STATE REGISTRATION NO. D-0169733

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

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

<u>A</u>	ror the	2021 Calendar year, or tax year beginning OC1 1, 2021 and end	unig 5	EP 30, 2022	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change	Doing business as		95-09451	45
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone numbe	r
	Final return/	100 WEST BROADWAY 12	0	(562)436	-4259
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,945,612.
L	Ameno	HONG BEACH, CA 9000Z		H(a) Is this a group re	
	Application pending			for subordinates	
	Pontani	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status:	527	If "No," attach a	list. See instructions
		e: WWW.DOWNTOWNLONGBEACH.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year o	of formation: 1959 N	1 State of legal domicile: CA
Р		Summary			
e	1	Briefly describe the organization's mission or most significant activities: OUR MI	SSIO	N IS TO CUL	TIVATE,
Activities & Governance		PRESERVE AND PROMOTE A HEALTHY, SAFE, AND			
ern	1	Check this box if the organization discontinued its operations or disposed	of more	1 1	
Š				3	20
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b) $$			20
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			15
Ĭ	1	Total number of volunteers (estimate if necessary)			30
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		389,439.	0.
ē	9	Program service revenue (Part VIII, line 2g)		4,127,023.	4,941,733.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,761.	3,879.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,523,223.	4,945,612.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		1,245,714.	1,409,424.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b		<u> </u>		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,277,509.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,523,223.	4,945,612.
	19	Revenue less expenses. Subtract line 18 from line 12		0.	0.
Net Assets or Find Ralances	<u> </u>		Be	ginning of Current Year	End of Year
Set	20	Total assets (Part X, line 16)		2,577,735.	2,347,135.
AAS	21	Total liabilities (Part X, line 26)		2,577,735.	2,347,135.
킬	22	Net assets or fund balances. Subtract line 21 from line 20		0.	0.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules ar			y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer	has any knowledge.	
		Signature of officer		Doto	
Sig		· -		Date	
He	re	AUSTIN METOYER, PRESIDENT AND CEO Type or print name and title			
			11	Date Check	PTIN
D- '	.	Print/Type preparer's name Preparer's signature PONTUS M. TOCEPH	I .	Ollook L	I
Pai		DONITA M. JOSEPH DONITA M. JOSEPH	<u> </u>	2/14/22 if self-employs	P00286656
	parer	Firm's name WINDES, INC.		Firm's EIN ▶	95-3001179
Use	Only	Firm's address P.O. BOX 87		, , , , ,	CO \ 40E 1101
		LONG BEACH, CA 90801-0087		Phone no. (5	62)435-1191
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

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including grants of \$

Total program service expenses

) (Revenue \$

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			l
	If "Yes," complete Schedule A	1		X
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			l
	public office? If "Yes," complete Schedule C, Part I	3		X
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	N/	A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			3,7
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		22
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	D 11/1	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			<u>-</u> -
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		X
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
4 I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domocio government ori i artizz, columni (n), inte i : ii i i co, complete contedite i, i arte i artizza ii		L	

Form 990 (2021)	DOWNTOWN	LONG	BEACH	ALLIANCE
Part IV	Checklist	of Required Sched	dules (co	ntinued)	

00	Did the appropriation was at many them \$5,000 of smarter and the smarter at few days at its individuals and		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	20		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			\vdash
	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
c	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	N/	A
b	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	N/	A
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%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		х
L	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?lf	200		
·		28c		х
29	"Yes," complete Schedule L, Part IV 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		Х
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		X
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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		NT /	_
~ =	If "Yes," complete Schedule R, Part V, line 2	36	N/	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
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	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 14			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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)?	4a		Х
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).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	3T /	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
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? N/A	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	0-		
a	37 / 3	9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A Section 501(c)(7) organizations. Enter:	an		
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
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:			
··	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
_	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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
	If "Yes," see the instructions and file Form 4720, Schedule N.			177
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.			
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? N/A	17		
	If "Yes," complete Form 6069.			

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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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 20			
2	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		Х
3	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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a				
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)))s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JEREMY ANCALADE, CFO - (562)436-4259			
	100 WEST BROADWAY, 120, LONG BEACH, CA 90802			

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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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

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

(A)	(B)	l		((C)		ilout	(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle: cer an	heck ss pe	rsoni	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KRAIG KOJIAN	60.00							260 002	0	00 555
PRESIDENT & CEO (THRU 11/2021)	F0 00			Х				369,203.	0.	29,557.
(2) BROC COWARD	50.00	-		,,				110 405	0	07 620
<u>coo</u>	<u> </u>			Х				119,405.	0.	27,630.
(3) AUSTIN METOYER	50.00	-		,,				04 000	0	0 560
PRESIDENT & CEO (AS OF 9/2022)	F0 00			Х				94,233.	0.	8,569.
(4) JEREMY ANCALADE	50.00	-		,,				CA CC7	0	4 550
CFO CFO	2 00			Х				64,667.	0.	4,552.
(5) LOARA CADAVONA	2.00	Ψ.		7.7					0	_
CHAIR CONTRACTOR OF THE CONTRA	2.00	Х		Х				0.	0.	0.
(6) DEBRA FIXEN	2.00	X		х				0.	0.	0
CHAIR-ELECT	2.00	^		^				0.	0.	0.
(7) ALLISON KRIPP SECRETARY	2.00	X		х				0.	0.	0.
(8) SHEVA HOSSEINZADEH	2.00	^		Δ				0.	0.	0.
TREASURER	2.00	X		х				0.	0.	0.
(9) BOB KELTON	2.00	Δ		Δ				0.	· ·	•
DIRECTOR	2.00	X						0.	0.	0.
(10) PAT WELCH	2.00							0.	•	•
DIRECTOR	2.00	x						0.	0.	0.
(11) GRAHAM GILL	2.00							0.	0.	•
DIRECTOR	2.00	x						0.	0.	0.
(12) ALAN BURKS	2.00								•	
DIRECTOR		x						0.	0.	0.
(13) MONICA GARRETT	2.00	 						•		
DIRECTOR		х						0.	0.	0.
(14) RHONDA LOVE	2.00							-		-
DIRECTOR		х						0.	0.	0.
(15) CHERYL ROBERTS	2.00									· · · · · · · · · · · · · · · · · · ·
DIRECTOR		Х						0.	0.	0.
(16) SEAN RAWSON	2.00									
DIRECTOR		Х						0.	0.	0.
(17) ERIC LOPEZ	2.00									
DIRECTOR		Х				L	L	0.	0.	0.
132007 12-09-21										Form 990 (2021)

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	и поис в								93-0943	143 Page o
Part VII Section A. Officers, Directors, T	rustees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not cl , unles cer an	ss pe	more rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) ISIDRO PANUCO	2.00									
DIRECTOR		Х						0.	0.	0.
(19) MICHAEL VITUG	2.00									
DIRECTOR		Х						0.	0.	0.
(20) LAURIE GRAY	2.00									
DIRECTOR		Х						0.	0.	0.
(21) DENISE CARTER	2.00									
DIRECTOR		Х						0.	0.	0.
(22) ALAN PULLMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(23) SAM PIERZINA	2.00									
DIRECTOR		Х						0.	0.	0.
(24) MIKE GOLD	2.00									
DIRECTOR		Х						0.	0.	0.
(25) RYAN ALTOON	2.00									
DIRECTOR (THRU 10/2021)		Х						0.	0.	0.
(26) LIZ SIMMONS	2.00									
DIRECTOR (THRU 10/2021)		Х						0.	0.	0.
1b Subtotal								647,508.	0.	70,308.
c Total from continuation sheets to Par							>	0.	0.	0.
d Total (add lines 1b and 1c)								647,508.	0.	70,308.

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
BLOCK BY BLOCK, 640 SOUTH FOURTH STREET,	CLEAN AND SAFE	
	SERVICES	1,659,312.
REDWOOD NEBRASKA, 1547 PALOS VERDES MALL	LANDLORD FOR OFFICE	
<u> </u>	SPACE	184,790.
PROGRESSIVE URBAN MANAGEMENT ASSOCIATION	PBID RENEWAL	
1201 E. COLFAX, SUITE 201, DENVER, CO 80218	CONSULTANT	161,625.
KEESAL, YOUNG & LOGAN, 400 OCEANGATE,		
	LEGAL SERVICES	128,621.
CLARK HILL PLC, 500 WOODWARD AVE., SUITE		
3500, DETROIT, MI 48226	LEGAL SERVICES	112,568.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization		

SEE PART VII, SECTION A CONTINUATION SHEETS

	LONG BI	JA(_п	AI	ـ ىل	LAI	1CF	<u>S</u>	95-094	5145
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all:	that	арр	ly)	compensation	compensation	amount of
	per week (list any hours for related organizations	Individual trustee or director	l trustee		iee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	below line)	Individualt	Institutional trustee	Officer	Key employee	Highest cor	Former			organization3
(27) JOHN KEISLER	2.00									
DIRECTOR (THRU 12/2021)		Х						0.	0.	0
(28) SILVANO MERLO	2.00							0		•
DIRECTOR (THRU 10/2021)		Х						0.	0.	0
		_	_	_		_	<u> </u>			
		ł								
		_	\vdash	\vdash		\vdash				
		\mathbf{I}								
	1		l	ı			ı			<u> </u>

Pa	rt V	<u> </u>	Statement of Re	ven	ue						
			Check if Schedule O	conta	ins a resp	onse	or note to any li				
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues								
s, G Am			Fundraising events								
Gift											
imi		е	Government grants (contr	ibutio	ons) 1e						
tior ≥r S		f	All other contributions, gifts,	grants	s, and						
ibu H			similar amounts not included	abov	e 1f						
ont od (_	Noncash contributions included in								
<u>a</u> C		h	Total. Add lines 1a-1f								
	_		DDID FINDS				Business Code	2 510 250	2 510 250		
Program Service Revenue	2		PBID FUNDS DOWNTOWN EVEN	mc			900099	3,519,259.	682,014.		
Ser			DPBIA FUNDS	ΙD			900099	365 294	365,284.		
m S		_	CITY FUNDS				900099	267,985.			
gra Re			SPONSORSHIPS				900099	107,191.			
Pro		-	All other program service	rovor	NIO			107,131.	107,151.		
			Total. Add lines 2a-2f					4,941,733.			
	3		Investment income (include					,			
			other similar amounts)	•			•	3,879.			3,879.
	4		Income from investment of	of tax	exempt b	ond p	proceeds				
	5		Royalties	·			<u></u>				
					(i) Rea	al	(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b				_			
			Rental income or (loss)	6с							
			Net rental income or (loss)	 	(i) Soour	ition	(ii) Othor				
	1	а	Gross amount from sales of	_	(i) Secur	illes	(ii) Other	-			
		h	assets other than inventory Less: cost or other basis	7a				-			
e		D	and sales expenses	7b							
Revenue		c	Gain or (loss)	7c				-			
Rev			Net gain or (loss)	-			•				
Jer			Gross income from fundraisir								
Oth			including \$		of						
			contributions reported on								
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
			Net income or (loss) from								
	9	а	Gross income from gamin	-		- 1					
			Part IV, line 19					-			
			Less: direct expenses				<u> </u>				
			Net income or (loss) from			es					
	10	а	Gross sales of inventory, I			100					
		h	and allowances Less: cost of goods sold					-			
			Net income or (loss) from								
		_	The modern of those, worth	<u> </u>	3	,	Business Code				
ous e	11	а									
ane		b									
Seve		С									
Miscellaneous Revenue		d	All other revenue								
			Total. Add lines 11a-11d				<u> </u>	4 045 610	4 041 722		2 070
	12		Total revenue. See instruction	ns				4,945,612.	性, 941, / 33。	ι υ.	3,879.

132009 12-09-21

95-0945145 Page **10** DOWNTOWN LONG BEACH ALLIANCE Form 990 (2021) 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 response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b, Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 659,393 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 606,284. Other salaries and wages _____ 7 Pension plan accruals and contributions (include 8,421 section 401(k) and 403(b) employer contributions) 69,453. Other employee benefits 9 65,873. Payroll taxes 10 Fees for services (nonemployees): 2,975 Management 83,642. Legal 37,728. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 19,649. column (A), amount, list line 11g expenses on Sch O.) 2,711,249 Advertising and promotion 12 48,839. Office expenses 13 30,878. 14 Information technology Royalties 15 181,868. 16 Occupancy

260,279.

15,733.

39,873.

91,829.

4,744.

4,099. 2,071.

4,945,612.

732.

17

18

19

20

21

22

23

24

25

Travel

Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings

Interest

Payments to affiliates

Depreciation, depletion, and amortization

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 0.)

DUES AND SUBSCRIPTIONS

ADMINITRATIVE SERVICES

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Other expenses. Itemize expenses not covered

MISCELLANEOUS

BAD DEBT

e All other expenses

Check here

Ра	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			X
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			99.		0.
	2	Savings and temporary cash investments			1,816,470.	2	717,869.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		692,996.	4	1,556,522.	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ		6			
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ğ	9	Prepaid expenses and deferred charges			14,128.	9	35,830.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	444,280.			
	b	Less: accumulated depreciation		423,800.	37,608.	10c	20,480.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		16,434.	15	16,434	
	16	Total assets. Add lines 1 through 15 (must eq			2,577,735.	16	2,347,135.
	17	Accounts payable and accrued expenses			535,245.	17	326,861.
	18	Grants payable				18	
	19	Deferred revenue	2,042,490.	19	2,020,274.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or for	rmer office	r, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial co	ntributor, or 35%			
abi		controlled entity or family member of any of th				22	
=	23	Secured mortgages and notes payable to unre	elated third	parties		23	
	24	Unsecured notes and loans payable to unrelat	ed third pa	arties		24	
	25	Other liabilities (including federal income tax, p	ayables to	related third			
		parties, and other liabilities not included on line	es 17-24). (Complete Part X			
		of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25			2,577,735.	26	2,347,135.
		Organizations that follow FASB ASC 958, ch	neck here	► X			
Š		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions		27			
Ва	28	Net assets with donor restrictions		28			
ဋ		Organizations that do not follow FASB ASC					
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	s			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net	32	Total net assets or fund balances			0.	32	0.
_	33	Total liabilities and net assets/fund balances			2,577,735.	33	2,347,135.

Pa	rt 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)		4,94		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,94	5,6	
3	Revenue less expenses. Subtract line 2 from line 1	3			0.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			0.
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,				
	column (B))	10			0.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	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	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

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

Inspection

Name of the organization

DOWNTOWN LONG BEACH ALLIANCE

Employer identification number 95-0945145

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		or Accounts. Complete if the
	organization answered fes on Form 990, Part IV, III	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Delice delices lande	(2) (2) (2) (2) (2) (2) (2) (2)
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 advisors in	L	ad funds
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor of		
	• •		
Par		ganization answered "Yes" on Form 990. Pa	
1	Purpose(s) of conservation easements held by the organizat		
·	Preservation of land for public use (for example, recrea		historically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		I I
3	Number of conservation easements modified, transferred, re		
	year▶	,	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o		her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pul	· · · · · · · · · · · · · · · · · · ·	•
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		
	(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, historical tre		gain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

Sche	dule D (Form 990) 2021 DOWNTOWN	LONG BEA	CH A	LLIANC	E:E		95-0	09451	45 F	age 2
Pai	rt III Organizations Maintaining Co	ollections of Ar	t, His	torical Tr	easures,	or Other	Similar As	sets(cor	ntinued)	
3	Using the organization's acquisition, accessio	n, and other record	s, chec	k any of the	following tha	at make sigr	ificant use of	f its		
	collection items (check all that apply):									
а	Public exhibition	d			hange progra					
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explair	n how th	ney further t	he organizati	ion's exemp	t purpose in	Part XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, hi	storical trea	sures, or oth	er similar as	sets			
	to be sold to raise funds rather than to be mai	ntained as part of t	he orga	nization's co	ollection?			Yes		□No
Pai	rt IV Escrow and Custodial Arrang							IV, line 9,	or	
	reported an amount on Form 990, Part			-						
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for	contribution	ns or other as	ssets not inc	cluded			
	on Form 990, Part X?		•					Yes		□No
b	If "Yes," explain the arrangement in Part XIII a									
								Amo	unt	
С	Beginning balance						1c			
	Additions during the year						1d			
							1e			
e	Distributions during the year						1f			
f Oo	Ending balance Did the organization include an amount on For							Yes		No
	_					-				
	If "Yes," explain the arrangement in Part XIII. C								L	
ı u		(a) Current year		rior year	(c) Two yea		Three years ba	ack (a) F	our years	hack
4.	-	(a) carrette year	(2)	Tior your	(6) 1110 you	TO BUOK (U)	711100 youro be	2011 (0)1	our your	, buon
	Beginning of year balance									
b	Contributions									
С.	Net investment earnings, gains, and losses				-					
d	Grants or scholarships				-					
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment									
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
За	Are there endowment funds not in the posses	sion of the organiza	ation tha	at are held a	and administe	ered for the	organization			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								ii)	
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requir	ed on S	Schedule R?				3b		
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 990), Part I\	/, line 11a. S	See Form 990	0, Part X, lin	e 10.			
	Description of property	(a) Cost or of	ther	(b) Cost	or other	(c) Accu	ımulated	(d) B	ook valu	ie
		basis (investm	nent)	basis	(other)	depre	ciation			
1a	Land									
	B 111									

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value				
1a	Land								
b	Buildings								
	Leasehold improvements								
d	Equipment		444,280.	423,800.	20,480.				
e	Other								
	Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)								

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 DOWNTOWN LON	NG BEACH ALLI	ANCE	95-0945145 _{Page}
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of		-	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line	e 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line	2.15
	escription	7 174. 300 1 3111 300, 1 411 7, 1116	(b) Book value
(1)			(2, 2001 14.00
. ,			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)	15\		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	10.)		▶
	on Form 000 Port IV III-	110 or 11f Coo Form 000 Dad	V line 25
Complete if the organization answered "Yes" of a Description of liability	TOTTI 990, Part IV, line	r i le or i II. See Form 990, Part	
			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			

(6) (7) (8) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2021

(5)

Sche	edule D (Form 990) 2021 DOWNTOWN LONG BEACH ALLI.	ANCE	95-0	945145 _{Page}
Pa	rt XI Reconciliation of Revenue per Audited Financial State		nue per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line			1 01E 610
1	Total revenue, gains, and other support per audited financial statements		1	4,945,612
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	,			0
е	Add lines 2a through 2d			4 045 (10
3	Subtract line 2e from line 1		3	4,945,612
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
b	Other (Describe in Part XIII.)	4b		•
С				0 45 610
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4,945,612
Ра	rt XII Reconciliation of Expenses per Audited Financial Stat	=	enses per Retui	'n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		 	4 0 4 5 6 4 0
1	Total expenses and losses per audited financial statements		1	4,945,612
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	4,945,612
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,945,612
Pa	rt XIII Supplemental Information.			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b and 2b	; Part V, line 4; Part 2	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		
DΔ1	RT X, LINE 2:			
I A	AT A, DINE Z.			
FII	N 48:			
mu	E ORGANIZATION RECOGNIZES THE FINANCIAL	CUVUENENU DI		'AX
TU	OVOUNTAULTON VECOGNITIES LUE LINUNCIUM	OTVIDNENT DI	TATE TI OF 1	

POSITIONS, SUCH AS ITS FILING STATUS AS TAX-EXEMPT, ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. THE ORGANIZATION IS SUBJECT TO POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT OPERATES. THE STATUTE OF LIMITATIONS FOR FEDERAL PURPOSES IS THREE YEARS AND FOR CALIFORNIA PURPOSES IS FOUR YEARS.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021	DOWNTOWN L	ONG BEACH	ALLIANCE	95-0945145	Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental Info	rmation (continued)				
	(/				
	<u> </u>				

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Part I

Employer identification number 95-0945145 DOWNTOWN LONG BEACH ALLIANCE **Questions Regarding Compensation**

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а		5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	benefits (B)(i)-(D)		
(A) Name and Title		ase nsation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KRAIG KOJIAN	369	,203.	0.	0.	7,234.	22,323.	398,760.	0.
PRESIDENT & CEO (THRU 11/2021)		0.	0.	0.	0.	0.	0.	0.
(1))							
(i								
(1)							
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Part III Supplemental Information								
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.								
PART I, LINE 4A:								
KRAIG KOJIAN RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$233,795 IN								
NOVEMBER 2021.								

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

DOWNTOWN LONG BEACH ALLIANCE

Employer identification number 95-0945145

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ALL. THE DLBA OPERATES ON BEHALF OF THE TENANTS AND COMMERCIAL AND

RESIDENTIAL PROPERTY OWNERS IN LONG BEACH'S DOWNTOWN AND SURROUNDING

AREAS. IT IS DEDICATED TO THE MANAGEMENT, MARKETING, SECURITY,

MAINTENANCE, ADVOCACY, ECONOMIC AND COMMUNITY DEVELOPMENT OF ITS TWO

ASSESSMENT DISTRICTS IN COOPERATION WITH THE CITY OF LONG BEACH AND THE

PRIVATE SECTOR.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ECONOMIC AND COMMUNITY DEVELOPMENT OF THE ASSESSMENT DISTRICTS IN

COOPERATION WITH THE CITY OF LONG BEACH AND THE PRIVATE SECTOR.

FORM 990, PART VI, SECTION A, LINE 6:

DESCRIBE THE ORGANIZATION'S MEMBERS OR STOCKHOLDERS.

ONE CLASS OF MEMBERSHIP OF THE ORGANIZATION FROM WITHIN THE CITY OF LONG
BEACH CONSISTS OF MEMBERS WHO REPRESENT LICENSED OR NON-LICENSED PERSONS,
FIRMS, CORPORATIONS, ORGANIZATIONS, OR PROFESSIONALS.

FORM 990, PART VI, SECTION A, LINE 7A:

DESCRIBE WHETHER THE ORGANIZATION HAS MEMBERS, STOCKHOLDERS, OR OTHER
PERSONS WHO HAVE THE POWER TO ELECT OR APPOINT ONE OR MORE MEMBERS OF THE
GOVERNING BODY.

MEMBERS IN GOOD STANDING SHALL HAVE THE RIGHT TO APPROVE OR OPPOSE THE SLATE OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization

DOWNTOWN LONG BEACH ALLIANCE

Employer identification number 95-0945145

HAS THE ORGANIZATION PROVIDED A COMPLETE COPY OF THIS FORM 990 TO ALL

MEMBERS OF ITS GOVERNING BODY BEFORE FILING THE FORM?

FORM IS COMPLETED BY CFO AND PRESENTED TO THE FULL BOARD IN THE DECEMBER BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

DESCRIBE HOW THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

EVERY ELECTED OFFICIAL AND PUBLIC EMPLOYEE WHO MAKES OR INFLUENCES

GOVERNMENTAL DECISIONS IS REQUIRED TO SUBMIT A STATEMENT OF ECONOMIC

INTEREST, ALSO KNOWN AS THE FORM 700. DLBA REQUIRES THIS AS WELL. THE FORM
700 PROVIDES TRANSPARENCY AND ENSURES ACCOUNTABILITY IN TWO WAYS:

IT PROVIDES NECESSARY INFORMATION TO THE PUBLIC ABOUT AN OFFICIAL'S

PERSONAL FINANCIAL INTERESTS TO ENSURE THAT OFFICIALS ARE MAKING DECISIONS

IN THE BEST INTEREST OF THE PUBLIC AND NOT ENHANCING THEIR PERSONAL

FINANCES.

IT SERVES AS A REMINDER TO THE PUBLIC OFFICIAL OF POTENTIAL CONFLICTS OF

INTEREST SO THE OFFICIAL CAN ABSTAIN FROM MAKING OR PARTICIPATING IN

GOVERNMENTAL DECISIONS THAT ARE DEEMED CONFLICTS OF INTEREST.

ALL STAFF AND DIRECTORS ARE RESPONSIBLE FOR DISCLOSING ANY CONFLICTS THAT

MAY EXIST. INTERNALLY THE PRESIDENT & CEO AND COO MANAGE CONFLICTS

DISCLOSED BY STAFF. FROM A GOVERNANCE PERSPECTIVE, THIS IS MANAGED BY THE BOARD'S GOVERNANCE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

Schedule O (Form 990) 2021 Page **2**

Name of the organization

DOWNTOWN LONG BEACH ALLIANCE

Employer identification number 95-0945145

DESCRIBE THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S

CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL.

THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR EVALUATING COMPENSATION BASED ON SURVEY DATA OF COMPARABLE POSITIONS. THE BOARD WILL DO A FINAL APPROVAL AS WELL AS APPROVING PERSONNEL COSTS IN ITS ANNUAL APPROVAL OF THE BUDGET. THE COMPENSATION COMMITTEE WILL REVIEW THE PRESIDENT/CEO'S COMPENSATION INDEPENDENTLY, WITHOUT THE PARTICIPATION OF THE INTERESTED PARTY.

FORM 990, PART VI, SECTION C, LINE 19:

DESCRIBE HOW THE ORGANIZATION MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

DOCUMENTS ARE POSTED TO THE AGENCY'S WEBSITE AND IN OPEN MEETINGS, AS WELL AS WITH THE LONG BEACH CITY COUNCIL.

FORM 990, PART VII:

DESCRIBE THE MANAGEMENT STRUCTURE OF THE ORGANIZATION.

AUSTIN METOYER IS BOTH THE TOP MANAGEMENT AND TOP FINANCIAL OFFICER

WITHIN THE ORGANIZATION. THE ENTITY EMPLOYS A BOOKKEEPER FOR THE DAY TO

DAY ACCOUNTING RESPONSIBILITIES.

FORM 990, PART X, LINE 19:

PROVIDE THE DETAILED INFORMATION FOR THE AMOUNT REPORTED ON FORM 990,

PART X, LINE 19 - DEFERRED REVENUE.

THE FORM 990 BALANCE SHEET IS REFLECTIVE OF THE AUDITED FINANCIAL

STATEMENTS. DEFERRED REVENUE IS RECOGNIZED ON CONTRACT REVENUE IN

EXCESS OF EXPENDITURES AND IS RECORDED AS AN INCREASE (OR DECREASE) OF

CURRENT YEAR CONTRACT REVENUE.

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Schedule O (Form 990) 2021 Name of the organization		Page 2 Employer identification number
DOWNTOWN LONG BEACH ALL	IANCE	95-0945145
REVENUE REPORTED CONSISTS OF THE FOLL	OWING:	
DOWNTOWN PARKING AND BUSINESS		
IMPROVEMENT AREA FUNDS (DPBIA) \$ 3	65,284	
PROPERTY BASED IMPROVEMENT		
DISTRICT FUNDS (PBID) \$ 2,9	19,169	
DEFERRAL ADJUSTMENT 6	00,090	
\$ 3,5	19,259	
AS OF SEPTEMBER 30, 2022, DEFERRED RE	VENUE REPRESENTS FUN	IDS REQUIRED TO
BE RESERVED BY CONTRACT OR THAT ARE D	ESIGNATED BY THE BOA	ARD OF
DIRECTORS FOR FUTURE PROJECTS SHOULD	THE CONTRACT WITH TH	IE CITY BE
DISCONTINUED AS FOLLOWS:		
THREE-MONTH RESERVE FOR PBID CONTRACT	\$738,613	
UNALLOCATED PBID FROM 2018-2019	349,204	
UNALLOCATED PBID FROM 2017-2018	52,452	
RESERVE FOR DPBIA	363,993	
CITY FUNDS - PARKING METER	239,854	
LB RECOVERY ACT GRANT	273,000	
ADMINISTRATION	3,158	
	\$2,020,274	

132212 11-11-21 Schedule O (Form 990) 2021