

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2010, or fiscal year beginning JUL 1, 2010, and ending JUN 30, 2011**2010**Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**▶ **See instructions.**

Name of exempt organization

Employer identification number

DOWNTOWN SAN DIEGO PARTNERSHIP**95-1729734**

Name and title of officer

**MARY MICHELL
PRESIDENT****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	5992837
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only☒ I authorize **J.H. COHN LLP**

ERO firm name

to enter my PIN **12345**Enter five numbers, but
do not enter all zeros

as my signature on the organization's tax year 2010 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 also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 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.

Officer's signature ▶

Mary Michell

Date ▶

*5/14/12***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.

33353012345

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization 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 ▶

Date ▶

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

J.H. COHN LLP
9255 TOWNE CENTRE DRIVE #250
SAN DIEGO, CA 92121

MARY MICHELL
401 B STREET, SUITE 100
SAN DIEGO, CA 92101

|||||

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CLIENT'S COPY



9255 Towne Centre Drive
Suite 250
San Diego, CA 92121-3060
Tel | 858.535.2000
Fax | 858.571.2700
www.jhcohn.com

May 7, 2012

Kris Michell
Downtown San Diego Partnership
401 B Street, Suite 100
San Diego, CA 92101

Dear Kris:

Enclosed are the 2010 Exempt Organization returns, as follows...

2010 FORM 990

2010 CALIFORNIA FORM 199

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Melody S. Thornton
Partner



J.H. Cohn is an independent member of Nexia International

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2011

Prepared for	Kris Michell Downtown San Diego Partnership 401 B Street, Suite 100 San Diego, CA 92101
Prepared by	J.H. Cohn LLP 9255 Towne Centre Drive #250 San Diego, CA 92121
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us as soon as possible.

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2010Open to Public
Inspection**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**DOWNTOWN SAN DIEGO PARTNERSHIP**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

401 B STREET

Room/suite

100

City or town, state or country, and ZIP + 4

SAN DIEGO, CA 92101**F** Name and address of principal officer: **MARY MICHELL****SAME AS C ABOVE****D** Employer identification number**95-1729734****E** Telephone number**619-234-0201****G** Gross receipts \$ **6,166,646.****H(a)** Is this a group returnfor affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(**6**) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.DOWNTOWNSANDIEGO.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1952** **M** State of legal domicile: **CA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: -ADVOCATE FOR IMPROVEMENTS THAT ENHANCE DOWNTOWN'S QUALITY OF LIFE.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	53
	4	Number of independent voting members of the governing body (Part VI, line 1b)	53
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	88
	6	Total number of volunteers (estimate if necessary)	0
		7a	Total unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990-T, line 34	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 316,279. Current Year 325,420.
	9	Program service revenue (Part VIII, line 2g)	6,287,744. 5,513,469.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,567. 1,616.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	282,938. 152,332.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,889,528. 5,992,837.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,572,170. 2,572,043.
	16a	Professional fundraising fees (Part IX, column (A), line 11a)	0. 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,214,109. 3,407,720.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,786,279. 5,979,763.
	19	Revenue less expenses. Subtract line 18 from line 12	103,249. 13,074.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,649,274. End of Year 1,780,950.
	21	Total liabilities (Part X, line 26)	1,239,165. 1,357,767.
	22	Net assets or fund balances. Subtract line 21 from line 20	410,109. 423,183.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	MARY MICHELL, PRESIDENT	
Paid	Print/Type preparer's name	Preparer's signature
	MELODY S. THORNTON	
Preparer Use Only	Firm's name ▶ J.H. COHN LLP	Firm's EIN ▶
	Firm's address ▶ 9255 TOWNE CENTRE DRIVE #250 SAN DIEGO, CA 92121	Phone no. (858) 535-2000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

032001 02-22-11

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

AS THE "VOICE OF DOWNTOWN" IT IS OUR MISSION TO ADVANCE DOWNTOWN SAN DIEGO AS THE LEADING ECONOMIC, CULTURAL AND GOVERNMENTAL CENTER OF THE REGION THROUGH LEADERSHIP, ADVOCACY AND EDUCATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
 DOWNTOWN PROPERTY-BASED BUSINESS IMPROVEMENT DISTRICT (PBID) - BORN FROM A DESIRE TO IMPROVE THE BUSINESS CLIMATE, COMPETITIVENESS AND QUALITY OF LIFE IN DOWNTOWN SAN DIEGO, THE PARTNERSHIP MANAGES THE DOWNTOWN CLEAN & SAFE PROGRAM, THROUGH A "PBID" WHICH OVERSEES ENHANCED MAINTENANCE AND SAFETY SERVICES IN THE FOLLOWING DOWNTOWN DISTRICTS: CORE, COLUMBIA, MARINA, GASLAMP QUARTER, EAST VILLAGE, AND CORTEZ. THE PARTNERSHIP RECEIVES FUNDS FROM THE PROPERTY TAX ASSESSMENTS ON OWNERS WITHIN THE PBID TO ADMINISTER THE PROGRAM.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
 DOWNTOWN BUSINESS IMPROVMENT DISTRICT (BID) - THE PARTNERSHIP MANAGES THE DOWNTOWN BID FROM FIRST STREET TO TENTH AVENUE AND ASH STREET TO E STREET, FOR WHICH IT RECEIVES CITY FUNDING.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
 ONE OF THE CLEAN & SAFE PROGRAMS IS THE SAFETY AMBASSADORS. ONE OF THE PRIMARY GOALS OF THE SAFETY AMBASSADORS IS TO ENHANCE AND COMPLEMENT THE CITY OF SAN DIEGO'S POLICE DEPARTMENT SERVICES. USING TWO-WAY RADIOS AND PATROLLING ON FOOT AND BICYCLES, AMBASSADORS ACT AS AN EXTRA SET OF "EYES AND EARS" FOR LAW ENFORCEMENT AND PROPERTY OWNERS, AND CAN RESPOND TO CLEAN & SAFE SERVICE CALLS IN A MATTER OF MINUTES.

SAFETY AMBASSADORS OPERATE 24 HOURS A DAY AND ARE PROACTIVELY ENGAGING HOMELESS INDIVIDUALS AND PROVIDING THEM WITH USEFUL INFORMATION ABOUT THE VARIOUS SOCIAL SERVICES AVAILABLE.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

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)? If "Yes," complete Schedule A		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
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		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		
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		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; 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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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 Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
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, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
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		X
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	X	
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		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Form 990 (2010)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
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? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
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		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		X
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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		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," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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		
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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	88	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	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:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
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.		
a	Is the organization licensed to issue qualified health plans in more than one state? 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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Form 990 (2010)

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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

☒**Section 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	53	
b Enter the number of voting members included in line 1a, above, who are independent	53	
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?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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 in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in 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?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section 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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 619-234-0201**
401 B STREET, SUITE 100, SAN DIEGO, CA 92101

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ALAN PETRASEK DIRECTOR	1.00	X						0.	0.	0.
AMY NEFOUSE DIRECTOR	1.00	X						0.	0.	0.
ANDY SCHRECK DIRECTOR	1.00	X						0.	0.	0.
ANNE MARIE MOWATT DIRECTOR	1.00	X						0.	0.	0.
BILL SAULS TREASURER	1.00	X		X				0.	0.	0.
BOB MORRIS DIRECTOR	1.00	X						0.	0.	0.
CHARLES BLACK DIRECTOR	1.00	X						0.	0.	0.
CHRIS DAY DIRECTOR	1.00	X						0.	0.	0.
CHRIS WAHL DIRECTOR	1.00	X						0.	0.	0.
CRAIG BENEDETTO DIRECTOR	1.00	X						0.	0.	0.
DALE KAIN DIRECTOR	1.00	X						0.	0.	0.
DARIN ANDERSEN DIRECTOR	1.00	X						0.	0.	0.
DONNA JONES DIRECTOR	1.00	X						0.	0.	0.
DOUG PAUL DIRECTOR	1.00	X						0.	0.	0.
ERIK GREUPNER DIRECTOR	1.00	X						0.	0.	0.
FRANK URTASUN SECRETARY	1.00	X		X				0.	0.	0.
GAIL KING DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GINA CHAMPION-CAIN DIRECTOR	1.00	X						0.	0.	0.
GORDON BOERNER DIRECTOR	1.00	X						0.	0.	0.
GREG MUELLER DIRECTOR	1.00	X						0.	0.	0.
GREG SHIELDS DIRECTOR	1.00	X						0.	0.	0.
HOWARD KATZ DIRECTOR	1.00	X						0.	0.	0.
IGNACIO DE LA TORRE DIRECTOR	1.00	X						0.	0.	0.
JASON WOOD DIRECTOR	1.00	X						0.	0.	0.
JEFFREY CAVIGNAC DIRECTOR	1.00	X						0.	0.	0.
JOE NEWMAN DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								308,566.	0.	15,121.
d Total (add lines 1b and 1c)								308,566.	0.	15,121.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

- 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** **X**
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4** **X**
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5** **X**

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
SERVICE GROUP INC., GREEN TREE PLAZA 40 LLOYD AVE STE 101, P.O. BOX 70, MALVERN, JANI-KING OF CALIFORNIA, INC., 6170 CONERSTONE CT. #330, SAN DIEGO, CA 92121	SAFETY SERVICES	1,069,235.
DAVEY TREE PO BOX 94532, CLEVELAND, OH 44101	POWERWASH -GASLAMP/EAST VILLAG	393,533.
DAY & NIGHT POWER SWEEPING 1235 PIERRE WAY, STE A, EL CAJON, CA 92021	TREE & MEDIAN MAINTENANCE	252,501.
J&M KEYSTONE, 2709 VIA ORANGE WAY, STE A, SPRING VALLEY, CA 91978	POWERWASH -CORTEZ/MARINA	189,963.
	POWERWASH -CORE	148,649.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **6**

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN SHAW DIRECTOR	1.00	X						0.	0.	0.
JOHN WICKENHISER DIRECTOR	1.00	X						0.	0.	0.
JUDY FORRESTER DIRECTOR	1.00	X						0.	0.	0.
KATIE POTHIER DIRECTOR	1.00	X						0.	0.	0.
KEITH JONES DIRECTOR	1.00	X						0.	0.	0.
KIMBERLY HALE DIRECTOR	1.00	X						0.	0.	0.
KIM BREWER DIRECTOR	1.00	X						0.	0.	0.
KRIS MICHELL DIRECTOR	1.00	X						0.	0.	0.
KRISTINA LOCKWOOD DIRECTOR	1.00	X						0.	0.	0.
LESLIE WADE DIRECTOR	1.00	X						0.	0.	0.
LIZ ALBAMO DIRECTOR	1.00	X						0.	0.	0.
MARIVI SHIVERS DIRECTOR	1.00	X						0.	0.	0.
MICHAEL AKAVAN DIRECTOR	1.00	X						0.	0.	0.
MICHAEL JOHNSON DIRECTOR	1.00	X						0.	0.	0.
MICHAEL LABARRE DIRECTOR	1.00	X						0.	0.	0.
MICHAEL SIMONSEN DIRECTOR	1.00	X						0.	0.	0.
MISTY MOORE DIRECTOR	1.00	X						0.	0.	0.
MOLLY CARTMILL DIRECTOR	1.00	X						0.	0.	0.
NANCY SCULL DIRECTOR	1.00	X						0.	0.	0.
NIKKI CLAY DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAM VANNORT DIRECTOR	1.00	X						0.	0.	0.
PATTIE JENSEN DIRECTOR	1.00	X						0.	0.	0.
PAUL ROBINSON DIRECTOR	1.00	X						0.	0.	0.
PAUL RODENO DIRECTOR	1.00	X						0.	0.	0.
PERRY DEALY DIRECTOR	1.00	X						0.	0.	0.
PHIL PETERSEN DIRECTOR	1.00	X						0.	0.	0.
PHIL RATH DIRECTOR	1.00	X						0.	0.	0.
RICHARD BACH CHAIRMAN	1.00	X		X				0.	0.	0.
ROB BILBRO DIRECTOR	1.00	X						0.	0.	0.
ROB LANKFORD DIRECTOR	1.00	X						0.	0.	0.
ROBIN MUNRO MADAFFER DIRECTOR	1.00	X						0.	0.	0.
RUBEN ANDREWS DIRECTOR	1.00	X						0.	0.	0.
SAM ATTISHA DIRECTOR	1.00	X						0.	0.	0.
SCOTT MALONI DIRECTOR	1.00	X						0.	0.	0.
SHERM HARMER DIRECTOR	1.00	X						0.	0.	0.
SHERYL WRIGHT DIRECTOR	1.00	X						0.	0.	0.
STACEY LANKFORD PENNINGTON DIRECTOR	1.00	X						0.	0.	0.
STEPHEN FLUHR DIRECTOR	1.00	X						0.	0.	0.
STEVE MUELLER DIRECTOR	1.00	X						0.	0.	0.
TERRY ARNETT DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TOM ANGLEWICZ DIRECTOR	1.00	X						0.	0.	0.
TOM FERRELL DIRECTOR	1.00	X						0.	0.	0.
TOM SULLIVAN DIRECTOR	1.00	X						0.	0.	0.
WAYNE HICKEY DIRECTOR	1.00	X						0.	0.	0.
BAHIJA HAMRAZ ACCOUNTING MANAGER	40.00			X				46,565.	0.	3,424.
SHIRLEY HORTON PRESIDENT	40.00			X				138,174.	0.	5,106.
TESS ALVES PBID ACCOUNTING MANAGER	40.00			X				30,077.	0.	2,207.
MARY MICHELL PRESIDENT	40.00			X				0.	0.	0.
JOHN HANLEY EXECUTIVE DIRECTOR	40.00			X				93,750.	0.	4,384.
Total to Part VII, Section A, line 1c								308,566.		15,121.

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	325,420.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		325,420.				
Program Service Revenue	2 a PBID ASSESSMENT & PARK	Business Code	900099	4978203.	4978203.		
	b TRANSIT PASS PROGRAM		900099	411,957.	411,957.		
	c BID INCOME		900099	82,109.	82,109.		
	d BANNER FEES		900099	41,200.	41,200.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		5513469.				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,616.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a	298701.				
b Less: direct expenses		b	173809.				
c Net income or (loss) from fundraising events			124,892.			124,892.	
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a OTHER INCOME		900099	27,440.	27,440.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		27,440.					
12 Total revenue. See instructions.		5992837.	5540909.	0.	126,508.		

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	343,329.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,560,112.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	483,576.			
10 Payroll taxes	185,026.			
11 Fees for services (non-employees):				
a Management				
b Legal	18,688.			
c Accounting	20,078.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	2,223,247.			
12 Advertising and promotion	21,688.			
13 Office expenses	66,529.			
14 Information technology	10,290.			
15 Royalties				
16 Occupancy	353,201.			
17 Travel	3,610.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,605.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,012.			
23 Insurance	86,809.			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a TRANSIT PASS PROGRAM	394,575.			
b BID REPAIRS & MAINTANAN	127,150.			
c MISCELLANEOUS EXPENSE	35,238.			
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	5,979,763.			
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	174,878.	1	166,073.
	2 Savings and temporary cash investments	839,810.	2	592,248.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	458,217.	4	840,168.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	75,850.	9	103,877.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 591,227.		
	b Less: accumulated depreciation	10b 512,643.		
		100,519.	10c	78,584.
	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 34)	1,649,274.	16	1,780,950.	
Liabilities	17 Accounts payable and accrued expenses	275,467.	17	337,452.
	18 Grants payable		18	
	19 Deferred revenue	146,698.	19	195,608.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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. Complete Part X of Schedule D	817,000.	25	824,707.
	26 Total liabilities. Add lines 17 through 25	1,239,165.	26	1,357,767.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	410,109.	27	423,183.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	410,109.	33	423,183.
34 Total liabilities and net assets/fund balances	1,649,274.	34	1,780,950.	

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,992,837.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,979,763.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,074.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	410,109.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	423,183.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a 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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

DOWNTOWN SAN DIEGO PARTNERSHIP

Employer identification number

95-1729734

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a 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 | | | | | |
- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ☐ %
- b Permanent endowment ☐ %
- c Term endowment ☐ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		591,227.	512,643.	78,584.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				78,584.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(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. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(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. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) PBID ADVANCE- CITY OF SAN DIEGO	817,000.
(3) DEFERRED RENT	7,707.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	824,707.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,992,837.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,979,763.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	13,074.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	13,074.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	6,165,101.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	173,809.
e	Add lines 2a through 2d	2e	173,809.
3	Subtract line 2e from line 1	3	5,991,292.
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	4a	
b	Other (Describe in Part XIV.)	4b	1,545.
c	Add lines 4a and 4b	4c	1,545.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,992,837.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	6,152,027.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	173,809.
e	Add lines 2a through 2d	2e	173,809.
3	Subtract line 2e from line 1	3	5,978,218.
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	4a	
b	Other (Describe in Part XIV.)	4b	1,545.
c	Add lines 4a and 4b	4c	1,545.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,979,763.

Part XIV Supplemental Information

Complete this part to 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 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SPECIAL EVENTS 173,809.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASSIFICATION OF AN EXPENSE 1,545.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

COST OF SPECIAL EVENTS, RECLASSIFIED TO REDUCE INCOME ON

990 173,809.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

RECLASSIFICATION OF AN EXPENSE 1,545.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2010

Open To Public Inspection

Employer identification number
95-1729734

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 AWARDS DINNER	(b) Event #2 GOLF TOURNAMENT	(c) Other events 5	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts	159,124.	71,640.	67,937.	298,701.
2 Less: Charitable contributions				
3 Gross income (line 1 minus line 2)	159,124.	71,640.	67,937.	298,701.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages	37,339.	19,660.	34,262.	91,261.
8 Entertainment	2,000.			2,000.
9 Other direct expenses	34,422.	6,656.	39,470.	80,548.
10 Direct expense summary. Add lines 4 through 9 in column (d)				(173,809.)
11 Net income summary. Combine line 3, column (d), and line 10				124,892.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()
8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

DOWNTOWN SAN DIEGO PARTNERSHIP

Employer identification number
95-1729734

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

-SERVE AS DOWNTOWN'S WATCHDOG.

-SUPPORT REDEVELOPMENT THAT STIMULATES BUSINESS AND ECONOMIC GROWTH

DOWNTOWN.

-PROMOTE DEVELOPMENT OF PUBLIC FACILITIES AND INFRASTRUCTURE THAT SERVE

DOWNTOWN.

-REPRESENT MEMBERS BEFORE GOVERNMENTAL AGENCIES AND COMMUNITY

ORGANIZATIONS.

-SUPPORT DOWNTOWN SAN DIEGO AS THE CENTER FOR ARTS AND CULTURE FOR THE
REGION.

-COORDINATE MEMBER EFFORTS TO IMPROVE DOWNTOWN SOCIAL SERVICES AND
OUTREACH PROGRAMS.

-EDUCATE SAN DIEGO COMMUNITIES ABOUT THE IMPORTANCE OF A VIBRANT AND
HEALTHY DOWNTOWN.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS

FORM 990, PART VI, SECTION A, LINE 7A: THE GOVERNING BODY ARE ELECTED AT
AN ANNUAL OR SPECIAL MEETING OF MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B: THE DECISIONS OF THE GOVERNING BODY
ARE SUBJECT TO APPROVAL BY THE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE FINANCE
COMMITTEE BEFORE IT IS FILED.

Name of the organization

DOWNTOWN SAN DIEGO PARTNERSHIP

Employer identification number

95-1729734

FORM 990, PART VI, SECTION B, LINE 12C: THROUGH AN ANNUAL CERTIFICATE.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT
OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE AVAILABLE UPON
REQUEST.

FORM 990, PART XI, LINE 2C

A COMMITTEE IS RESPONSIBLE FOR AUDIT OVERSIGHT.

THERE IS NO CHANGE FROM THE PRIOR YEAR. THE AUDIT COMMITTEE MAKES THE
SELECTION OF THE AUDIT FIRM. THE AUDIT FIRM MEETS WITH THE AUDIT
COMMITTEE BEFORE STARTING THE AUDIT AND AFTER THE AUDIT IS COMPLETE TO
REVIEW THE RESULTS OF THE AUDIT.

Name of the organization

Employer identification number
95-1729734

DOWNTOWN SAN DIEGO PARTNERSHIP

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

[illegible]

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

[illegible]

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2010, or fiscal year beginning JUL 1, 2010, and ending JUN 30, 20 11**2010**Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**▶ **See instructions.**

Name of exempt organization

Employer identification number

DOWNTOWN SAN DIEGO PARTNERSHIP**95-1729734**

Name and title of officer

**MARY MICHELL
PRESIDENT****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 5992837
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **J.H. COHN LLP**

ERO firm name

to enter my PIN **12345**Enter five numbers, but
do not enter all zeros

as my signature on the organization's tax year 2010 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 also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 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.

Officer's signature ▶

Date ▶

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.

33353012345

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization 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 ▶

Date ▶

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

LHA For Paperwork Reduction Act Notice, see instructions.
023051
12-27-10

Form **8879-EO** (2010)

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

June 30, 2011

Prepared for	Kris Michell Downtown San Diego Partnership 401 B Street, Suite 100 San Diego, CA 92101
Prepared by	J.H. Cohn LLP 9255 Towne Centre Drive #250 San Diego, CA 92121
Amount due or refund	Balance due of \$10
Make check payable to	Franchise Tax Board
Mail tax return and check (if applicable) to	Franchise Tax Board P.O. Box 942857 Sacramento, CA 94257-0701
Return must be mailed on or before	June 15, 2012
Special Instructions	<p>The return should be signed and dated by an authorized individual.</p> <p>Include the organization's California corporation/organization number and "2010 Form 199" on the remittance.</p>

TAXABLE YEAR

2010

California Exempt Organization Annual Information Return

Calendar Year 2010 or fiscal year beginning month JULY day 1 year 2010, and ending month JUNE day 30 year 2011.

A First Return Filed? ☐ Yes ☒ No
 B Type of organization Exempt under Section 23701 E (insert letter)
 IRC Section 4947(a)(1) trust ☐

Corporation/Organization Name

DOWNTOWN SAN DIEGO PARTNERSHIP

Address

401 B STREET, NO. 100

City

SAN DIEGO

State

CA

ZIP Code

92101

C Amended Return? ☐ Yes ☒ No

D Are you a subordinate/affiliate in a group exemption? ☐ Yes ☒ No

(a) Is this a group filing for affiliates? See General Instruction L ☐ Yes ☒ No

(b) If "Yes," enter the number of affiliates

(c) Are all affiliates included? ☐ Yes ☒ No

(If "No," attach a list. See instructions.)

(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

(e) Federal Group Exemption Number

(f) Is a roster of subordinates attached? ☐ Yes ☒ No

E Final return?
☐ Dissolved ☐ Surrendered (Withdrawn)
☐ Merged/Reorganized (attach explanation)

If a box is checked, enter date

F Check the box if the organization filed the following federal forms or schedule:
 (1) ☐ 990T (2) ☐ 990PF (3) ☐ (Schedule H) 990

G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required. ☐

H Accounting method used (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations ☐ Yes ☒ No

J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents ☐ Yes ☒ No

K Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No

If "Yes," enter amount of gross receipts from nonmember sources \$

L Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No

M Is the organization a Limited Liability Company? ☐ Yes ☒ No

N Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	5,841,226.00
	2	Gross dues and assessments from members and affiliates	2	325,420.00
	3	Gross contributions, gifts, grants, and similar amounts received	3	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction B	4	6,166,646.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	6,166,646.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	6,153,572.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	13,074.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer Title **PRESIDENT** Date Telephone

Preparer's signature Date Check if self-employed ☐ Preparer's PTIN/SSN **P00012351**

Paid Preparer's Use Only

Firm's name (or yours, if self-employed) and address **J.H. COHN LLP**
9255 TOWNE CENTRE DRIVE #250
SAN DIEGO, CA 92121

FEIN **22-1478099**

Telephone **(858) 535-2000**

May the FTB discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

DOWNTOWN SAN DIEGO PARTNERSHIP

95-1729734

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete
Part II or furnish substitute information. See Specific Line Instructions.

028951 12-16-10

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	298,701.00
	2	Interest	•	2	1,616.00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See instructions)	•	6	00
	7	Other income	•	7	5,540,909.00
Expenses and Disburse- ments	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	5,841,226.00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	343,329.00
	12	Other salaries and wages	•	12	1,560,112.00
	13	Interest	•	13	00
	14	Taxes	•	14	185,026.00
	15	Rents	•	15	353,201.00
	16	Depreciation and depletion (See instructions)	•	16	29,012.00
	17	Other	•	17	3,682,892.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	6,153,572.00

Schedule L Balance Sheets

Beginning of taxable year

End of taxable year

	(a)	(b)	(c)	(d)
Assets				
1 Cash		1,014,688.		758,321.
2 Net accounts receivable		458,217.		840,168.
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans (number of loans)				
9 Other investments				
10 a Depreciable assets	584,149.		591,227.	
b Less accumulated depreciation	(483,630.)	100,519.	(512,643.)	78,584.
11 Land				
12 Other assets	STMT 4	75,850.		103,877.
13 Total assets		1,649,274.		1,780,950.
Liabilities and net worth				
14 Accounts payable		275,467.		337,452.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities	STMT 5	963,698.		1,020,315.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		410,109.		423,183.
22 Total liabilities and net worth		1,649,274.		1,780,950.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1 Net income per books	•	13,074.	7 Income recorded on books this year not included in this return	•	
2 Federal income tax	•		8 Deductions in this return not charged against book income this year	•	
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8		
4 Income not recorded on books this year	•		10 Net income per return.		
5 Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6		13,074.
6 Total.		13,074.			

FORM 199	OTHER INCOME	STATEMENT	1
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DESCRIPTION	AMOUNT
OTHER INCOME	27,440.
PBID ASSESSMENT & PARKS REIMBURSEMENTS	4,978,203.
TRANSIT PASS PROGRAM	411,957.
BID INCOME	82,109.
BANNER FEES	41,200.
TOTAL TO FORM 199, PART II, LINE 7	5,540,909.

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	2
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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ALAN PETRASEK 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
AMY NEFOUSE 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
ANDY SCHRECK 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
ANNE MARIE MOWATT 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
BILL SAULS 401 B STREET, NO. 100 SAN DIEGO, CA 92101	TREASURER 1.00	0.
BOB MORRIS 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
CHARLES BLACK 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.

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CHRIS DAY 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
CHRIS WAHL 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
CRAIG BENEDETTO 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
DALE KAIN 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
DARIN ANDERSEN 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
DONNA JONES 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
DOUG PAUL 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
ERIK GREUPNER 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
FRANK URTASUN 401 B STREET, NO. 100 SAN DIEGO, CA 92101	SECRETARY 1.00	0.
GAIL KING 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
GINA CHAMPION-CAIN 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
GORDON BOERNER 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
GREG MUELLER 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.

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GREG SHIELDS 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
HOWARD KATZ 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
IGNACIO DE LA TORRE 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
JASON WOOD 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
JEFFREY CAVIGNAC 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
JOE NEWMAN 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
JOHN SHAW 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
JOHN WICKENHISER 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
JUDY FORRESTER 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
KATIE POTHIER 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
KEITH JONES 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
KIMBERLY HALE 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
KIM BREWER 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.

DOWNTOWN SAN DIEGO PARTNERSHIP

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KRIS MICHELL 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
KRISTINA LOCKWOOD 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
LESLIE WADE 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
LIZ ALBAMO 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
MARIVI SHIVERS 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
MICHAEL AKAVAN 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
MICHAEL JOHNSON 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
MICHAEL LABARRE 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
MICHAEL SIMONSEN 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
MISTY MOORE 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
MOLLY CARTMILL 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
NANCY SCULL 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
NIKKI CLAY 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.

DOWNTOWN SAN DIEGO PARTNERSHIP

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PAM VANNORT 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
PATTIE JENSEN 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
PAUL ROBINSON 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
PAUL RODENO 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
PERRY DEALY 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
PHIL PETERSEN 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
PHIL RATH 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
RICHARD BACH 401 B STREET, NO. 100 SAN DIEGO, CA 92101	CHAIRMAN 1.00	0.
ROB BILBRO 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
ROB LANKFORD 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
ROBIN MUNRO MADAFFER 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
RUBEN ANDREWS 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
SAM ATTISHA 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.

DOWNTOWN SAN DIEGO PARTNERSHIP

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SCOTT MALONI 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
SHERM HARMER 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
SHERYL WRIGHT 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
STACEY LANKFORD PENNINGTON 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
STEPHEN FLUHR 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
STEVE MUELLER 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
TERRY ARNETT 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
TOM ANGLEWICZ 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
TOM FERRELL 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
TOM SULLIVAN 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
WAYNE HICKEY 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
BAHIJA HAMRAZ 401 B STREET, NO. 100 SAN DIEGO, CA 92101	ACCOUNTING MANAGER 40.00	59,703.
SHIRLEY HORTON 401 B STREET, NO. 100 SAN DIEGO, CA 92101	PRESIDENT 40.00	64,994.

DOWNTOWN SAN DIEGO PARTNERSHIP

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TESS ALVES
401 B STREET, NO. 100
SAN DIEGO, CA 92101

PBID ACCOUNTING MANAGER
40.00

49,657.

MARY MICHELL
401 B STREET, NO. 100
SAN DIEGO, CA 92101

PRESIDENT
40.00

67,549.

JOHN HANLEY
401 B STREET, NO. 100
SAN DIEGO, CA 92101

EXECUTIVE DIRECTOR
40.00

101,426.

TOTAL TO FORM 199, PART II, LINE 11

343,329.

FORM 199

OTHER EXPENSES

STATEMENT

3

DESCRIPTION

AMOUNT

TRANSIT PASS PROGRAM	394,575.
BID REPAIRS & MAINTANAN	127,150.
MISCELLANEOUS EXPENSE	35,238.
DIRECT EXPENSES OF FUNDRAISING EVENTS	173,809.
OTHER EMPLOYEE BENEFITS	483,576.
LEGAL FEES	18,688.
ACCOUNTING FEES	20,078.
OTHER PROFESSIONAL FEES	2,223,247.
ADVERTISING AND PROMOTION	21,688.
OFFICE EXPENSES	66,529.
INFORMATION TECHNOLOGY	10,290.
TRAVEL	3,610.
CONFERENCES AND CONVENTIONS	17,605.
INSURANCE	86,809.

TOTAL TO FORM 199, PART II, LINE 17

3,682,892.

FORM 199

OTHER ASSETS

STATEMENT

4

DESCRIPTION

BEG. OF YEAR

END OF YEAR

PREPAID EXPENSES AND DEFERRED CHARGES

75,850.

103,877.

TOTAL TO FORM 199, SCHEDULE L, LINE 12

75,850.

103,877.

FORM 199	OTHER LIABILITIES	STATEMENT	5
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PBID ADVANCE- CITY OF SAN DIEGO	817,000.	817,000.
DEFERRED RENT	0.	7,707.
DEFERRED REVENUE	146,698.	195,608.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	963,698.	1,020,315.