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

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	10,163.	22	18,098.
23	Land and buildings		23	
24	Other assets (describe in Schedule O) See Schedule O	6,748.	24	8,812.
25	**Total assets**	16,911.	25	26,910.
26	**Total liabilities** (describe in Schedule O) See Schedule O	8,551.	26	4,119.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	8,360.	27	22,791.

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

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 PROMOTE INTEREST AND TRADE AND BEAUTIFY THE DOWNTOWN BUSINESS DISTRICT.

(Grants $) If this amount includes foreign grants, check here ► [ ] 28a

29

(Grants $) If this amount includes foreign grants, check here ► [ ] 29a

30

(Grants $) If this amount includes foreign grants, check here ► [ ] 30a

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here ► [ ] 31a

32 **Total program service expenses** (add lines 28a through 31a) ► 32

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
David Halimi 181 E. 2nd Street Chico, CA 95928	Vice President 5.00	0.	0.	0.
Alan Chamberlain 101 Salem Street Chico, CA 95928	President 5.00	0.	0.	0.
Earl Jessee 120 W, 2nd St. Chico, CA 95928	Past President 5.00	0.	0.	0.
Bill Ranalla 555 Main Street Chico, CA 95928	Secretary 5.00	0.	0.	0.
Katrina Davis 330 Salem Street Chico, CA 95928	Executive Direc 40.00	15,750.	0.	0.
Dale Bennett 330 Salem Street Chico, CA 95928	Treasurer 5.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

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

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

42a The organization's books are in care of ► DOWNTOWN CHICO BUSINESS ASSOCI Telephone no. ► (530) 345-6500

Located at ► 330 SALEM STREET CHICO ca ZIP + 4 ► 95928

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ►	42c		X

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

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	44d		

		Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)	45a		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

		Yes	No
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If 'Yes,' was the related organization a section 527 organization?	49b		

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

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving ove

52 Did the organization complete Schedule A? Note All section 501(charitable trusts must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying true, correct, and complete Declaration of preparer (other than officer) is based on all informa

Sign Here

► Signature of officer

► Dale Bennett
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Jerrald L. Roster, CPA, ABV, M

Preparer's signature

Firm's name ► JERRALD L. ROSTER & COMPANY

Firm's address ► 555 MAIN ST STE 220
CHICO, CA 95928-5676

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

BAA

TEEA081

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

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 990-EZ.

Open to Public Inspection

Name of the organization
DOWNTOWN CHICO BUSINESS ASSOCIATION

Employer identification number
94-2310798

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

PROMOTE INTEREST AND TRADE AND BEAUTIFY THE DOWNTOWN BUSINESS ENVIRONMENT

DOWNTOWN CHICO BUSINESS ASSOCIATION 94-2310798

Form 990-EZ, Part I, Line 8
Other Revenue

CITY & MISCELLANEOUS	$ 31,339.
Total	$ 31,339.

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

Advertising and Promotion	$ 4,252.
CASUAL LABOR	869.
ENTERTAINMENT AT EVENTS	2,750.
EQUIP/MATERIALS/SUPPLIES	22,694.
INSURANCE	5,611.
MISCELLANEOUS	5,218.
PERMITS/FEES	5,286.
RESTAURANT REIMBURSEMENT	2,231.
SERVICE CONTRACTS/PROVIDERS	28,144.
UTILITIES	13,755.
Total	$ 90,810.

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

	Beginning	Ending
Accounts Receivable	$ 5,548.	$ 7,612.
Prepaid Expenses and Deferred Charges	1,200.	1,200.
Total	$ 6,748.	$ 8,812.

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

	Beginning	Ending
Payroll Taxes Payable	$ 0.	$ 615.
Refundable Deposits	0.	780.
Secured Mortgages and Notes Payable	8,551.	2,724.
Total	$ 8,551.	$ 4,119.