
							+				
20	Total. Add the amou	Ints in column (a)			1		1		20		
21	Total amortization cl								21		
			•		•						
~~	Amortization adjustr Form 100W, Side 1,	line 6. If line 21 is g	less than line 20,	enter th	e difference	here and	on Form 100	or			
	Form 100W, Side 2,								22		

CACA3501L 12/04/19 059 7621194 FTB 3885 2019

2	n	1	0
	U	•	

CALIFORNIA STATEMENTS

PAGE 1

DOWNTOWN GLENDALE ASSOCIATION

32-0394561

STATEMENT 1 FORM 199, PART II, LINE 7 OTHER INCOME

11,989. 1,422,772. 1,434,761. DAMAGE INSURANCE PROCEED.....\$ PROGRAM SERVICE REVENUE TOTAL \$

STATEMENT 2 FORM 199, PART II, LINE 9 CONTRIBÚTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME:

GLENDALE ARTS

DONEE'S STREET ADDRESS:

DONEE'S CITY, STATE, ZIP:

GLENDALE ARIS

116 WEST CALIFORNIA AVENUE

GLENDALE, CA 91203

AMOUNT GIVEN:

17,500.

TOTAL \$ 17,500.

STATEMENT 3 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED			ACCOUNT/
RICK LEMMO 100 N BRAND BLVD STE 508 GLENDALE, CA 91203	TREASURER 2.00	\$ 0.	\$ 0.	\$ 0.
JOSEPH P. STITICK, CCIM 200 CUMBERLAND DR LOS ANGELES, CA 90036	PRESIDENT 2.00	0.	0.	0.
RAUL PORTO 3614 WEST MAGNOLIA BLVD GLENDALE, CA 91505	VICE PRESIDENT 2.00	0.	0.	0.
ANI POGOSSIAN 100 N BRAND BLVD STE 508 GLENDALE, CA 91203	INTERIM BOARD M 0	0.	0.	0.
HELEN MCDONAGH 100 N BRAND BLVD STE 508 GLENDALE, CA 91203	SECRETARY 5.00	0.	0.	0.
RANDY STEVENSON 100 N BRAND BLVD STE 508 GLENDALE, CA 91203	BOARD MEMEBR 2.00	0.	0.	0.

DOWNTOWN GLENDALE ASSOCIATION

32-0394561

STATEMENT 3 (CONTINUED) FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
STEVEN SAYERS HELEN MCDONAGH GLENDALE, CA 91203	BOARD MEMEBR 2.00	\$ 0.	\$ 0.	\$ 0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

STATEMENT 4 FORM 199, PART II, LINE 17 OTHER EXPENSES

ACCOUNTING FEES	\$	5,525.
ADMIN SUPPORT - CBD ADVOCACY	•	6,600.
ADVERTISING AND PROMOTION		2,644.
BANK CHARGES.		´393.
BANNERS		2,700.
DISI MISCELLANEOUS.		10,510.
FUEL & MAINTENANCE		17,424.
INSURANCE		16,571.
LEGAL FEES.		2,938.
MANAGEMENT FEES		195,000.
MEMBERSHIP		1,083.
OFFICE SUPPLIES		842.
OTHER FEES		769,000.
POSTAGE AND SHIPPING		960.
PRINTING AND PUBLICATIONS		1,823.
PUBLIC SPACE MAINTENANCE		19,322.
REPAIR AND MAINTENANCE		5,000.
SEASONAL DISPLAYS		76,333.
SOBO MISC		10,984.
SPECIAL EVENTS		32,865.
SUPPLIES		35,878.
TELEPHONE		7,529.
		35.
UNIFORMS.		6,711.
LIED AT HE		4,700.
	ذ 1	
TOTAL	\$ 1	1,233,370.