2021 Exempt Org. Return prepared for:

DOWNTOWN OXNARD IMPROVEMENT ASSOCIATION 519 SOUTH C STREET OXNARD, CA 93030

DECKER FARRELL & MCCOY, LLP 400 W Ventura Blvd Ste 245 Camarillo, CA 93010

DECKER FARRELL & MCCOY, LLP 400 W VENTURA BLVD STE 245 CAMARILLO, CA 93010 805-910-1441

May 5, 2023

DOWNTOWN OXNARD IMPROVEMENT ASSOCIATION 519 SOUTH C STREET OXNARD, CA 93030

Dear Abel:

Your 2021 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2021 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. No tax is payable with the filing of this return.

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$100 payable by October 16, 2023. Make the check or money order payable to "Department of Justice" and mail your California report on or before October 16, 2023 to:

P.O. BOX 903447 SACRAMENTO, CA 94203-4470

Please be sure to call us if you have any questions.

Medy In

Sincerely,

MICHAEL FARRELL

Form 8879-TE

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning 12/01, 2021, and ending 11/30. 20 2022

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

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

2021

OMB No. 1545-0047

FIN or SSN DOWNTOWN OXNARD IMPROVEMENT ASSOCIATION 37-1989012 Name and title of officer or person subject to tax ABEL MAGANA EXECUTIVE DIR. Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 2a Form 990-EZ check here 3a Form 1120-POL check here 4a Form 990-PF check here . . . b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 5a Form 8868 check here..... 6a Form 990-T check here.... 7a Form 4720 check here..... 8a Form 5227 check here..... 9a Form 5330 check here..... 10a Form 8038-CP check here. ▶ b Amount of credit payment requested (Form 8038-CP, Part III, line 22).... 10b Part III Declaration and Signature Authorization of Officer or Person Subject to Tax X I am an officer of the above entity or | I am a person subject to tax with respect to Under penalties of perjury, I declare that (name of entity) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to

PIN: check one box only

XI authorize	DECKER	FARRELL	& MCCOY,	LLP	to	enter my PII	N	12161	as my signatur	е
_			ERO firm name					e numbers, but nter all zeros		
on the tax	year 2021 e	electronically	filed return. If	I have indicated	within this re	turn that a co	opy of the	return is beir	ng filed with a state	

initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic

agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

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

Signature of officer or person subject to tax -

|Part III | Certification and Authentication

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

return and, if applicable, the consent to electronic funds withdrawal.

95759493003

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

ERO's signature ►

MICHAEL FARRELL

Date ▶

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

DOWNTOWN OXNARD IMPROVEMENT ASSOC FYE 2022 FED & CA EFILE AUTH

Final Audit Report

2023-05-05

Created:

2023-05-05

By:

Erica Tarazon (etarazon@dfmcpas.com)

Status:

Signed

Transaction ID:

CBJCHBCAABAAcVCvG4CPa1_D15LWqJzC67i8BPFAZBMP

"DOWNTOWN OXNARD IMPROVEMENT ASSOC FYE 2022 F ED & CA EFILE AUTH" History

- Document created by Erica Tarazon (etarazon@dfmcpas.com) 2023-05-05 7:36:56 PM GMT- IP address: 47.180.248.161
- Document emailed to abel@downtownoxnard.org for signature 2023-05-05 7:37:21 PM GMT
- Email viewed by abel@downtownoxnard.org 2023-05-05 9:13:15 PM GMT- IP address: 76.88.121.65
- Signer abel@downtownoxnard.org entered name at signing as Abel Magana 2023-05-05 - 9:14:05 PM GMT- IP address: 76.88.121.65
- Document e-signed by Abel Magana (abel@downtownoxnard.org)

 Signature Date: 2023-05-05 9:14:07 PM GMT Time Source: server- IP address: 76.88.121.65
- Agreement completed. 2023-05-05 - 9:14:07 PM GMT

IRS e-file Signature Authorization for a Tax Exempt Entity For calendar year 2021, or fiscal year beginning 12/01____, 2021, and ending 11/30____, 20_202__

Department of the Treasury Internal Revenue Service

► Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

Name of filer	EIN or SSN
DOWNTOWN OXNARD IMPROVEMENT ASSOCIATION	37-1989012
Name and title of officer or person subject to tax	
ABEL MAGANA EXECUTIVE DIR.	
Part Type of Return and Return Information	
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if an	y, from the return. Form 8038-CP
and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was b	check the box on line 1a, 2a, 3a, 4a, 5a,
6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the line below. Do not complete more than one line in Part I.	return, then enter -0- on the applicable
1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12	2) 1b 533.232.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part V, line	5) 4b
5a Form 8868 check here b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here ▶ b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here ▶ b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here. ▶ b Amount of credit payment requested (Form 8038-CP, Part III	
Rart III Declaration and Signature Authorization of Officer or Person Subject to T	ax
Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person	
(name of entity)	FIND
and that I have examined a copy of the 2021 electronic return and accompanying schedules and state and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the	amount shown on the convict the
electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return of IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transi	originator (FRO) to send the return to the
processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and	its designated Financial Agent to
initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax	preparation software for payment
of the federal taxes owed on this return, and the financial institution to debit the entry to this account. U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (s	To revoke a payment, I must contact the settlement) date. Lalso authorize the
financial institutions involved in the processing of the electronic payment of taxes to receive confidenti	al information necessary to answer
inquiries and resolve issues related to the payment. I have selected a personal identification number (five turn and, if applicable, the consent to electronic funds withdrawal.	PIN) as my signature for the electronic
PIN: check one box only	
X I authorize DECKER FARRELL & MCCOY, LLP to enter my PIN	12161 as my signature
EDO 6mm nama	ter five numbers, but
do	not enter all zeros
on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementione	f the return is being filed with a state
return's disclosure consent screen.	denote the my rin on the
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the	te tax year 2021 electronically filed
return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.) regulating charities as part of
Signature of officer or person subject to tax April Magana April Magana (May 1, 2023 14 (4 PP H)	Date ► May 5, 2023
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 9575949	2002
Do not enter a	
I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return	n indicated above. I confirm that I
am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (Mel Providers for Business Returns.	F) Information for Authorized IRS e-file
Des (5/5/2?
ERO's signature MICHAEL FARRELL Date	1146
ERO Must Retain This Form — See Instruction Do Not Submit This Form to the IRS Liness Requeste	

Date Accepted				THIS FORM TO THE FTB
TAXABLE YEAR	California e-file Return	Authorization for	,	FORM
2021	Exempt Organizations			8453-EO
Exempt Organization name				Identifying number
	ARD IMPROVEMENT ASSOCIATION			37-1989012
Part I Electron	nic Return Information (whole dollars on	ly)		
	ceipts (Form 199, line 4)			
	ome (Form 199, line 8)			
3 Total expenses	s and disbursements (Form 199, line 9)			3 499,458.
Part II Settle \	Your Account Electronically for Ta	xable Year 2021		
4 Electronic	funds withdrawal 4a Amount	4b Withdraw	wal date (mm/dd/yy	yy)
Part III Bankin	g Information (Have you verified the ex	empt organization's banking in	formation?)	· · · · · · · · · · · · · · · · · · ·
5 Routing number		· · · · · · · · · · · · · · · · · · ·		
6 Account number	er	7 Type of account:	Checking	Savings
Part IV Declara	ation of Officer			
I authorize the exem	pt organization's account to be settled as o	designated in Part II. If I check	Part II, box 4, I au	thorize an electronic funds
corresponding lines organization's return is Tax Board (FTB) doe for the fee liability ar statements be transmi return or refund is d	(O), transmitter, or intermediate service proof the exempt organization's 2021 Californistrue, correct, and complete. If the exempt organization is true, correct, and complete. If the exempt organization is true, correct, and complete. If the exempt organization is true, correct, and complete payment of the all applicable interest and penalties. I autited to the FTB by the ERO, transmitter, or intelelayed, I authorize the FTB to disclose to the all Alexanders.	a electronic return. To the besiganization is filing a balance due e exempt organization's fee lia uthorize the exempt organizatio ermediate service provider. If the the ERO or intermediate service	t of my knowledge return, I understand bility, the exempt con return and accor processing of the ece provider the reason	and belief, the exempt that if the Franchise organization will remain liable mpanying schedules and exempt organization's
Sign Abel M	EL MAGANA Aogana (May 5, 2023 14:14 PDT)	May 5, 2023 EXECU	TIVE DIR.	
Here Signa	ature of officer	Date Title		
Part V Declara	tion of Electronic Return Originat	or (FRO) and Paid Propa	YOY Soo instruction	ne
I declare that I have the best of my know organization's return. officer's signature on forms and informatio Authorized e-file Pro- exempt organization re under penalties of pe	reviewed the above exempt organization's redge. (If I am only an intermediate service. I declare, however, that form FTB 8453-E. form FTB 8453-EO before transmitting this in that I will file with the FTB, and I have for viders. I will keep form FTB 8453-EO on file turn is filed, whichever is later, and I will make right, I declare that I have examined the alone best of my knowledge and belief, they are	return and that the entries on e provider, I understand that I O accurately reflects the data is return to the FTB; I have pro- illowed all other requirements of e for four years from the due of the a copy available to the FTB up bove exempt organization's ref	form FTB 8453-EO am not responsible on the return.) I havided the organizatescribed in FTB Polate of the return on request. If I am a turn and accompan	are complete and correct to for reviewing the exempt we obtained the organization ion officer with a copy of all ub. 1345, 2021 Handbook for r four years from the date the lso the paid preparer, ying schedules and
ERO's signature	MICHAEL FARRELL 72	Date 3/5/23	Check if also paid preparer X Check self-emplo	D0107000
Must Firm's nar	me (or yours DECKER FARRELL & M	CCOI, LLP		Firm's FEIN
Sign if self-emp	ployed)	STE 245		47-1222587
0.4. 2	CAMARILLO		CA	ZIP code 93010
under penaities of perjury, are true, correct, and comp	I declare that I have examined the above organization's rollete. I make this declaration based on all information o	return and accompanying schedules and of which I have knowledge.	statements, and to the b	est of my knowledge and belief, they
Paid		Date	1	Paid preparer's PTIN
	arer's		Check if self-employed	
Preparer	ture .	L	1 sen-employee	Firm's FEIN
Must Firm's	s name			I BIRS FERN
Sign (or you	ours if self- oyed) and			ZIP code
auure	,33			<u> </u>

FTB 8453-EO 2021

2021	SUMMARY	PAGE 1			
CLIENT 12161	37-1989012				
5/05/23				12:49 PM	
REVENUE		2021	2020	DIFF	
CONTRIBUTIO	ONS AND GRANTSRVICE REVENUE	4,234 500,846 28,152	100,218 291,085 6,850	-95,984 209,761 21,302	
TOTAL REVEN	UE	533,232	398,153	135,079	
OTHER EXPEN	OTHER COMPEN., EMP. BENEFITS	103,292 396,166	46,686 241,429	56,606 154,737	
	ISES DR FUND BALANCES	499,458	288,115	211,343	
TOTAL LIABI	SS EXPENSES	33,774 146,266 2,454 143,812	110,038 110,038 0 110,038	-76,264 36,228 2,454 33,774	

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2021

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the 2	2021 calen	dar year, or tax	year begi	inning 12/0)1	, 20	21, and endi	ng 11/	30	,	20 2022	
В	Check if ap	oplicable:	C							D Emplo	yer identi	fication num	ber
	Addres	ss change	DOWNTOWN	OXNARD	IMPROVEM	MENT ASS	SOCIATI	ON		37-	19890	012	
	Name	change	519 SOUTH							E Teleph			
	Initial	-			005	_205.	-2705						
			OXNARD, C							003	_363	2703	
	-	turn/terminated								<u>ا _</u>	,		
	Amend	ded return	<u></u>						T	G Gross			33,232.
	Applic	cation pending		ress of princip	oal officer: ABE	L MAGAN	Α		1	a group retu			Yes X No
	******		SAME AS C						H(D) Are al	l subordinate " attach a lis	s included t. See insi	ructions.	Yes No
1	Tax-exer	mpt status:	X 501(c)(3)	501(c) () ▼ (ir	nsert no.)	4947(a)(1)	or 527	j				
J	Websit	te:► WW	W. DOWNTOW	NOXNARI	O.ORG				H(c) Group	exemption n	umber 🟲		
K	Form of e	organization:	X Corporation	Trust	Association	Other ►		L Year of forma	tion: 202	1 M	State of le	gal domicile:	CA
Pa	rt I 🔝	Summar	v										
			be the organiza	ation's mis	sion or most s	significant a	ctivities: T	O ENHANC	E AND	PROMOT	E THI	E DOWN	TOWN
۸.			ĪSTRĪČT Ā										
ဋ		TINUMMO			<u> </u>								
Ē													
Governance	2 Ch	neck this bo	ox 🟲 📗 if the	organizali	on discontinu	ed its opera	ations or d	sposed of m	ore than 2	25% of its	net ass	sets.	
පි	3 Nu	umber of vo	oting members								3		13
• ರ	4 Nu	umber of in	dependent voti	ng membe	ers of the gove	erning body	(Part VI, I	ine 1b)			4		13
Activities &			of individuals								5		0
₹	0		of volunteers		-						-		55
Ą			ed business rev										0.
	b Ne	et unrelated	business taxa	ble income	e from Form 9	990-T, Part	I, line 11				7b		0.
										Prior Year		Curre	nt Year
0		Contributions and grants (Part VIII, line 1h)								100,218.			4,234.
몵		-								291,	085.		500,846.
Revenue			ncome (Part VII										
E			e (Part VIII, co								350.		28,152.
			e — add lines 8							398,	153.		533,232.
			imilar amounts						<u></u>				
		-	to or for mem	-									
တ္			er compensatio	· ·						46,	686.		<u>103,292.</u>
Expenses	16a Pro	ofessional	fundraising fee	s (Part IX,	column (A), i	line 11e)							
be.	b To	tal fundrais	sing expenses	(Part IX, c	olumn (D), lin	e 25) 🟲				47/4/4			
ũ	17 Otl	her expens	ses (Part IX, co	lumn (A).	lines 11a-11d	. 11f-24e).				241,	429		396,166.
		•	es. Add lines 1							288,			499,458.
		•	expenses. Su	-						110,			33,774.
- ō			- enpended. Ou		.5					ng of Curre		Fnd	of Year
Assets or	20 To	tal assets	(Part X, line 16	N.						110,			146,266.
Bata	21 To		es (Part X, line							110,	0.	•	2,454.
Set.			fund balances	•						110			
				. Subtract	ime zi ironi i	me 20	· · · · · · · · · · · · · · · · · · ·	·····	<u>· </u>	110,	038.1	······································	143,812.
		Signatu											
com	r penalties olete. Declai	ot perjury, I de tration of prepa	eclare that I have ex arer (other than offic	amined this re er) is based o	eturn, including acc n all information o	companying sci f which prepare	nequies and si er has any kno	atements, and to wledge.	ine best of i	ny knowledge	and belo	ei, il is true, (correct, and
Sig	·n	Signatu	re of officer						D	ate			
He		N N D E	T MACANA						FYFC	UTIVE	מזח		
	. •		L MAGANA print name and title						האניר	OTTAR	DIN.		
			oreparer's name		Preparer's sign	nature 12 - 1	12	Date .		Check	if	PTIN	
_							14	5/2	12	,	ן "∟		806
Pa			EL FARRELI		MICHAEL			1 7	<u> </u>	self-employ	yeu	P01070	000
	eparer e Only	Firm's name			ELL & MCC			· · · · · · · · · · · · · · · · · · ·		-	► A ¬	12225	3.77
US	Control	Firm's addr			RA BLVD S	1E 245						-122258	
-	Ab - 100	<u></u>			CA 93010	-20	A			Phone no.	805-	910-14	
ıvıay	the IRS	aiscuss th	nis return with t	ne prepare	er shown abov	re: See ins	u ucuons					X Yes	No

TEEA0102L 09/22/21

37-1989012

Page 2

Form 990 (2021) DOWNTOWN OXNARD IMPROVEMENT ASSOCIATION

			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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	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? If 'Yes,' complete Schedule D, Part III.	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		10 T	
•	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	e vy	Х
ı	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
	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
•	I 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		Х
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12:	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a		Х
ı	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		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		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? If 'Yes,' complete Schedule F, Parts III and IV.	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		х
t	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х

Page 4

Form 990 (2021) DOWNTOWN OXNARD IMPROVEMENT ASSOCIATION

[Part IV | Checklist of Required Schedules (continued)

·			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? 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 employees? <i>If 'Yes</i> ,' <i>complete Schedule J</i>	23		Х
24 a	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 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		х
ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		х
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 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):			
ā	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		х
ŧ	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,'	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 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, III, or IV, and Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	olf '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		х
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 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V.			 No
1:	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	Tar: "E	Yes	INO
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	X	<u> </u>
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Form 990 (2021) DOWNTOWN OXNARD IMPROVEMENT ASSOCIATION

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

			Yes	No
2 8	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2 a			
1	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		1000000
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.		135.003	5 1 5 5 5
3:	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O.	3 b	-	
	a 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)?	4 a		X
ł	b If 'Yes,' enter the name of the foreign country►	144		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	H.S.		
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	-	X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	-	X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		X
ł	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
ā	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
ŀ	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c		X
	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?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
ć	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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	3	1124		
	a Did the sponsoring organization make any taxable distributions under section 4966?			
ŀ	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
ŀ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
ł	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
ŀ	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
2	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note: See the instructions for additional information the organization must report on Schedule O.	\$4.		
ŀ	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			
	Enter the amount of reserves on hand	14		1000
142	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14 b		
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.	in the light		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	1820.080	Shippy 1

Sec	tion A. Governing Body and Management			1	
_				Yes	No
1 8	a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a 13			
1	a Enter the number of voting members included on line 1a, above, who are independent	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations		4		
_	officer, director, trustee, or key employee?	•	2	100 400	X
3	Did the organization delegate control over management duties customarily performed by or under the		<u> </u>		
-	of officers, directors, trustees, or key employees to a management company or other person	1?	3		Х
4	Did the organization make any significant changes to its governing documents				
	since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization	ition's assets?	5		Х
6	Did the organization have members or stockholders?		6		X
7 8	a Did the organization have members, stockholders, or other persons who had the power to elect or a members of the governing body?. SEE SCHEDULE .O		7a	х	
i	Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or persons other than the governing body?		7 b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken		£7817	148	
0	the following:	during the year by			
á	The governing body?		8a	X	13,11
ŀ	Each committee with authority to act on behalf of the governing body?		8 b	X	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O.		9		х
Sec	tion B. Policies (This Section B requests information about policies not red		eveni	ue C	1
				Yes	No
10 a	a Did the organization have local chapters, branches, or affiliates?		10 a		Х
ŧ	o If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	operations are consistent with the organization's exempt purposes?		10 b		<u> </u>
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the		11 a		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				戏雕
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13		12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?		12 b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ' Schedule O how this was done.		12 c		
13	Did the organization have a written whistleblower policy?			<u> </u>	Х
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approx persons, comparability data, and contemporaneous substantiation of the deliberation and de-				
ā	The organization's CEO, Executive Director, or top management official				X
ŧ	Other officers or key employees of the organization		15 b		Х
	If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.				
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila taxable entity during the year?		16 a		X
ŀ	olf 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate participation in joint venture arrangements under applicable federal tax law, and take steps	to safeguard the	X明 : 1 2 G H : 3 G H :	重要	問題
<u></u>	organization's exempt status with respect to such arrangements?		16 b	<u> </u>	<u></u>
	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 available for public inspection. Indicate how you made these available. Check all that apply.		01(c)(3)s or	ıly)
		ner (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest the public during the tax year. SEE SCHEDULE O	·	able to		
-711	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records <a>			

Form 990 (2021)	DOMNTOWN	UXMARD	TMPROVEMENT	ASSOCTATION

37-1989012

Page 7

Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1 a 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, 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. Position (do not check more (B) (F) than one box, unless person is both an officer and a director/trustee) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) Name and title Average hours Estimated amount of other per week compensation from Individual employee nstitutional Highest compensated (ey employee the organization and related (list any hours for organizations related organiza tions Itrustee below dotted line) (1) ABEL MAGANA 40 EXECUTIVE DIR Ō X 65,565. 0 0. (2) STEVE HUBER 2 CHAIRMAN 0 X X 0 0 0. (3) OSBALDO LOPEZ 2 X 0 X VICE CHAIR 0 0 0. (4) CLAYTON COATES 2 X TREASURER 0 Х 0 0 0. (5) VYTO ADOMATIS 2 SECRETARY 0 X X 0 0 0. 2 (6) GARY BLUM X DIRECTOR 0 0 0. 0. (7) LORENZO CASTILLO 2 DIRECTOR 0 X 0 0 0. (8) LUIS HERNANDEZ 2 X DIRECTOR 0 0. 0 0. (9) TIFFANY LOPEZ 2 DIRECTOR 0 X 0 0 0. (10) MATT MANSI 2 DIRECTOR Õ Х 0 0 0. (11) VICTOR MELCHOR 2 DIRECTOR 0 Х 0. 0 0. (12) ALFREDO PLASENCIA 2 DIRECTOR 0 Х 0. 0 0. KIMBERLY RECHARTE 2 DIRECTOR ō Х 0. 0 0. DOUG SPONDELLO 2 DIRECTOR 0 0. 0 0.

BAA TEEA0107L 09/22/21 Form 990 (2021)

Part VII Section A. Officers, Directors, Tru	ıstees,	Key	En	ıplo	oye	es,	and	d Highest Com	pensated Emp	oyees	(continued)
	(B)			(()						
(A) Name and title	Average hours per week	box	, unle	check ess pe	erson	than is both or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	Estima	(F) ted amount other
	(list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099 MISC/1099-NEC)	compen the ord and	isation from ganization related nizations
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)		_									
(24)											
(25)											
1 b Subtotal							-	65,565.			0.
c Total from continuation sheets to Part VII, Section						• • • •	•	0.	0.		0.
d Total (add lines 1b and 1c)							<u>⊬od</u>	65,565.	0.	opeation	0.
from the organization • 0	to those i	sieu	abu	ve) v	WI IO	recer	veu	more man \$100,00	o or reportable comp	ensauon	
											Yes No
3 Did the organization list any former officer, direc	tor, truste	e, ke	y e	mple	oyee	e, or	high	nest compensated	employee	7811(49.44	1905 HA
on line 1a? If 'Yes,' complete Schedule J for suc 4 For any individual listed on line 1a, is the sum of	reportab	le co	mpe	ensa	tion	and	oth	er compensation		. 3	X
the organization and related organizations greate such individual.			• • •		• • • •		• • •			. 4	X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e compen s,' comple	te So	n tr	om <i>lule</i>	any J fo	unre r suc	hate ch p	ed organization or erson	individual	. 5	X
Section B. Independent Contractors				1		_1	Ala a	4	han \$100,000 at		
 Complete this table for your five highest compen compensation from the organization. Report compen 	sation for	the c	uen alen	dar	year	endi	าเกล ng v	vith or within the or	ganization's tax year		
(A) Name and business add	ress							(B) Description		(C Comper) nsation
2 Total number of independent contractors (including b \$100,000 of compensation from the organization		ted to	tho	se I	isted	abo	ve)	who received more	than		
RAA	- _	TEEAC	1001	004	22/21				1 10/21 32	Eorm (990 (2021

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII. (D) (B) Total revenue Related or Unrelated Revenue excluded from tax exempt business under sections function revenue 512-514 revenue 1 a Federated campaigns...... 1 a Contributions, Gifts, Grants, b Membership dues 1 b 1 c c Fundraising events..... d Related organizations..... 1 d e Government grants (contributions). . . . 1 e f All other contributions, gifts, grants, and similar amounts not included above. . . . 1 f 4,234 g Noncash contributions included in 1 g h Total. Add lines 1a-1f. . 4,234 **Business Code** Program Service Revenue 2a MEMBERSHIP ASSESSMENTS 500,846 500,846 f All other program service revenue... g Total. Add lines 2a-2f..... 500,846 Investment income (including dividends, interest, and other similar amounts)..... Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6 a Gross rents. 6a 18,520. b Less: rental expenses c Rental income or (loss) 6c 18,520. d Net rental income or (loss). 18,520 18,520. (i) Securities (ii) Other 7 a Gross amount from sales of assets 7a other than inventory b Less: cost or other basis 7b and sales expenses c Gain or (loss)..... 7c d Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 8,503 8b b Less: direct expenses c Net income or (loss) from fundraising events...... 8,503 9 a Gross income from gaming activities. See Part IV, line 19..... 9 b b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances..... 10a 106 b Less: cost of goods sold c Net income or (loss) from sales of inventory...... **Business Code** Miscellaneous Revenue c q 900099 1,129 1,129 STATE COMPENSATION INSURANCE d All other revenue... e Total. Add lines 11a-11d. 1,129 Total revenue. See instructions -533,232 0 . 0 520,495

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a re				
	not include amounts reported on lines 7b, 8b, 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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	66,565.	13,313.	53,252.	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.	0.	0.	0.
7	Other salaries and wages	24,392.	4,878.	19,514.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	21,332.	1,010.	13,611.	
9	Other employee benefits	4,000.	800.	3,200.	
10	Payroll taxes	8,335.	1,667.	6,668.	
11	Fees for services (nonemployees):				
a	Management				
	Legal				
	: Accounting	850.		850.	
	Lobbying	030.		050.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees		Source Communication (Communication)		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0\$CH . O Advertising and promotion.	335,679.	334,936.	743.	
		700		700	
13	Office expenses.	720.		720.	
14	Information technology	500.		500.	
15	Royalties				
16	Occupancy.	23,400.		23,400.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance.	9,492.		9,492.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)		Harman Ha		
ā	DISTRICT IDENTITY EVENTS	8,167.	8,167.		
	TELEPHONE AND UTILITIES	7,454.		7,454.	
	CIVIL SIDEWALKS CLEAN SUPPLIES	3,609.	3,609.		
	EQUIPMENT LEASE	3,003.		3,003.	
	All other expenses	3,292.	557.	2,735.	
25	Total functional expenses. Add lines 1 through 24e	499,458.	367,927.	131,531.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2021) DOWNTOWN OXNARD IMPROVEMENT ASSOCIATION 37-1989012 Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X..... (B) End of year Beginning of year 146,266. Cash - non-interest-bearing..... 110,038. 1 Savings and temporary cash investments..... 2 Pledges and grants receivable, net..... 3 Accounts receivable, net..... 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons..... 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)..... 6 Notes and loans receivable, net..... 7 8 Assets 9

10 a

10b

10 c 11

12

110,038.

146,266.

Form 990 (2021)

10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....

b Less: accumulated depreciation.....

Investments – publicly traded securities.....

Total liabilities and net assets/fund balances.....

BAA

	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	110,038.	16	146,266.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable.		18	
	19	Deferred revenue.		19	
	20	Tax-exempt bond liabilities		20	
6.5	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			医 经表的数
		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	2,454.
	26	Total liabilities. Add lines 17 through 25	0.	26	2,454.
Balances		Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.			
a	27	Net assets without donor restrictions		27	
ñ	28	Net assets with donor restrictions		28	
Fund		Organizations that do not follow FASB ASC 958, check here > X and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
sts	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
556	31	Retained earnings, endowment, accumulated income, or other funds	110,038.	31	143,812.
Net Assets	32	Total net assets or fund balances	110,038.	32	143,812.
Se	33	Total liabilities and net assets/fund balances	110,038.	33	146,266.

TEEA0111L 09/22/21

Par	1 XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	33,2	232.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	99,4	158.
3	Revenue less expenses. Subtract line 2 from line 1	3		33,	774.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	10,0	38.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
6	column (B)).	10	1	43,8	312.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				🔲
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				ier.
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	l on a			
t	Were the organization's financial statements audited by an independent accountant?		2ь		X
	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:	е			
	Separate basis Consolidated basis Both consolidated and separate basis		1.532		
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		Х
t	of Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	TEEA0112L 09/22/21		Form	990	(2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► 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 th	e organization					Employer identific		
_	_	OWN OXNARD IMPROVEN					37-198901		
Par		Reason for Public Cha						ctions.	
The o	rga	nization is not a private found	dation because it is: (For lines 1 through 12,	check o	nly one	box.)		
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative h	nospital service organ	ization described in sec	ction 17	0(b)(1)(A	\)(iii).	•	
4	\vdash	A medical research organiza	tion operated in conic	unction with a hospital	describe	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's	
	name, city, and state:								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local gov		ental unit described in s	ection 1	70(b)(1)	(A)(v).		
7		An organization that normally r in section 170(b)(1)(A)(vi).		part of its support from a	governm	ental uni	t or from the general pul	olic described	
8		A community trust described							
9		An agricultural research organi or university or a non-land-grai university:							
10	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11		An organization organized ar			ety. See	section	ı 509(a)(4).		
12		An organization organized at or more publicly supported o lines 12a through 12d that de	rganizations describe	ed in section 509(a)(1) o	r sectio	n 509(a`)(2). See section 509(a	ut the purposes of one)(3). Check the box on	
а		Type I. A supporting organization organization(s) the power to re complete Part IV, Sections A	on operated, supervise gularly appoint or elect					the supported on. You must	
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	zation supervised or co	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). You	
С		Type III functionally integrated organization(s) (see instruction	. A supporting organizat	tion operated in connection	n with, a	nd functio	onally integrated with, its	supported	
đ		Type III non-functionally integ	rated. A supporting org	anization operated in cor	nection	with its s	supported organization(s t and an attentiveness) that is not requirement (see	
e		functionally integrated. The cinstructions). You must com Check this box if the organiz	ation received a writte	en determination from	he IRS				
f	Er	integrated, or Type III non-funter the number of supported	inctionally integrated	supporting organization	١.				
g		ovide the following informatio							
	i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the tion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)	-								
<u> </u>	_								
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		
Cale	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)					,	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see in:	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and						►
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20			ne 11, column (f))		%
15	Public support percentage from :	2020 Schedule A,	Part II, line 14.			15	%
16a	33-1/3% support test—2021. If the and stop here. The organization	ne organization d qualifies as a pul	id not check the b	oox on line 13, an rganization	d line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test—2020. If the and stop here. The organization	e organization die qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 33	3-1/3% or more, c	heck this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this I	pox and stop here	 Explain in Part ' 	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a f-circumstances to	ind-circumstances est. The organiza	s test, check this l tion qualifies as a	oox and stop here publicly supporte	e. Explain in Part ' d organization	VI how the □
18	Private foundation. If the organiz	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check thi	is box and see ins	structions >

BAA

Schedule A (Form 990) 2021

BAA

Sche	dule A (Form 990) 2021	DOWNTOWN	I OXNARD IMI	PROVEMENT AS	SSOCIATION	37-1989	012	Page 3
Par	(Complete only if you che	cked the box on li	ne 10 of Part I or	if the organizatio	(a)(2) in failed to qualify	under Part II.	. If th	e organization
	fails to qualify under the t	ests listed below,	please complete	Part II.)				
	tion A. Public Support	1			1		 -	
	lar year (or fiscal year beginning in) F Gifts, grants, contributions,	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	\dashv	(f) Total
•	and membership fees received. (Do not include						i	
	any 'unusual grants.')				110,218.	4,23	4.	114,452.
2	Gross receipts from admissions,							,
	merchandise sold or services performed, or facilities						- 1	
	furnished in any activity that is related to the organization's			į				
	tax-exempt purpose				291,085.	500,84	6.	791,931.
3	Gross receipts from activities							
	that are not an unrelated trade or business under section 513							0.
4	Tax revenues levied for the						\neg	<u></u>
	organization's benefit and either paid to or expended on						1	
_	its behalf							0.
5	The value of services or facilities furnished by a							
	governmental unit to the organization without charge							0
6	Total. Add lines 1 through 5	0.	0.	0.	401,303.	505,08	<u>. </u>	906,383.
	Amounts included on lines 1,	<u> </u>	<u>.</u>	<u>o.</u>	401,303.	303,00	" 	200,303.
	2, and 3 received from disqualified persons	0.	ο.	0.	0.		0.	0.
b	Amounts included on lines 2	0.	J	<u>.</u>	<u>0.</u>		" 	<u> </u>
	and 3 received from other than							
	disqualified persons that exceed the greater of \$5,000 or						ŀ	
	1% of the amount on line 13 for the year						ا ۸	•
	Add lines 7a and 7b	0.	0. 0.	0.	0.		0. 0.	0. 0.
_	Public support. (Subtract line						0.	
	7c from line 6.)	一次,并是不是非	新大路基础的	學是自然實	多基本定义		r.	906,383.
	tion B. Total Support	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(a) 2021	—т	/O Total
	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2017	(b) 2018 0.	0.	401,303.	(e) 2021 505, 08	. 	(f) Total 906, 383.
	Gross income from interest, dividends,	0.	0.	0.	401,303.	303,00	٠.	900,383.
	payments received on securities loans,							
	rents, royalties, and income from similar sources.							0.
b	Unrelated business taxable income (less section 511							<u></u>
	taxes) from businesses							
_	acquired after June 30, 1975 Add lines 10a and 10b						${}$	0.
11	Net income from unrelated business	0.	0.	0.	0.		<u>0. </u>	0.
• •	activities not included on line 10b,						l	
	whether or not the business is regularly carried on	1						0.
12	Other income. Do not include							
	gain or loss from the sale of capital assets (Explain in Part VI.). SEE PART VI							
12					6,850.	19,65	<u>0. </u>	26,500.
13	Total support. (Add lines 9, 10c, 11, and 12.)	0.	0.	0.	408,153.	524,73	0.	932,883.
14	First 5 years. If the Form 990 is	for the organization		third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	organization, check this box and tion C. Computation of Pu					· · · · · · · · · · · · · · · · · · ·	<u></u>	<u>A</u>
	Public support percentage for 20			ine 13 column (f)	<u> </u>		15	%
	Public support percentage from		• • • •		=		16	
	tion D. Computation of Inv							
17	Investment income percentage f				umn (f))		17	%
18	Investment income percentage f						18	olo
19a	33-1/3% support tests—2021. If	the organization d	lid not check the	box on line 14, ar	nd line 15 is more	than 33-1/3%	, and	d line 17
	is not more than 33-1/3%, check	л инь рох апа 5to !	p nere. The organ	nzation qualifies a	as a publicly SUPP	orteu organiza	auOΠ.	

line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.... 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions............

b 33-1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was 2 described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below. 3a b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was 5a accomplished (such as by amendment to the organizing document). b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes.' complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI. 9a b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI. 9b c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' 10a answer line 10b below. b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

whether the organization had excess business holdings.)

			37-1989012		F	age 5
Pai	rt IV Supporting Organizations	(continued)				
11	Has the organization accepted a gift or o	contribution from any of the following persons?	T.		Yes	No
	a A person who directly or indirectly controls.	either alone or together with persons described on lines 11b and 11c b	elow,			SCO.
	the governing body of a supported organ		 	1a		ļ
	b A family member of a person described		 	1b		
		ne 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.		1c		
Sec	ction B. Type I Supporting Organi	zations			Yes	No
1	or more supported organizations have the officers, directors, or trustees at all times organization(s) effectively operated, supthan one supported organization, describ	governing body, officers acting in their official capacity, or membrate power to regularly appoint or elect at least a majority of the orgs during the tax year? If 'No,' describe in Part VI how the supporte ervised, or controlled the organization's activities. If the organization how the powers to appoint and/or remove officers, directors, or anizations and what conditions or restrictions, if any, applied to so	anization's ed on had more trustees uch powers	1		
2	that operated, supervised, or controlled	efit of any supported organization other than the supported organithe supporting organization? If 'Yes,' explain in Part VI how providupported organization(s) that operated, supervised, or controlled to	ling such	2		
Sec	ction C. Type II Supporting Organ	izations				
			N _i s.	. 2 7	Yes	No
1	of each of the organization's supported of	ors or trustees during the tax year also a majority of the directors or trustorganization(s)? If 'No,' describe in Part VI how control or manage be same persons that controlled or managed the supported organization.	ment of the	1		
Sec	ction D. All Type III Supporting Or	ganizations				
1	organization's tax year, (i) a written notice year, (ii) a copy of the Form 990 that wa	ts supported organizations, by the last day of the fifth month of the ce describing the type and amount of support provided during the s most recently filed as of the date of notification, and (iii) copies ffect on the date of notification, to the extent not previously provided.	prior tax of the	1	Yes	No
2	organization(s) or (ii) serving on the gov	directors, or trustees either (i) appointed or elected by the support erning body of a supported organization? If 'No,' explain in Part V continuous working relationship with the supported organization(s	I how 📑	2		
3	voice in the organization's investment po	ine 2, above, did the organization's supported organizations have a sig olicies and in directing the use of the organization's income or assescribe in Part VI the role the organization's supported organization	nificant ets at ns played	3		
Sec	ction E. Type III Functionally Integ	rated Supporting Organizations				
ŧ	The organization satisfied the Activit	organization used to satisfy the Integral Part Test during the year (see in ies Test. Complete line 2 below. The of its supported organizations. Complete line 3 below. The organization of the importance of th	ŕ	ıstrı	ıction	s).
2	Activities Test. Answer lines 2a and 2b l	below.		1	Yes	No
ā	supported organization(s) to which the orga organizations and explain how these ac	activities during the tax year directly further the exempt purposes nization was responsive? If 'Yes,' then in Part VI identify those support tivities directly furthered their exempt purposes, how the organizations, and how the organization determined that these activities co	ted tion was nstituted	2a		
ł	more of the organization's supported org	bove, constitute activities that, but for the organization's involvementation(s) would have been engaged in? If 'Yes,' explain in Part that its supported organization(s) would have engaged in these activities.	VI the ivities	2b		
3	Parent of Supported Organizations. Ans	wer lines 3a and 3b below.				
ā	• • • • • • • • • • • • • • • • • • • •	egularly appoint or elect a majority of the officers, directors, or tru' 'Yes' or 'No,' provide details in Part VI.	istees of	3a		Species Liberary
t	b Did the organization exercise a substantial of supported organizations? If 'Yes,' descri	degree of direction over the policies, programs, and activities of each o be in Part VI the role played by the organization in this regard.		3b		Sea 4.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N	ov. 20, 1970 (explain in st complete Sections A	Part VI). See through E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4	时学验》望台 表	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting org	anization
BAA			Sche	dule A (Form 990) 2021

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cont	tinued)	
Sec	tion D — Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2021 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — explain in Part VI). See instructions.		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3 Excess distributions carryover, if any, to 2021			
a From 2016	司事行政。	· 14.4 10.4 10.4 10.4 10.4 10.4 10.4 10.4	
b From 2017			可能可能可能从企 可
c From 2018			
d From 2019			BEING SEPTIME
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years		(2) (3)	
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.	3 C. CO (1980) 7 C.		基础(基础)
8 Breakdown of line 7:			建设是产业
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020		医线性的多类 (2010)	
e Excess from 2021			

BAA

Schedule A (Form 990) 2021

37-1989012

Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2021	 2020	2019	2018	2017
RENTAL INCOME STATE COMPENSATION INS		\$ 6,850.			
TOTA	1,130. L \$ 19,650.	\$ 6,850.	\$ 0.	\$ 0.	\$ 0.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Name of the organization DOWNTOWN OXNARD IMPROVEMENT ASSOCIATION

_					89012	
Par	t Organizations Maintaining Donor A	dvised Funds or Othe	er Similar Fui	nds or Accounts.		
	Complete if the organization answer	ed 'Yes' on Form 990	, Part IV, line	6.		
		(a) Donor advised f	unds	(b) Funds and	d other acc	ounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year				•••	
5	Did the organization inform all donors and donor are the organization's property, subject to the organization	advisors in writing that the anization's exclusive legal (assets held in de	onor advised funds	Yes	No
6	Did the organization inform all grantees, donors, a for charitable purposes and not for the benefit of impormissible private benefit?	lhe donor or donor advisor.	or for any other	purpose conferring	 □Yes	□ No
	impermissible private benefit?			***************************************	163	
Par	Conservation Easements.	od 'Voc' on Form 990	Part IV line	7		
-	Complete if the organization answer			<u> </u>		
1	Purpose(s) of conservation easements held by the	•	<u></u>	ing of a biotonically in		
	Preservation of land for public use (for example,	recreation or education)	□	on of a historically im	-	
	Protection of natural habitat		Preservat	on of a certified histo	ric structur	е
_	Preservation of open space					
2	Complete lines 2a through 2d if the organization held last day of the tax year.	a qualified conservation cont	ribution in the for			· · · · · · · · · · · · · · · · · · ·
				(1-100 MH-14-0)	e End of the	ne Tax Year
-	Total number of conservation easements					
	Total acreage restricted by conservation easemen					
	Number of conservation easements on a certified			 		
	Number of conservation easements included in (c structure listed in the National Register			2d		
3	Number of conservation easements modified, transfer tax year ▶	red, released, extinguished, o	or terminated by t	he organization during	lhe	
4	Number of states where property subject to conservat			_		
5	Does the organization have a written policy regard and enforcement of the conservation easements i	ding the periodic monitoring tholds?	g, inspection, ha	ndling of violations,	Yes	No
6	Staff and volunteer hours devoted to monitoring, insper-	ecting, handling of violations,	and enforcing co	nservation easements of	during the y	ear ear
7	Amount of expenses incurred in monitoring, inspecting ►\$	g, handling of violations, and	enforcing conser	vation easements durin	g the year	
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the rec	quirements of se	ction 170(h)(4)(B)(i)	Yes	☐ No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements.	conservation easements in ne organization's financial s	n its revenue an statements that o	d expense statement describes the organiza	and baland tion's acco	ce sheet, an ounting for
Par	Organizations Maintaining Collection Complete if the organization answer	ons of Art, Historical red 'Yes' on Form 990	Treasures, or , Part IV, line	Other Similar As 8.	sets.	
1 a	If the organization elected, as permitted under FA historical treasures, or other similar assets held for Part XIII the text of the footnote to its financial state.	or public exhibition, educati	on, or research	atement and balance in furtherance of publ	sheet wor ic service,	ks of art, provide in
b	If the organization elected, as permitted under FA historical treasures, or other similar assets held for puriodlowing amounts relating to these items:	SB ASC 958, to report in it ublic exhibition, education, or	s revenue stater research in furthe	ment and balance she erance of public service	et works o , provide th	f art, e
	(i) Revenue included on Form 990, Part VIII, line	1		>	\$	
	(ii) Assets included in Form 990, Part X			▶	\$	
2	If the organization received or held works of art, histo amounts required to be reported under FASB ASC	rical treasures, or other simila	ar assets for finar			-
а	Revenue included on Form 990, Part VIII, line 1				\$	
	Assets included in Form 990, Part X			▶:		

Part III Organizations Mainta	ining Cone	CHOITS OF	AIG HISK	meal III	casules, or	Ottier Sittiliai A	133613	5 (001	mnue	=u/
3 Using the organization's acquisition items (check all that apply):	n, accession, a	nd other rec		-	_	ake significant use o	f its coll	ection		
a Public exhibition			d Loan	or exchanç	ge program					
b Scholarly research			e Other							
c Preservation for future gener	rations									
4 Provide a description of the organiz Part XIII.	zation's collecti	ons and exp	lain how they	further the	organization'	s exempt purpose in				
5 During the year, did the organiza to be sold to raise funds rather t	han to be mai	ntained as	part of the o	rganizatio	n's collection	?	🔲	Yes		No
Part IV Escrow and Custodia line 9, or reported an	I Arrangem amount on	nents. Co Form 99	mplete if t 0, Part X,	he orgar line 21.	nization an	swered 'Yes' on	Form	990,	Part ——	i IV,
1 a Is the organization an agent, true on Form 990, Part X?					outions or oth	er assets not includ	ed	Yes		No
b If 'Yes,' explain the arrangement	in Part XIII a	nd complet	e the followi	ng table:						
							Am	ount		
c Beginning balance						1c				
d Additions during the year						1 d				
e Distributions during the year						1e				
f Ending balance						1f				
2 a Did the organization include an a	mount on Fo	m 990, Par	t X, line 21,	for escrov	v or custodial	account liability?		Yes		No
b If 'Yes,' explain the arrangement	in Part XIII.	Check here	if the explar	nation has	been provide	d on Part XIII			[j
Bart Val Endowment Funds C	omplete if	the erger	ization an	cworod	'Voc' on Fo	orm 000 Port IV	lino	10		
Part V Endowment Funds. C										
4 - Davissian of was believe	(a) Current	year	(b) Prior year	(C) Two years back	(d) Three years b	ack	(e) Fou	r years	Dack
1 a Beginning of year balance					·					
b Contributions										
c Net investment earnings, gains, and losses										
d Grants or scholarships										
e Other expenditures for facilities and programs										
f Administrative expenses										
g End of year balance										
Provide the estimated percentag	e of the curre	nt year end	balance (lin	e 1g, colu	mn (a)) held	as:				
a Board designated or quasi-endowm	ent >		%							
b Permanent endowment ►	%		_							
c Term endowment ►	%									
The percentages on lines 2a, 2b, a	nd 2c should e	qual 100%.								
3 a Are there endowment funds not in to organization by:	he possession	of the organ	nization that a	are held and	d administered	for the		Г	res	No
(i) Unrelated organizations							[3	a(i)		
(ii) Related organizations							_	a(ii)	\neg	
b If 'Yes' on line 3a(ii), are the rela								3b		
4 Describe in Part XIII the intended	-						ــا			
Part VI Land, Buildings, and			13 CHOOMING	one ranas.						
Complete if the organ			es' on Forr	n 990. F	Part IV. line	: 11a. See Form	990.	Part :	X. Iir	າe 10.
Description of property		(a) Cost or	other basis tment)	(b) Cos	st or other s (other)	(c) Accumulated depreciation		(d) Bo		
1 a Land		((01.0.)	1 15 Mar (1 200 0)	Ale			
b Buildings						A STATE OF THE STA	<u> </u>			
c Leasehold improvements										
d Equipment							+			
e Other.							+			
Total. Add lines 1a through 1e. (Colum		wal Form C	OOD Part V	column 12	\ line 10= \		•			
RAA	ııı (u) must et	juai rorm S	JOU, MAIL A, C	Joiurnn (B)), iiile 100.)		hedule	D (For	m 000°	0.

Part VII Investments — Other Securities.	UVI F 00	N/A	00 David V. II.a. 10
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(D)			· · · · · · · · · · · · · · · · · · ·
(C) (D) (E)			
(F)			
(F)			
(F) (G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments - Program Related.		N/A	The second secon
Complete if the organization answered		0, Part IV, line 11c. See Form 9	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)	1		
(5)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(6)			
(7)			
(8)			
(9)			
(10)	. ,		vertag teksepengapan
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets.	N/A		
Complete if the organization answered	∐Yes' on Form 99	0, Part IV, line 11d. See Form 9	90, Part X, line 15.
	scription		(b) Book value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)	rate de Printers au 1917		
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (b)	3) line 15.)	······	
Part X Other Liabilities.	arm 000 Dart IV line 1	1a or 11f Con Form 000 Port V line 2F	
Complete if the organization answered 'Yes' on F 1. (a) Descri	iption of liability	1e of 111. See Form 550, Fart A, line 25.	(b) Book value
(1) Federal income taxes	- Industry		(b) book value
(2) PAYROLL LIABILITIES			2,454.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			811 ,55 S
(10)			10. h
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)		-	2,454.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the for			
tax positions under FASB ASC 740. Check here if the text of the footnote has			

Part XI Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Re	eturn. N/A
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2 a	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
b Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Part XII Reconciliation of Expenses per Audited Financial Statemer	its With Expenses per	Return. N/A
Complete if the organization answered 'Yes' on Form 990, P.	art IV, line 12a.	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2 a	
b Prior year adjustments	2 b	
c Other losses	2 c	
d Other (Describe in Part XIII.).	2 d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b Other (Describe in Part XIII.).		Parameter and the second secon
c Add lines 4a and 4b.		4 c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5
Part XIII Supplemental Information.		' '

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA

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.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

DOWNTOWN OXNARD IMPROVEMENT ASSOCIATION

Employer identification number 37–1989012

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

BUSINESS AND PROPERTY OWNERS IN THE DOWNTOWN OXNARD AREA ARE MEMBERS AND MAY NOMINATE MEMBERS TO SERVE AS OFFICERS IN THE ORGANIZATION.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE EXECUTIVE DIRECTOR PRESENTS THE FORM 990 TO THE BOARD OF DIRECTORS REVIEWS THE RETURN PRIOR TO THE FORM BEING FILED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUND-
	TOTAL	SERVICES	& GENERAL	<u>RAISING</u>
CIVIL SIDEWALKS MAINTENANCE	230,000.	230,000.		
CIVIL SIDEWALKS SECURITY DISTRICT IDENTITY AGENCY	68,750.	68,750.		
PAYROLL EXPENSES	36,000. 929.	36,000. 186.	743.	
TOTAL	\$ 335,679.	\$ 334,936.	\$ 743.	\$ 0.

and the second of the second o

FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

CLIENT 12161

DOWNTOWN OXNARD IMPROVEMENT ASSOCIATION

37-1989012

49PM

/(5/23	12:4
	DOWNTOWN OXNARD IMPROVEMENT ASSOCIATION DID NOT ISSUE W-2S FOR 2021. W-2 WAGES REPORTED FOR 2021 INCLUDED IN THE CURRENT FISCAL YEAR WERE ALLOCATED FROM ANOTHER NON-PROFIT. DOWNTOWN OXNARD WILL ISSUE W-2S FOR WAGES REPORTED AND PAID IN THE CALENDAR YEAR 2022.	

2021	2021 CALIFORNIA 199 TAX SUMMARY				
CLIENT 12161	DOWNTOWN OXNARD IMPRO	VEMENT ASSOCIA	TION	37-1989012	
5/05/23				12:49 PM	
		2021	2020	DIFF	
TOTAL GROSS RE		528,998 4,234 533,232 0 533,232	297,935 100,218 398,153 0 398,153	231,063 -95,984 135,079 0 135,079	
	S OVER EXPENSES	499,458 33,774	288,115 110,038	211,343 -76,264	
	•••••••	0	0	0 0	

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2021 California Exempt Organization Annual Information Return



FORM 199

Calendar Ye	ear 2021 or fiscal year beginning (mm/dd/yyyy) 12/01/2021	and ending (m	m/dd/yyyy) 11/30/	(2022)
	ganization name		11/30/		alifornia corporation number
	NN OXNARD IMPROVEMENT ASSOCIATION mation. See instructions.				660308
					7-1989012
Street address	(suite or room)		····	PN	MB no.
	JTH C STREET				
City		l l	tate		p code 13030
OXNARD Foreign country	/ Dame		CA oreign province/state/county		oreign postal code
· orangir counti	, numb		ordigir provincerolates deality	1	Torgit postal dodo
B Amended C IRC Section D Final info Enter date Check acc 1 X C F Federal re 4 Oth G Is this a g H Is this org	Sash 2 Accrual 3 Other eturn filed? 1 • 990T 2 • 990-PF 3 • Sch H (990) er 990 series group filing? See instructions. • Yes X No ganization in a group exemption. Yes X No	not reported to the J if exempt under R8 organization engage See instructions K Is the organization if "Yes," enter the gnonmember source Is the organization taxable income? N is the organization audited in a prior y	a limited liability company? n file Form 100 or Form 109 under audit by the IRS or hear?	n 23701q \$ 9 to repo	Yes X No RS Yes X No
		Date filed with IRS			Yes X No
Part I	Complete Part I unless not required to file this form. See Gen			- 1	
	1 Gross sales or receipts from other sources. From Side 2,				528,998.
Receipts and	2 Gross dues and assessments from members and affiliate		_	2	4,234.
		Gross contributions, gifts, grants, and similar amounts received			
Revenues	4 Total gross receipts for filing requirement test. Add line 1				
	This line must be completed. If the result is less than \$5		al Information B ●	4	533,232.
	5 Cost of goods sold			100	
	6 Cost or other basis, and sales expenses of assets sold				
	7 Total costs. Add line 5 and line 6			7	
	8 Total gross income. Subtract line 7 from line 4			8	533,232.
Expenses	9 Total expenses and disbursements. From Side 2, Part II,			9	499,458.
·	10 Excess of receipts over expenses and disbursements. Su	btract line 9 from	line 8 ●	10	33,774.
	11 Total payments		• • • • • • • • • • • • • • • • • • • •	11	
	12 Use tax. See General Information K			12	
	13 Payments balance. If line 11 is more than line 12, subtra-			13	
Filing	14 Use tax balance. If line 12 is more than line 11, subtract	line 11 from line 1	12 •	14	
Fee	15 Penalties and interest. See General Information J			15	
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the res	sult	⊙	16	0.
				of my k	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including according according and complete. Declaration of preparer (other than taxpayer) is based on all tritle.	information of which pre	eparer has any knowledge. IDate		
11010	Signature	TUE DID	Date	_ I ~	Telephone
	[EXECUT	Date	Check if	.	05-385-2705 PTIN
Paid	Preparer's Signature MICHAEL FARRELL	5/5/7	self· employed ►	7 I T	01070806
Preparer's	DECKED EXPORT C MCCOV IID		, , ,	1	Firm's FEIN
Use Only	Firm's name (or yours, if self-employed)	***		\Box 4	7-1222587
	and address CAMARILLO, CA 93010			10	Telephone
				8	05-910-1441
	May the FTB discuss this return with the preparer shown above	e? See instruction	ns		X Yes No



CACA1112L 01/04/22



DOWNTOWN OXNARD IMPROVEMENT ASSOCIATION

Part || Organizations with gross receipts of more than \$50,000 and private foundations

Par	t II		rdless of amount of gross receipts of						
		1	Gross sales or receipts from all					1	
		2	Interest					2	
		3	Dividends					3	
Rece		4	Gross rents					4	18,520.
from		5	Gross royalties					5	20,000.
Soul	ces	6	Gross amount received from sal					6	
		7	Other income. Attach schedule.						510,478.
		8	Total gross sales or receipts from other					8	528,998.
		9	Contributions, gifts, grants, and similar a					9	320, 330.
		10	Disbursements to or for member					\vdash	
		11	Compensation of officers, direct						CC ECE
		105005	Other salaries and wages					12	66,565.
Expe	enses	12							24,392.
and		13	Interest					13	0.005
men	urse- ts	14	Taxes					14	8,335.
		15	Rents.					15	23,400.
		16	Depreciation and depletion (See					16	
		17	Other expenses and disburseme						376,766.
		18	Total expenses and disbursements. Add					18	499,458.
Sch	edule	<u> L</u>	Balance Sheet	Beginning of t	laxab	le year		d of taxab	ole year
Asse				(a)		(b)	(c)		(d)
1				3/ - Hadda (4)		110,038.	or a mittalia	•	146,266.
2			receivable						
3			eivable					•	
4 5	5 28 a 505 9 7000 16 9000 700							•	
6			in other bonds					•	
-			in stock	BOTHER STREET, STATE OF THE STA				•	
7								•	
8			ns						
9			nents. Attach schedule	100				10.00	
	3.5		assets						
			lated depreciation					1.1.1.1 o	
11								•	
12			Attach schedule	CALLEGE STATE		110 020			146 266
13						110,038.			146,266.
			net worth					•	
14			able						
15			, gifts, or grants payable						
16			otes payable	The plant was the foregoing the property of th			A STATE OF THE STA	•	
17	Mortga	ges pa	ayable					•	
18			es. Attach schedule						2,454.
19			or principal fund					0	
20			pital surplus. Attach reconciliation			110 020		•	142 010
21 22			nings or income fundings or income fund	104 CHR 8 4 4 4 4 4 6 4 6 4		110,038.			143,812. 146,266.
	edule								140,200.
SCII	eauie	: 141-	Do not complete this schedul				(d) is less than	\$50,000	
1	Net inc	ome n	er books		,		books this year not inc		
2			ne tax)	1		h schedule	A CONTRACTOR OF THE PARTY OF TH	
3			oital losses over capital gains)	8	Deductions in this		5901	
4		100	ecorded on books this year.			against book incom			
			ule		1				
5			orded on books this year not deducted		9		nd line 8		
			. Attach schedule		10	Net income per			医性性病病 人名拉尔
6	Total. A	Add lin	ne 1 through line 5	33,774.		Subtract line 9	from line 6		33,774.

059 3652214 Side 2 Form 199 2021 CACA1112L 01/04/22

2021	CALIFORNIA STATEMENTS	PAGE 1
CLIENT 12161	DOWNTOWN OXNARD IMPROVEMENT ASSOCIATION	37-1989012
5/05/23		12:49PN
STATEMENT 1 FORM 199, PART II, LINE OTHER INCOME	57	
PROGRAM SERVICE REV	EVENTS. \$ ENUE INSURANCE. TOTAL	8,503. 500,846. 1,129. 510,478.
STATEMENT 2 FORM 199, PART II, LINE OTHER EXPENSES	E 17	
CIVIL SIDEWALKS CLEADISTRICT IDENTITY ENDISTRICT IDENTITY SIDUES AND SUBSCRIPTION EQUIPMENT LEASE	SAN SUPPLIES VENTS PONSORSHIP ONS FIT GATIONS ANCE TIES TOTAL \$\frac{5}{5}\$	850. 3,609. 8,167. 500. 1,865. 3,003. 500. 9,492. 720. 4,000. 335,679. 510. 57. 360. 7,454.

	199, SCHEDULE L, LINE 18 LIABILITIES	
PAYROL	L LIABILITIES	

	 <u>Z,454.</u>
TOTAL	\$ 2,454.

:

STATE OF CALIFORNIA RRF-1 (Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

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

WEBSITE ADDRESS: www.oag.ca.gov/charities



ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

		Check if:					
DOWNTOWN OXNARD IMPROVEMENT Name of Organization	NT AS	SSOCIATION	Change of address				
Name of Organization			Amended report				
List all DBAs and names the organization uses or has used							
519 SOUTH C STREET	State Charity	Registration Number CT0275321					
Address (Number and Street)							
OXNARD, CA 93030 City or Town, State, and ZIP Code			Corporation of	r Organization No. C4660308			
805-385-2705							
Telephone Number E	-mail Ad	dress	Federal Emplo	oyer ID No. <u>37-1989012</u>			
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice							
Total Revenue	Eee	Total Revenue	Fee	Total Revenue	E	ee	
Less than \$50,000	\$25	Between \$250,001 and \$1 millio	n \$100	Between \$20,000,001 and \$100 million	on \$8	300	
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 mill		Between \$100,000,001 and \$500 mill		-	
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 mil	llion \$400	Greater than \$500 million	\$1	1,200	
PART A – ACTIVITIES							
For your most recent full accounting	For your most recent full accounting period (beginning $12/01/21$ ending $11/30/22$) list:						
Total Revenue \$ (including noncash contributions) 533,232. Noncash Contributions \$ 0. Total Assets \$ 146,266.							
Program Expenses	\$	367,927.	Total Expenses	s \$ <u>499,458.</u>			
PART B – STATEMENTS REGAI	RDING	G ORGANIZATION DURING	THE PERI	OD OF THIS REPORT			
Note: All questions must be answered. providing an explanation and deta	If you a	answer "yes" to any of the questi each "yes" response. Please rev	ons below, yo riew RRF-1 ins	u must attach a separate page tructions for information required.	Yes	No	
1 During this reporting period, were there officer, director or trustee thereof, either directors.	e any o	contracts, loans, leases or other financial r with an entity in which any such	transactions betwo	veen the organization and any or trustee had any financial interest?		X	
2 During this reporting period, was there	any th	neft, embezzlement, diversion or	misuse of the	organization's charitable property or funds?		X	
3 During this reporting period, were any	organi	zation funds used to pay any pen	alty, fine or jud	dgment?		X	
4 During this reporting period, were the coventurer used?	service	es of a commercial fundraiser, fundrais	sing counsel fo	or charitable purposes, or commercial		X	
5 During this reporting period, did the or	ganiza	tion receive any governmental fu	nding?			X	
6 During this reporting period, did the or	ganiza	tion hold a raffle for charitable pu	ırposes?			X	
7 Does the organization conduct a vehicle	le dona	ation program?				X	
8 Did the organization conduct an independent of the property accepted accounting principal prin	endent es for t	audit and prepare audited finance this reporting period?	ial statements	in accordance with		X	
9 At the end of this reporting period, did	the or	ganization hold restricted net assets,	while reporting	negative unrestricted net assets?		X	
I declare under penalty of perjury that I I and belief, the content is true, correct ar	nave ex	xamined this report, including ac aplete, and I am authorized to sig	companying o	documents, and to the best of my kno	owled	ge	
	ABEI	L MAGANA	EXECUTIVE	DIR.			
Signature of Authorized Agent	Printed		Title	Date			

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the 2	021 calend	dar year, or tax year	beginning 12	2/01	, 2021,	and ending	11/.	30	,	20 2022		
В	Check if app	licable:	С	-					D Employ	er identi	fication number		
	Address	s change	DOWNTOWN OXNA	ARD IMPROV	MEMENT ASS	OCIATION			37-1	19890	012		
	Name o		519 SOUTH C S						E Telepho				
	Initial r	-	OXNARD, CA 93						805.	-385-	-2705		
	H								- 003	303	2705		
	\vdash	rn/terminated									÷		
	\vdash	ed return					1	V-> la His	G Gross re a group return			7,232.	
	Applica	ition pending	F Name and address of p	orincipal officer: A	BEL MAGAN	A	1				ļ.,	H-1	
			SAME AS C ABO					If "No,"	subordinates attach a list.	See inst	I? tructions.	i ∐ No	
1	Tax-exem	pt status:	X 501(c)(3) 501(c) ()◀	(insert no.)	4947(a)(1) or	527						
J	Websit	e:► WW	W. DOWNTOWNOXN	ARD.ORG				(c) Group	exemption nu	mber 🟲			
K	Form of o	rganization:	X Corporation Trus	t Associatio	n Other►	LY	ear of formation	n: 202	1 Ms	tate of le	gal domicile: C	A	
Pa	rt I 🔠 S	Summar	v			· · · · · · · · · · · · · · · · · · ·							
			be the organization's	mission or mo	st significant a	ctivities: TO	ENHANCE	AND	PROMOT	THI	E DOWNTO	VN	
_			ISTRIČT AS TH										
Governance		MMUNIT		= 2-2-2-1								<u></u>	
naf													
Ver	2 Che	ock this ho	if the organ	ization discont	inued its opera	tions or dispo	osed of mor	e than 2	5% of its	net ass	sets		
Go			ting members of the									13	
∘ಶ			dependent voting me							4	• • • • • • • • • • • • • • • • • • • •	13	
ies	5 Tot	al number	of individuals employ	yed in calenda	r year 2021 (Pa	art V, line 2a)				5		0	
Activities &	6 Tot	al number	of volunteers (estimate	ate if necessar	y)					6		55	
Act	7a Tot	al unrelate	ed business revenue	from Part VIII,	column (C), lin	e 12	<i></i>			7a		0.	
-	b Net	unrelated	business taxable inc	come from For	m 990-T, Part I	, line 11				7b		0.	
								Р	rior Year		Current '	rear r	
	8 Cor	ntributions	and grants (Part VIII	l, line 1h)					100,2	18.	-	1,234.	
ŭ	9 Pro	gram serv	ice revenue (Part VII	I, line 2g)					291,0			7,846.	
Revenue			come (Part VIII, colu									, , , , , ,	
æ			e (Part VIII, column (6,8	50.	28	3,152.	
			- add lines 8 through					-	398,1			3,232.	
			milar amounts paid (<u>, = = - :</u>	
			to or for members (F					<u> </u>					
		-	er compensation, em					46,686.			10	3,292.	
S				-	•			40,080.			10.	0, 232.	
ins.			fundraising fees (Par			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •	Late the parisment	g the same or ways of Tay 1 and	a Same	Andreal Management (Mineser)	Constitution and the	
Expenses	b Tot	al fundrais	sing expenses (Part I	X, column (D),	line 25) ►			防御器的			海滩经路边域 着5		
W	17 Oth	er expens	es (Part IX, column ((A), lines 11a-	11d, 11f-24e)				241,4	29.	390	5,166.	
	18 Tot	al expense	es. Add lines 13-17 (i	must equal Pa	rt IX, column (A	A), line 25)			288,1			7,458.	
	19 Rev	enue less	expenses. Subtract	line 18 from lin	ne 12				110,0			3,774.	
2 8			·					Regionia	ng of Curren		End of Y		
Not Assets o Fund Balance	20 Tot	al assets (Part X, line 16)						110,0			5,266.	
Bal	21 Tot		s (Part X, line 26)							0.		2,454.	
dot,	22 Net		fund balances. Subt					 	110,0			3,812.	
				ract line 21 ito	III IIIIC 20		· · · · · · · · · · · · · · · · · · ·	<u> </u>	110,0	30.	14.	0,012.	
		Signatur											
Unde	er penalties o olete. Declari	of perjury, I de ation of prepa	clare that I have examined to rer (other than officer) is bat	this return, includin sed on all informati	g accompanying sch on of which preparei	edules and staten has any knowled	nents, and to th Ige.	e best of m	iy knowledge	and belie	et, it is true, corre	ct, and	
													
C .		Signatu	re of officer					l_ Da	ate				
Sig He	jn									\TD			
пе	i C		L MAGANA print name and title					EXEC	UTIVE I	λτκ.			
			·	Brance	signatura		Date		I	Т., Т	PTIN		
			reparer's name		signature	<u>.</u>	Date 5/5/7	7	Check _	J"		_	
Pai			L FARRELL		EL FARREL	<u>L</u>	17,716	<u> </u>	self-employe	ed .	P0107080	<u> </u>	
	parer	Firm's name											
US	e Only	Firm's addre	ess • 400 W VEN						Firm's EIN		-1222587		
		<u></u>	CAMARILLO	<u> </u>					Phone no.		-910-1441		
May	the IRS	discuss th	is return with the pre	parer shown a	bove? See inst	ructions				• • • • • •	X Yes	No	

BAA

Page 3

			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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	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? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		+	
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a		Х
	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
,	c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		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		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a		Х
İ	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
!	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		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		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? If 'Yes,' complete Schedule F, Parts III and IV.	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
ŧ	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х

Form 990 (2021) DOWNTOWN OXNARD IMPROVEMENT ASSOCIATION

[Part IV | Checklist of Required Schedules (continued)

	Checklist of Required Schedules (Continued)			,
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	Yes	No X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
24	a 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 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
1	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		х
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 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
	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):			
ä	A Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŧ	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
(A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If Yes,</i> ' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 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, III, or IV, and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	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		Х
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t W. Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	ri i		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	25.00/01/0

Form 990 (2021) DOWNTOWN OXNARD IMPROVEMENT ASSOCIATION

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

			Yes	No
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	100	Hilly	
-	ments, filed for the calendar year ending with or within the year covered by this return 2a			
1	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	技能		
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
1	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O	3 b		
4	a 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)?	4 a		X
1	b If 'Yes,' enter the name of the foreign country►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 8	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
ā	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
ı	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c		X
	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?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ŀ	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Form 1098-C?. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	/ n	100	N 650 E
	organization have excess business holdings at any time during the year?	8	255 (30 (34))	
9	Sponsoring organizations maintaining donor advised funds.		Files.	1313-1
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a	2000000000000	
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		-
10	Section 501(c)(7) organizations. Enter:			
	a 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 10b			
11	Section 501(c)(12) organizations. Enter:			1
á	a Gross income from members or shareholders			
i	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
ł	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ā	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note: See the instructions for additional information the organization must report on Schedule O.		1	
ł	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			
(Enter the amount of reserves on hand			
14 a	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ł	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule Q	14b		
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		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If 'Yes,' complete Form 4720, Schedule O.	A		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		0.5000	

Form 990 (2021) DOWNTOWN OXNARD IMPROVEMENT ASSOCIATION 37-1989012 Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year..... 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 Enter the number of voting members included on line 1a, above, who are independent.... 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 4 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? SEE SCHEDULE 0 Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a X a The governing body?.... X **b** Each committee with authority to act on behalf of the governing body? Яh 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... X 10 a 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? 10 b 11 a X 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...... Х 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?..... 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on 12 c X 13 Did the organization have a written whistleblower policy?..... 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15 a X b Other officers or key employees of the organization..... 15 b 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?..... 16 a 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? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O

State the name, address, and telephone number of the person who possesses the organization's books and records

ABEL MAGANA 519 SOUTH C STREET OXNARD CA 93030 805-385-2705

Form 990 (2021)	DOMNTOWN	OXNARD	TMPROVEMENT	ASSOCTATION
1 01111 220 (2021)	DOMIN TOMAIN	UNINALD	THEUDARHENT	AGGOULTALION

37-1989012

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

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

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

- 1 a 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, 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.

	1	(C)								
(A) Name and title		thar	n one l s both	box, an o	unles fficer truste		on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) ABEL MAGANA	40									
EXECUTIVE DIR.	0			Х				65,565.	0.	0.
(2) STEVE HUBER	2									
CHAIRMAN	0	Х		X				0.	0.	0.
(3) OSBALDO LOPEZ	2]								
VICE CHAIR	0	Х		X				0.	0.	0.
(4) CLAYTON COATES	2					1				
TREASURER	0	Х		X				0.	0.	0.
(5) VYTO ADOMATIS	2	ļ								
SECRETARY	0	X		X				0.	0.	0.
(6) GARY BLUM	2									
DIRECTOR	0	Х	Ш					0.	0.	0.
O LORENZO CASTILLO	2									
DIRECTOR	0	Х				<u> </u>		0.	0.	0.
(8) LUIS HERNANDEZ	2									
DIRECTOR	0	Х						0.	0.	0.
_(9)_TIFFANY_LOPEZ	2									
DIRECTOR	0	X						0.	0.	0.
(10) MATT MANSI	2							_		
DIRECTOR	0	X		_		\sqcup		0.	0.	0.
(11) VICTOR MELCHOR	2								_	
DIRECTOR	0	Х	\sqcup			Ш		0.	0.	0.
(12) ALFREDO PLASENCIA	2		1					_		_
DIRECTOR	0	Х						0.	0.	0.
(13) KIMBERLY RECHARTE	2				,			_	_	_
DIRECTOR	0	X	$\vdash \dashv$	_	<u> </u>	\sqcup	_	0.	0.	0.
(14) DOUG SPONDELLO	2	l		- 1						_
DIRECTOR	0	X	<u> </u>		L	<u> </u>		0.	0.	0.

Part VII Section A. Officers, Directors, Th	ustees,	ney	<u> </u>	uhi	oye	es,	and	a nighest con	ipensaleu Emp	loyees (continu	iea)
(A) Name and title	Average hours per	Position ge (do not check more than or s box, unless person is both					h an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amou	ınt
	week (list any hours for related organiza tions below dotted line)	or director		-		employee		the organization (W-2/1099-MISC/1099-NEC)	compensation from related organizations (W.2/1099). MISC/1099-NEC)	of other compensation fro the organization and related organizations	om
(15)											
(16)						-					
<u>(17)</u>											
(18)											••
(19)											
(20)		-							***************************************		
(21)											
(22)											
(23)											
(24)									• • • • • • • • • • • • • • • • • • • •		-
(25)											
1 b Subtotal								65,565.	0.		0.
c Total from continuation sheets to Part VII, Secti	on A						▶	0.	0.		0.
d Total (add lines 1b and 1c)							▶ .	65,565.	0.		0.
2 Total number of individuals (including but not limited from the organization ► 0							ved			ensation	<u> </u>
										Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such											X
4 For any individual listed on line 1a, is the sum o the organization and related organizations greate such individual.	f reportab er than \$1	le co 50,0	mpe 00?	ensa If '\	ition Yes,	and con	oth <i>ple</i>	er compensation te Schedule J for	from	200 CH 510 CH 51	X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes									individual	5-150 at 100 may 100	X
Section B. Independent Contractors	<i>5</i> , 00p.0									., - 1	
Complete this table for your five highest comper compensation from the organization. Report comper											
(A) Name and business add	ress							(B) Description (of services	(C) Compensation	
2 Total number of independent contractors (including I \$100,000 of compensation from the organization		ited to	o the	ose I	listed	abo	ve)	who received more	than		
PAA		TEEA	1100	00.0	22/21				1.38.0	Form 990 (2)	0211

Form 990 (2021) DOWNTOWN OXNARD IMPROVEMENT ASSOCIATION 37-1989012 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII. (A) Total revenue (B) (D) Related or Unrelated Revenue exempt business excluded from tax under sections 512-514 function revenue revenue 1 a Federated campaigns...... 1 a Contributions, Gifts, Grants, and Other Similar Amounts 1 b c Fundraising events..... 1 c d Related organizations..... 1 d e Government grants (contributions). 1 e f All other contributions, gifts, grants, and similar amounts not included above. . . . 1 f 4,234 q Noncash contributions included in 1 g h Total. Add lines 1a-1f..... 4,234 **Business Code** Program Service Revenue 500,846 500,846 f All other program service revenue... g Total. Add lines 2a-2f..... 500,846 Investment income (including dividends, interest, and other similar amounts)..... Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents. 6a 18,520 **b** Less: rental expenses 6b c Rental income or (loss) 6c 18,520. d Net rental income or (loss)..... 18,520 18,520 (i) Securities (ii) Other 7 a Gross amount from sales of assets 7a other than inventory b Less: cost or other basis 7b and sales expenses c Gain or (loss)..... 7c d Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 8a 8,503. b Less: direct expenses 86 c Net income or (loss) from fundraising events..... 8,503 9 a Gross income from gaming activities. See Part IV, line 19..... 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances..... 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous 900099 1,129 1,129 Revenue

d All other revenue..... e Total. Add lines 11a-11d....

Total revenue. See instructions.....

1,129

533,232

0

0

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a re				
	not include amounts reported on lines 7b, 8b, 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.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				2 日本 15 Gm 生物产以上
5	Compensation of current officers, directors, trustees, and key employees	66,565.	13,313.	53,252.	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.	0.	0.	0.
7	Other salaries and wages	24,392.	4,878.	19,514.	<u> </u>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,352.	1,070.	13,314.	
9	Other employee benefits	4,000.	800.	3,200.	
10	Payroll taxes	8,335.	1,667.	6,668.	
11	Fees for services (nonemployees):				
a	Management				
Ł	Legal				
	: Accounting	850.		850.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule OSCH.	335,679.	334,936.	743.	
1000000	40.00 Tex. 10 Cont. 1	720		720	
13	Office expenses.	720.		720.	
14	Information technology	500.		500.	
15	Royalties				
16	Occupancy.	23,400.		23,400.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	9,492.		9,492.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).				
ā	DISTRICT_IDENTITY_EVENTS	8,167.	8,167.		
	TELEPHONE AND UTILITIES	7,454.		7,454.	
	CIVIL SIDEWALKS CLEAN SUPPLIES	3,609.	3,609.		
	EQUIPMENT LEASE	3,003.		3,003.	
	All other expenses	3,292.	557.	2,735.	
25	Total functional expenses. Add lines 1 through 24e	499,458.	367,927.	131,531.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to	any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		110,038.	1	146,266.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	er officer, director, I contributor, or 35%			
					5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section			6	
	7	Notes and loans receivable, net			7	
ts	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges			9	
A	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a			
	b	Less: accumulated depreciation		TO THE STATE OF TH	10 c	
	11	Investments – publicly traded securities			11	
	12	Investments – other securities. See Part IV, line 11.	+		12	
	13	Investments – program-related. See Part IV, line 11.		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line	110,038.	16	146,266.	
-					4-7	
	17 18	Accounts payable and accrued expenses		17		
	19	Deferred revenue.	A STATE OF THE PROPERTY OF THE		19	
	20	Tax-exempt bond liabilities.	Satisfactory and the contract of the contract		20	
S	21	Escrow or custodial account liability. Complete Part I	REMEMBERS TO THE RESIDENCE OF THE PROPERTY OF		21	
iție	22					
Liabilities		Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor, or 35%	And the second program of the second	22	
-	23	Secured mortgages and notes payable to unrelated the	nird parties		23	
	24	Unsecured notes and loans payable to unrelated third			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	5. .	2	25	2,454.
	26	Total liabilities. Add lines 17 through 25		0.	26	2,454.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.				
a	27	Net assets without donor restrictions			27	
d B	28	Net assets with donor restrictions	reference to the result of the second contract	28	English Control	
Fun		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here ► X			
0	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipment	ALCO INCOME.		30	
155	31	Retained earnings, endowment, accumulated income		110,038.	31	143,812.
et /	32	Total net assets or fund balances	and the case of the control of the control of the case	110,038.	32	143,812.
ž	33	Total liabilities and net assets/fund balances		110,038.	33	146,266.
BA	Δ		TEEA0111L 09/22/21			Form 990 (2021)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				П	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	į	533,2	232.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	199,4	158.	
3	Revenue less expenses. Subtract line 2 from line 1	3			774.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	10,0	38.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))					
Pai	t XIII Financial Statements and Reporting			.43,8		
	Check if Schedule O contains a response or note to any line in this Part XII				П	
					No	
7	Accounting method used to prepare the Form 990: X Cash Accrual Other		_ [5]			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.					
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a				
t	Were the organization's financial statements audited by an independent accountant?		2 b		Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te		N/E	$\tilde{b}^{(n)}$	
	Separate basis Consolidated basis Both consolidated and separate basis		2.70			
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		* 5 Te			
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		Х	
ŧ	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
BAA	TEEA0112L 09/22/21		Forn	n 990 ((2021)	

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SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2021

Open to Public Inspection

iame c	of the organization					Employer identifica	ition number
DOW	NTOWN OXNARD IM	MPROVEMENT ASSOCIAT	'ION			37-198901	2
Part	t Reason for Pul	blic Charity Status. (All	organizations must	comple	ete this		
he c	organization is not a priv	vate foundation because it is:	(For lines 1 through 12,	check o	nly one	box.)	
1	A church, convention	of churches, or association of	churches described in sec	tion 1 70 (b)(1)(A)(i).	
2	A school described	in section 170(b)(1)(A)(ii). (A	ttach Schedule E (Form	990).)			
3	A hospital or a cool	perative hospital service orga	nization described in sec	ction 170	0(b)(1)(A	Xiii).	
4	A medical research	organization operated in con	junction with a hospital	describe	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's
	name, city, and sta	te:					
5	An organization ope	erated for the benefit of a coll (iv). (Complete Part II.)	lege or university owned	or oper	ated by	a governmental unit de	escribed in
6		local government or governm	nental unit described in s	ection 1	70(b)(1)	(A)(v).	
7	An organization that in section 170(b)(1)	normally receives a substantial (A)(vi). (Complete Part II.)	part of its support from a	governm	ental uni	t or from the general pub	olic described
8		described in section 170(b)(1)	(A)(vi). (Complete Part	I.)			
9	An agricultural resea	rch organization described in se	ection 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant colle	ge
	or university or a nor	n-land-grant college of agricultur	re (see instructions). Enter	the nam	ne, city, a	and state of the college of	or
	university:						
10	from activities relations	at normally receives (1) more ed to its exempt functions, su and unrelated business taxat section 509(a)(2). (Complete	ubject to certain exception ole income (less section	ns: and	(2) no n	nore than 33-1/3% of it	s support from aross
11		anized and operated exclusive	•	ety. See	section	509(a)(4).	
12	An organization org	anized and operated exclusiv	elv for the benefit of, to	perform	the fun	ctions of, or to carry or	ut the purposes of one
	or more publicly su	pported organizations described that describes the type of	ed in section 509(a)(1) (or sectio	n 509(a)	(2). See section 509(a	(3). Check the box on
а	Type I. A supporting	organization operated, supervis	ed, or controlled by its sur	ported o	roanizati	on(s), typically by giving	the supported
	organization(s) the p complete Part IV, S	ower to regularly appoint or ele-	ct a majority of the directo	rs or trus	tees of t	he supporting organization	on. You must
b	management of the s	ng organization supervised or supporting organization vested in t IV, Sections A and C.	controlled in connection n the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizati	having control or ion(s). You
С	Type III functionally i	integrated. A supporting organize instructions). You must con	ation operated in connection	n with, a	nd functio	onally integrated with, its	supported
d	Type III non-function	nally integrated. A supporting of	rganization operated in cor	nection	with its s	supported organization(s)	that is not
		ted. The organization general must complete Part IV, Section					
e	integrated, or Type	e organization received a write III non-functionally integrated	d supporting organization	٦.			e III functionally
		upported organizations					
	(i) Name of supported organization	nformation about the support	(iii) Type of organization	1	s the	(v) Amount of monetary	(vi) Amount of other
,	(i) Name of supported organizat	tion (ii) Eliv	(described on lines 1-10 above (see instructions))	organizatin your g	s the lion listed loverning ment?	support (see instructions)	support (see instructions)
				Yes	No		
A)				.,	ļ		<u> </u>
B)							
C)							
D)							
-,							
E)							
					a di din		
Isto							l

37-1989012

Par	t II Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	ri)
	(Complete only if you checked organization fails to qualify to	the box on line 5, under the tests lis	7, or 8 of Part I or sted below, please	of the organization e complete Part II	failed to qualify un	der Part III. I	t the	
Sec	tion A. Public Support		1			1		
begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	.1	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.							
Sec	tion B. Total Support					,		
	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	21	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	rities, etc. (see in	structions)				12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organizat	on's first, second	, third, fourth, or f	ifth tax year as a	section 501	(c)(3)	
Sec	tion C. Computation of Pu	blic Support F	Percentage					
14	Public support percentage for 20							%
15	Public support percentage from	2020 Schedule A	, Part II, line 14.				15	%
	33-1/3% support test—2021. If t and stop here. The organization	qualifies as a pu	blicly supported o	organization				······· F []
b	33-1/3% support test—2020. If the and stop here. The organization	ne organization di qualifies as a pu	d not check a boo ublicly supported o	on line 13 or 16a organization	a, and line 15 is 3	33-1/3% or n	nore, ch	eck this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	meets the facts-:	and-circumstance	s test check this	hox and stop her	e. Explain ir	n Part V	l how
	10%-facts-and-circumstances to or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances t	and-circumstance est. The organiza	s test, check this tion qualifies as a	box and stop her publicly supporte	e. Explain ir ed organizat	n Part V tion	I how the ►
18	Private foundation. If the organi	zation did not ch	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	nis box and	see inst	ructions 🕨

Schedule A (Form 990) 2021

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

jouppoit contours for organizations a contract in contract in the contract in	
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization	zation
fails to qualify under the tests listed below, please complete Part II.)	

Sec	tion A. Public Support						·
Calend	lar year (or fiscal year beginning in) 🟲	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')				110,218.	4,234.	114,452.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.				291,085.	500,846.	791, 931.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from	0.	0.	0.	401,303.	505,080	906, 383.
b	disqualified persons	0.	0.	0.	0.	0.	0.
	for the year	0.	0.	0.	0.	0.	
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line 7c from line 6.)			製造選擇			906,383.
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	0.	0.	0.	401,303.	505,080	906,383.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						0.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	0.	0.	0.	0.	0	0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). SEE PART VI				6,850.	19,650	. 26,500.
13	Total support. (Add lines 9, 10c, 11, and 12.)	0.	0.	0.	408,153.	524,730	. 932,883.
14	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second	third, fourth, or f	fifth tax year as a	section 501(c)(3)
Sec	tion C. Computation of Pu	blic Support F	ercentage				
15	Public support percentage for 20	021 (line 8, colum	n (f), divided by l				
16	Public support percentage from	2020 Schedule A,	Part III, line 15.			16	%
Sec	tion D. Computation of Inv				-		
17	Investment income percentage f						
18	Investment income percentage f	rom 2020 Schedu	le A, Part III, line	: 17		18	
	33-1/3% support tests-2021. If is not more than 33-1/3%, check	cthis box and sto	p here. The organ	nization qualifies :	as a publicly supp	orted organizati	on
	33-1/3% support tests-2020. If the 18 is not more than 33-1/3% Private foundation. If the organic	6, check this box	and stop here. Th	ne organization qu	ualifies as a public	ly supported org	ganization

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
 2 Did the organization have any supported organization that does not have an IRS determination of status under section.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L. (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes, answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		7 () 7 ()
3b	3a	9/11/1	
'	3 b		
	3c		
	4a		
	4b		
	4c		
	5a : : : : : : 5b		
:	5c		
	7		
	8		ELECT
	9a		
	9b		
s,'	9c		
	10a 10b		

	edule A (Form 990) 2021 DOWNTOWN OXNARD IMPROVEMENT ASSOCIATION 37-198901	.2	F	age 5
Pai	rt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?	Γ	Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,		35 a.S.	BE N
	the governing body of a supported organization?	11a		
ŀ	b A family member of a person described on line 11a above?	11b		
	C A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
4	Did the assessing hade marchage of the assessing hade officers poling in their official capacity or membership of ano	<u> </u>	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations		 -	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
		78.5°C*		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	\$F##\$	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test. Complete line 2 below.			
ı	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
(c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uction	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
;	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
I	b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		(74) (5) (5)
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			16.1% 1.2
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	3a	1944/18 1969:	
1	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b	i sau	

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on No	ov. 20, 1970 (explain in st complete Sections A	Part VI). See through E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	d Type III supporting or	ganization

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cont	inued)	
Sec	ction D — Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2021 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			会工程等在自发 任
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			电子图 1000 APT
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017	建设的第三人称单 位		A THE SEAL OF
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA

Schedule A (Form 990) 2021

37-1989012

Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2021	202	0 2019	2018	2017
RENTAL INCOME STATE COMPENSATION INSU	\$ 18,520. URANCE FUND 1,130.	\$ 6,	850.		
IATOT		\$ 6,	850. \$	0. \$ 0.	\$ 0.

•

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

DOWNTOWN OXNARD IMPROVEMENT ASSOCIATION

					989012	
Par	t Organizations Maintaining Donor Ac	lvised Funds or Other	Similar Fu	nds or Accounts		
	Complete if the organization answere	<u> </u>				
		(a) Donor advised fund	ds	(b) Funds an	d other accounts	
1	Total number at end of year	· · · · · · · · · · · · · · · · · ·				
2					·····	
3				···		
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor ac are the organization's property, subject to the organization's	dvisors in writing that the ass nization's exclusive legal cor	sets held in dentrol?	onor advised funds	Yes	No
6	Did the organization inform all grantees, donors, ar for charitable purposes and not for the benefit of thimpermissible private benefit?	ne donor or donor advisor, or	r for any other	r purpose conterring	Yes	No
Par	Conservation Easements.	104 4 5 000 5	S 1 10 4 11	-		
	Complete if the organization answere			e /		
1	Purpose(s) of conservation easements held by the	=				
	Preservation of land for public use (for example, re	ecreation or education)		ion of a historically in	•	а
	Protection of natural habitat		Preservat	ion of a certified histo	oric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a last day of the tax year.	qualified conservation contribi	ution in the for	m of a conservation ea	isement on the	
	last day of the tax year.			Held at t	he End of the Tax	Year
	Total number of conservation easements			2a		
	Total acreage restricted by conservation easements					
	Number of conservation easements on a certified h					
	Number of conservation easements included in (c)	acquired after 7/25/06, and	not on a histo	pric		
•	structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred tax year ►	ed, released, extinguished, or t	terminated by t	the organization during	the	
4	Number of states where property subject to conservation	on easement is located >				
5	Does the organization have a written policy regarding and enforcement of the conservation easements it	holds?				No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, ar	nd enforcing co	onservation easements	during the year	
7	Amount of expenses incurred in monitoring, inspecting ►\$, handling of violations, and er	nforcing conser	rvation easements duri	ng the year	
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requi	irements of se	ection 170(h)(4)(B)(i)	Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the	conservation easements in i	ts revenue an tements that	nd expense statement describes the organiz	and balance she	et, and g for
	conservation easements.	ne of Art Wistorical Tu	OOCHFOC O	r Other Similar A	ccetc	
Pai	Organizations Maintaining Collection Complete if the organization answere	ed 'Yes' on Form 990, F	Part IV, line	e 8.		
1:	If the organization elected, as permitted under FAS historical treasures, or other similar assets held for Part XIII the text of the footnote to its financial star	r public exhibition, education	i, or research	statement and balanc in furtherance of pub	e sheet works of a lic service, provid	art, de in
l	If the organization elected, as permitted under FAS historical treasures, or other similar assets held for pul following amounts relating to these items:	blic exhibition, education, or re	search in furth	erance of public service	e, provide the	
	(i) Revenue included on Form 990, Part VIII, line (ii) Assets included in Form 990, Part X.	1			\$	
	(ii) Tissets included in Ferni 2007 Cartinities				·	
	If the organization received or held works of art, historiamounts required to be reported under FASB ASC	958 relating to these items:			following	
	Revenue included on Form 990, Part VIII, line 1				\$	
	Assats included in Form 990, Part X					

Part III Organizations Mainta	ining Colle	ctions of Ar	τ, HISTORIC	ai ireasures, or	Otner Similar Ass	ets (contin	ued)
3 Using the organization's acquisition items (check all that apply):	, accession, ar	nd other records	, check any o	f the following that ma	ake significant use of its	collection	
a Public exhibition		d [Loan or ex	xchange program			
b Scholarly research		e	Other				
c Preservation for future gener	ations						
4 Provide a description of the organiz Part XIII.	ation's collecti	ons and explain	how they furt	her the organization's	exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	nan to be mai	ntained as part	t of the orgar	nization's collection?		Yes	No
Part IV Escrow and Custodia	l Arrangem	ents. Comp	lete if the	organization ans	swered 'Yes' on Fo	rm 990, Pa	rt IV,
line 9, or reported an	amount on	Form 990, F	Part X, line	e 21. 			
1 a Is the organization an agent, trus on Form 990, Part X?					er assets not included	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII a	nd complete th	ne following to	able:			
						Amount	
c Beginning balance							·
d Additions during the year							
e Distributions during the year							
f Ending balance							
2 a Did the organization include an a							∐ No
b If 'Yes,' explain the arrangement	in Part XIII. (Check here if the	ne explanatio	n has been provide	d on Part XIII	• • • • • • • • • • • • • • • • • • • •	
				187 5	000 0 10/1	10	
Part V Endowment Funds. C							
d. Davidsky of was below.	(a) Current	year (b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	ILS DUCK
1 a Beginning of year balance				 			
b Contributions						<u> </u>	
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance						1	
Provide the estimated percentag		nt year end ba	lance (line 1	g, column (a)) held	as:		
a Board designated or quasi-endowm	ent 🟲 🚤	⁸	5				
b Permanent endowment ►	[%]						
c Term endowment ►	%						
The percentages on lines 2a, 2b, a	nd 2c should e	qual 100%.					
3 a Are there endowment funds not in toganization by:	he possession	of the organiza	tion that are h	neld and administered	for the	Yes	No
(i) Unrelated organizations						3a(i)	
(ii) Related organizations							
b If 'Yes' on line 3a(ii), are the rela	ated organizat	ions listed as r	required on S	Schedule R?		3b	
4 Describe in Part XIII the intended	d uses of the	organization's	endowment f	funds.			
Part VI Land, Buildings, and	Equipment	•					
Complete if the organ	ization ans	wered 'Yes'	on Form 9	90, Part IV, line	11a. See Form 99	0, Part X, I	line 10.
Description of property		(a) Cost or oth (investme	er basis ent)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land							
b Buildings							
c Leasehold improvements							·
d Equipment							
e Other							
Total. Add lines 1a through 1e. (Colum	nn (d) must e	qual Form 990,	Part X, colu	mn (B), line 10c.)			0.
BAA					Sched	ule D (Form 9	30) 2021

Part VII Investments – Other Securities.		N/A	
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(i)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) >			
Part VIII Investments - Program Related.		N/A	
Complete if the organization answered		0, Part IV, line 11c. See Form 99	90, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).		· 的复数数据 · · · · · · · · · · · · · · · · · ·	aliminal (alimina).
Part IX Other Assets	N/A	1	
			00 D IV I 15
		0, Part IV, line 11d. See Form 99	
(a) De	scription	0, Part IV, line 11d. See Form 99	90, Part X, line 15. (b) Book value
(a) De		0, Part IV, line 11d. See Form 99	
(a) De (1) (2)		0, Part IV, line 11d. See Form 99	
(a) De (1) (2) (3)		0, Part IV, line 11d. See Form 99	
(a) De (1) (2) (3) (4)		0, Part IV, line 11d. See Form 99	
(a) De (1) (2) (3) (4) (5)		0, Part IV, line 11d. See Form 99	
(a) De (1) (2) (3) (4) (5) (6)		0, Part IV, line 11d. See Form 99	
(a) De (1) (2) (3) (4) (5) (6) (7)		0, Part IV, line 11d. See Form 99	
(a) De (1) (2) (3) (4) (5) (6)		0, Part IV, line 11d. See Form 99	
(a) De (1) (2) (3) (4) (5) (6) (7) (8)		0, Part IV, line 11d. See Form 99	
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	scription		
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column B) line 15.)			
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities. Complete if the organization answered 'Yes' on the complete of organization and the complete organization an	B) line 15.)		(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on the complete if the organization and the complete if the organization and the complete if the organization and the complete if the organization and the complete if the organization and the complete if the organization and the complete if the organization and the complete if the organization and the complete if	B) line 15.)		
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on 1. (1) Federal income taxes	B) line 15.)		(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column (b)	B) line 15.)		(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column (b)	B) line 15.)		(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column (col	B) line 15.)		(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Inc. (1) Federal income taxes (2) PAYROLL LIABILITIES (3) (4) (5)	B) line 15.)		(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Incomplete in the organization answered in the organization and the organization and the organization answered in the organization answered in the organization answered in the organization answered in the organization and the organization answered in the organization answered in the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization	B) line 15.)		(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Interest (complete if the organization answered interest (co	B) line 15.)		(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Inc. (1) Federal income taxes (2) PAYROLL LIABILITIES (3) (4) (5) (6) (7) (8)	B) line 15.)		(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on late in the organization answered in late in	B) line 15.)		(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on the state of the organization answered in the organization and the organiza	B) line 15.)		(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on late in the organization answered in the organization and the organization answered in the organization answered in the organization answered in the organization answered in the organization answered in the organization answered in the organization answered in the organization answered in the organization answered in the organization answered in the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organizat	B) line 15.)	11e or 11f. See Form 990, Part X, line 25.	(b) Book value (b) Book value 2,454.
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on the state of the organization answered in the organization and the organiza	(B) line 15.)	lle or 11f. See Form 990, Part X, line 25.	(b) Book value 2, 454.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.					
1 Total revenue, gains, and other support per audited financial statements	1				
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	8.30.2				
a Net unrealized gains (losses) on investments					
b Donated services and use of facilities					
c Recoveries of prior year grants					
d Other (Describe in Part XIII.)					
e Add lines 2a through 2d	2e				
3 Subtract line 2e from line 1	3				
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a Investment expenses not included on Form 990, Part VIII, line 7b					
b Other (Describe in Part XIII.)					
c Add lines 4a and 4b	4c				
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A					
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return. N/A				
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	er Return. N/A				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 a 2 b					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses.					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.).	1				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d.	1				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	1				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Ab b Other (Describe in Part XIII.).	2 e 3				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	2e 3				

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2021

BAA

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.

OMB No. 1545-0047

ZUZ I

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization

DOWNTOWN OXNARD IMPROVEMENT ASSOCIATION

Employer identification number 37-1989012

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

BUSINESS AND PROPERTY OWNERS IN THE DOWNTOWN OXNARD AREA ARE MEMBERS AND MAY NOMINATE MEMBERS TO SERVE AS OFFICERS IN THE ORGANIZATION.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE EXECUTIVE DIRECTOR PRESENTS THE FORM 990 TO THE BOARD OF DIRECTORS REVIEWS THE RETURN PRIOR TO THE FORM BEING FILED.

FORM 990, PART VI. LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUND-
	TOTAL	SERVICES	& GENERAL	RAISING
CIVIL SIDEWALKS MAINTENANCE CIVIL SIDEWALKS SECURITY DISTRICT IDENTITY AGENCY PAYROLL EXPENSES TOTAL	230,000. 68,750. 36,000. 929. \$ 335,679.	230,000. 68,750. 36,000. 186. \$ 334,936.	743. \$ 743.	<u>\$ 0.</u>

059							
Date Accept						L THIS FO	ORM TO THE FTB
TAXABLE Y	EAR Califor	nia e-file Return	Authoriz	ation for	•		FORM
2021	Exemp	t Organizations					8453-EO
Exempt Organiza		<u></u>				Identifying	number
DOWNTOW	N OXNARD IMPRO	NEMENT ASSOCIATION	J			37-19	89012
Part I	Electronic Return I	nformation (whole dollars or	nly)				
		99, line 4)					533,232.
		99, line 8)					533,232.
3 Total e	expenses and disburse	ements (Form 199, line 9)				3 _	499,458.
Part II	Settle Your Accou	unt Electronically for Ta	axable Year 2	021			
4 🗌 Ele	ectronic funds withdra	wal 4a Amount	·	4b Withdra	wal date (mm/dd	/уууу)	
Part III E	Banking Informati	ion (Have you verified the e	xempt organizat	on's banking ir	nformation?)		
5 Routing	g number				[·]		
6 Accour	nt number		7 T	ype of account	: Checking	Sa	vings
	Declaration of Off						
	he exempt organization or the amount listed o	on's account to be settled as on line 4a.	designated in P	art II. If I check	Part II, box 4, I	authorize ar	electronic funds
organization's Tax Board (for the fee li statements be	s return is true, correct, FTB) does not receive ability and all applical e transmitted to the FTE	t organization's 2021 Californ, and complete. If the exempt of full and timely payment of the interest and penalties. I also by the ERO, transmitter, or interior the FTB to disclose to	rganization is filin he exempt organ authorize the exe ntermediate service	g a balance due nization's fee li empt organizati e provider. If the rmediate servi	ereturn, I understa ability, the exem on return and ac eprocessing of th	and that if the pt organizati companying e exempt org	Franchise on will remain liable schedules and ganization's
Here	Signature of officer		Date	Title			
Part V I	Declaration of Ele	ectronic Return Origina	tor (ERO) an	d Paid Prepa	arer. See instru	ctions.	
I declare that the best of rorganization officer's sign forms and in Authorized exempt organ under penal statements,	at I have reviewed the my knowledge. (If I an 's return. I declare, he nature on form FTB 84 formation that I will fig-file Providers. I will inization return is filed, we ties of perjury. I decla	above exempt organization's m only an intermediate service owever, that form FTB 8453-453-EO before transmitting the lile with the FTB, and I have keep form FTB 8453-EO on the whichever is later, and I will make that I have examined the knowledge and belief, they	s return and that ce provider, I un EO accurately re his return to the followed all othe file for four years ake a copy availat above exempt o	the entries on derstand that I flects the data FTB; I have prorrequirements from the due ole to the FTB uprganization's re	form FTB 8453- am not responsi on the return.) I ovided the organi described in FTE date of the retur- on request. If I are eturn and accom	EO are complete for review have obtain station office Pub. 1345, and or four years also the paparanting schematical schematica	wing the exempt ed the organization er with a copy of all 2021 Handbook for ears from the date the id preparer, edules and
	ERO's	771	Dat	: ////- 7	also paid y se	if-	ERO'S PTIN
ERO	signature MICHA	AEL FARRELL 772	MCCOV II	15/2	preparer A e	mployed	P01070806
Must	Firm's name (or yours	DECKER FARRELL &				Firm's FEIf	47-1222587
Sign	if self-employed) and address	400 W VENTURA BLV	U SIE 245				93010
Under penalties	of periury. I declare that I h	nave examined the above organization	s return and accompa	nying schedules an			
are true, correc	t, and complete. I make this	s declaration based on all information	n of which I have kno	wledge.	,	•	

FTB 8453-EO 2021

Paid preparer's PTIN

Check if self-employed

Firm's FEIN

ZIP code

Paid preparer's signature

Firm's name (or yours if selfemployed) and address

Paid Preparer Must

Sign

Date