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CLIENT'S COPY



ACCOUNTING • TAX • ADVISORY

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KRIS MICHELL
DOWNTOWN SAN DIEGO PARTNERSHIP
401 B STREET, SUITE 100
SAN DIEGO, CA 92101

DEAR KRIS:

ENCLOSED ARE THE 2012 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2012 FORM 990

2012 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.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE 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.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

VERY TRULY YOURS,

STEPHEN M. DAY

PARTNER



CohnReznick is an independent member of Nexia International

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
JUNE 30, 2013

PREPARED FOR:

KRIS MICHELL
DOWNTOWN SAN DIEGO PARTNERSHIP
401 B STREET, SUITE 100
SAN DIEGO, CA 92101

PREPARED BY:

COHNREZNICK LLP
9255 TOWNE CENTRE DRIVE - SUITE 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 QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY FEBRUARY 18, 2014

EXTENSION GRANTED TO 02/18/14

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

2012Open to Public
Inspection**A** For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DOWNTOWN SAN DIEGO PARTNERSHIP, INC.		D Employer identification number 95-1729734
	Doing Business As		
	Number and street (or P.O. box if mail is not delivered to street address) 401 B STREET	Room/suite 100	E Telephone number 619-234-0201
	City, town, or post office, state, and ZIP code SAN DIEGO, CA 92101		G Gross receipts \$ 6,706,203.
	F Name and address of principal officer: KRIS MICHELL SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> 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 SAN DIEGO'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)	3	69
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	68
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	85
	6 Total number of volunteers (estimate if necessary)	6	60
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	425,363.	498,375.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,647,154.	5,686,559.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,360.	1,096.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	233,582.	260,462.
		6,307,459.	6,446,492.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
Expenses	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)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,644,942.	2,715,357.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,587,825.	3,758,186.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,232,767.	6,473,543.
	19 Revenue less expenses. Subtract line 18 from line 12	74,692.	-27,051.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,956,308.	2,082,523.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,458,433.	1,611,699.
		497,875.	470,824.

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
	KRIS MICHELL, PRESIDENT		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	STEPHEN M. DAY		
	Firm's name ▶ COHNREZNICK LLP	Firm's EIN ▶ 22-1478099	Check if self-employed <input type="checkbox"/> PTIN P00227737
	Firm's address ▶ 9255 TOWNE CENTRE DRIVE - SUITE 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

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)**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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 IMPROVEMENT 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)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i>	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Form 990 (2012)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2012)

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	1a 10		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 85		
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)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
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?	7a		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
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?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
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?	12a		
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.	13a		
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?	14a		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 (2012)

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

☒ X

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 1a 69		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 68		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2	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? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	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 9		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b	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? 16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) FRANK URTASUN 1ST VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(2) CRAIG BENEDETTO 2ND VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(3) KEITH JONES CHAIRMAN	1.00	X		X				0.	0.	0.
(4) NIKKI CLAY DIRECTOR	1.00	X						0.	0.	0.
(5) NICK WILSON DIRECTOR	1.00	X						0.	0.	0.
(6) NELSON ACKERLY DIRECTOR	1.00	X						0.	0.	0.
(7) NANCY SCULL DIRECTOR	1.00	X						0.	0.	0.
(8) MICHAEL SIMONSEN DIRECTOR	1.00	X						0.	0.	0.
(9) MICHAEL JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(10) MICHAEL BURTON DIRECTOR	1.00	X						0.	0.	0.
(11) MICHAEL BARDIN DIRECTOR	1.00	X						0.	0.	0.
(12) MICHAEL AKAVAN DIRECTOR	1.00	X						0.	0.	0.
(13) MATT CARLSON DIRECTOR	1.00	X						0.	0.	0.
(14) KIM BREWER DIRECTOR	1.00	X						0.	0.	0.
(15) JULIE MEBANE DIRECTOR	1.00	X						0.	0.	0.
(16) PAUL ROBINSON DIRECTOR	1.00	X						0.	0.	0.
(17) AARON RIOS 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) PERRY DEALY DIRECTOR	1.00	X						0.	0.	0.
(19) PHIL PETERSEN DIRECTOR	1.00	X						0.	0.	0.
(20) PHIL RATH DIRECTOR	1.00	X						0.	0.	0.
(21) RICHARD BACH DIRECTOR	1.00	X						0.	0.	0.
(22) RICHARD GONOR DIRECTOR	1.00	X						0.	0.	0.
(23) ROB LANKFORD DIRECTOR	1.00	X						0.	0.	0.
(24) SAM ATTISHA DIRECTOR	1.00	X						0.	0.	0.
(25) SCOTT MALONI DIRECTOR	1.00	X						0.	0.	0.
(26) SCOTT RIPPERTON DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								587,077.	0.	20,065.
d Total (add lines 1b and 1c)								587,077.	0.	20,065.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
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		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	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		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSAL PROTECTION SERVICES P.O. BOX 101034, PASADENA, CA 91189	SECURITY SERVICES	614,498.
GREEN CLEAN WATER & WASTE SERVICES, INC., 5790 MIRAMAR RD. STE. #206, SAN DIEGO, CA	SIDEWALK WASHING	379,658.
HERITAGE SECURITY SERVICES PO BOX 84540, SAN DIEGO, CA 92138	SECURITY SERVICES	299,573.
JANI-KING OF CALIFORNIA, INC., 6170 CONERSTONE CT. #330, SAN DIEGO, CA 92121	POWERWASHING (SIDEWALK CLEANING)	181,204.
DAVEY TREE, 6914 MISSION GORGE ROAD, SAN DIEGO, CA 92120	LANDSCAPING/TREE TRIMMING	121,157.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(27) SHERM HARMER DIRECTOR	1.00	X						0.	0.	0.
(28) STACEY LANKFORD PENNINGTON DIRECTOR	1.00	X						0.	0.	0.
(29) STEVE CUSHMAN DIRECTOR	1.00	X						0.	0.	0.
(30) STEVE ESPINO DIRECTOR	1.00	X						0.	0.	0.
(31) TERRY ARNETT DIRECTOR	1.00	X						0.	0.	0.
(32) TOM FERRELL DIRECTOR	1.00	X						0.	0.	0.
(33) JUDY FORRESTER DIRECTOR	1.00	X						0.	0.	0.
(34) TUNI KYI DIRECTOR	1.00	X						0.	0.	0.
(35) JOYCE GLAZER DIRECTOR	1.00	X						0.	0.	0.
(36) JOHN SCHAFER DIRECTOR	1.00	X						0.	0.	0.
(37) ALAN PETRASEK DIRECTOR	1.00	X						0.	0.	0.
(38) ALBERTO GUARDADO DIRECTOR	1.00	X						0.	0.	0.
(39) BRANDY CHRISTIAN DIRECTOR	1.00	X						0.	0.	0.
(40) BRENDAN FOOTE DIRECTOR	1.00	X						0.	0.	0.
(41) CASEY BROWN DIRECTOR	1.00	X						0.	0.	0.
(42) CHRIS FRAHM DIRECTOR	1.00	X						0.	0.	0.
(43) CRAIG IRVING DIRECTOR	1.00	X						0.	0.	0.
(44) DALE KAIN DIRECTOR	1.00	X						0.	0.	0.
(45) DONNA JONES DIRECTOR	1.00	X						0.	0.	0.
(46) DOUG PAUL 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 (list any hours for related organizations below line)	(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			
(47) ERIC STENMAN DIRECTOR	1.00	X						0.	0.	0.
(48) ERIK GREUPNER DIRECTOR	1.00	X						0.	0.	0.
(49) JOHN SHAW DIRECTOR	1.00	X						0.	0.	0.
(50) GAIL KING DIRECTOR	1.00	X						0.	0.	0.
(51) ERNIE HAHN DIRECTOR	1.00	X						0.	0.	0.
(52) GREG SHIELDS DIRECTOR	1.00	X						0.	0.	0.
(53) JIM WARING DIRECTOR	1.00	X						0.	0.	0.
(54) JIM DAWE DIRECTOR	1.00	X						0.	0.	0.
(55) JERRY SANDERS DIRECTOR	1.00	X						0.	0.	0.
(56) JENNIFER FARNHAM DIRECTOR	1.00	X						0.	0.	0.
(57) GREG MUELLER DIRECTOR	1.00	X						0.	0.	0.
(58) JEFFREY CAVIGNAC DIRECTOR	1.00	X						0.	0.	0.
(59) JAMIE WATERS DIRECTOR	1.00	X						0.	0.	0.
(60) JAMES NIGRO DIRECTOR	1.00	X						0.	0.	0.
(61) HOWARD KATZ DIRECTOR	1.00	X						0.	0.	0.
(62) HENRY FORD DIRECTOR	1.00	X						0.	0.	0.
(63) WAYNE HICKEY DIRECTOR	1.00	X						0.	0.	0.
(64) IGNACIO DE LA TORRE IMMEDIATE PAST CHAIRMAN	1.00	X		X				0.	0.	0.
(65) KRIS MICHELL PRESIDENT	40.00	X		X				195,000.	0.	222.
(66) ROBIN MUNRO MADAFFER SECRETARY	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

			(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	498,375.			
	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		498,375.			
Program Service Revenue	2 a <u>PBID ASSESSMENT & PARK</u>	Business Code 900099	5,130,258.	5,130,258.		
	b <u>TRANSIT PASS PROGRAM</u>	900099	449,609.	449,609.		
	c <u>BID INCOME</u>	900099	71,042.	71,042.		
	d <u>BANNER FEES</u>	900099	35,650.	35,650.		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		5,686,559.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,096.			1,096.
	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	510,773.			
	b Less: direct expenses	b	259,711.			
	c Net income or (loss) from fundraising events		251,062.			251,062.
	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 <u>OTHER INCOME</u>	900099	9,400.	9,400.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		9,400.				
12 Total revenue. See instructions.		6,446,492.	5,695,959.	0.	252,158.	

Part IX Statement of Functional Expenses

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

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

☒ X

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 United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	618,462.			
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	1,505,986.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	398,419.			
10 Payroll taxes	192,490.			
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	37,295.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,057,125.			
12 Advertising and promotion	57,139.			
13 Office expenses	316,609.			
14 Information technology	8,819.			
15 Royalties				
16 Occupancy	322,008.			
17 Travel	11,754.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,612.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	47,677.			
23 Insurance	125,667.			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRANSIT PASS PROGRAM	425,262.			
b CONTINGENCY	126,315.			
c BID REPAIRS & MAINTENAN	110,560.			
d BID EXPENSES	53,467.			
e All other expenses	51,877.			
25 Total functional expenses. Add lines 1 through 24e	6,473,543.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	240,662.	1	265,701.
	2 Savings and temporary cash investments	545,386.	2	483,204.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	960,670.	4	1,058,043.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	86,045.	9	112,989.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 751,618.		
	b Less: accumulated depreciation	10b 589,032.	10c	162,586.
	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)	1,956,308.	16	2,082,523.	
Liabilities	17 Accounts payable and accrued expenses	384,122.	17	464,228.
	18 Grants payable		18	
	19 Deferred revenue	246,001.	19	310,627.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	828,310.	25	836,844.
	26 Total liabilities. Add lines 17 through 25	1,458,433.	26	1,611,699.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	497,875.	27	470,824.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	497,875.	33	470,824.
	34 Total liabilities and net assets/fund balances	1,956,308.	34	2,082,523.

Form 990 (2012)

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	6,446,492.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,473,543.
3	Revenue less expenses. Subtract line 2 from line 1	3	-27,051.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	497,875.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	470,824.

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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	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.	2c	X
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? _____	3a	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 _____	3b	

Form 990 (2012)

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

95-1729734

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(6) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.**Special Rules**☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

95-1729734

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ACE PARKING 645 ASH STREET SAN DIEGO, CA 92101	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	AMERICAN MEDICAL RESPONSE 8808 BALBOA AVENUE, SUITE 150 SAN DIEGO, CA 92123	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	BANK OF AMERICA 450 B STREET, SUITE 620 SAN DIEGO, CA 92101	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	BBL, INC. 450 B STREET, SUITE 400 SAN DIEGO, CA 92101	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	BOSA DEVELOPMENT CALIFORNIA II, INC. 500-1901 ROSSER AVENUE BURNABY, BC, CANADA V5C 6S3	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	BRIDGEPOINT EDUCATION 13500 EVENING CREEK DRIVE NORTH SUITE 600 SAN DIEGO, CA 92128	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

95-1729734

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CARLETON MANAGEMENT, INC. 11440 WEST BERNARDO COURT, SUITE 240 SAN DIEGO, CA 92127	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	CARRIER JOHNSON + CULTURE 1301 THIRD AVENUE SAN DIEGO, CA 92101	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	CLARK CONSTRUCTION GROUP- CALIFORNIA, LP 525 B STREET, SUITE 250 SAN DIEGO, CA 92101	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	CUSHMAN WAKEFIELD 4435 EASTGATE MALL, SUITE 200 SAN DIEGO, CA 92121	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	DYNALECTRIC COMPANY 9505 CHESAPEAKE DRIVE SAN DIEGO, CA 92123	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	FOX SPORTS SAN DIEGO 350 10TH AVE. SUITE 400 SAN DIEGO, CA 92101	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

95-1729734

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	HIGGS FLETCHER & MACK 401 WEST A STREET SUITE 2600 SAN DIEGO, CA 92101	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	HUGHES MARINO 1450 FRONT STREET SAN DIEGO, CA 92101	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	IRVINE COMPANY 600 WEST BROADWAY, #300 SAN DIEGO, CA 92101	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	JPMORGAN CHASE & CO. 707 BROADWAY - 12TH FLOOR SAN DIEGO, CA 92101	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	LANKFORD & ASSOCIATES 1050 PARK BLVD. SAN DIEGO, CA 92101	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	MCCARTHY BUILDING COMPANIES. INC. 6165 GREENWICH DRIVE, SUITE 340 SAN DIEGO, CA 92122	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

95-1729734

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	MCKENNA LONG & ALDRIDGE LLP 600 WEST BROADWAY, SUITE 2600 SAN DIEGO, CA 92101	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	OLIVERMCMILLAN 733 8TH AVENUE SAN DIEGO, CA 92101	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	PCL CONSTRUCTION SERVICES 4690 EXECUTIVE DRIVE, SUITE 100 SAN DIEGO, CA 92121	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	POSEIDON RESOURCES 501 WEST BROADWAY SUITE 2020 SAN DIEGO, CA 92101	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	SDG&E LUCIA STONE 8330 CENTURY PARK COURT ML#CP31D SAN DIEGO, CA 92123	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	SAN DIEGO PADRES 100 PARK BLVD SAN DIEGO, CA 92101	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

95-1729734

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	SUFFOLK-ROEL P.O. BOX 80216 SAN DIEGO, CA 92138	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	SYCUAN BAND OF THE KUMEYAAY NATION ADAM DAY 5459 SYCUAN ROAD EL CAJON, CA 92019	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	THE IRVING GROUP 4320 LA JOLLA VILLAGE DRIVE, SUITE 250 SAN DIEGO, CA 92122	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	WAL-MART PO BOX 750 BRYN MAWAR, CA 92318	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	WELLS FARGO 401 B STREET SUITE 1100 SAN DIEGO, CA 92101	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	WESTFIELD CORPORATION 225 BROADWAY, SUITE 1700 SAN DIEGO, CA 92101	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

95-1729734

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

95-1729734

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ► \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

Employer identification number

95-1729734

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$

3 Volunteer hours ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b ▶ \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization
made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political
contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a
political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

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Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes ☐ No
4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	498,375.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	5,048.
b Carryover from last year	2b	
c Total	2c	5,048.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	5,048.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012
Open to Public
Inspection

Name of the organization

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 XIII, 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 XIII, 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
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII ☐

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 current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		751,618.	589,032.	162,586.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				162,586.

Schedule D (Form 990) 2012

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) Book value
(1) Federal income taxes	
(2) PBID ADVANCE- CITY OF SAN DIEGO	817,000.
(3) DEFERRED RENT	19,844.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	836,844.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

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

1	Total revenue, gains, and other support per audited financial statements	1	6,706,203.
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 XIII.)	2d	259,711.
e	Add lines 2a through 2d	2e	259,711.
3	Subtract line 2e from line 1	3	6,446,492.
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,446,492.

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

1	Total expenses and losses per audited financial statements	1	6,733,254.
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 XIII.)	2d	259,711.
e	Add lines 2a through 2d	2e	259,711.
3	Subtract line 2e from line 1	3	6,473,543.
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,473,543.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF SPECIAL EVENTS	259,711.
-------------------------------	----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:**COST OF SPECIAL EVENTS, RECLASSIFIED TO REDUCE INCOME ON**

990	259,711.
------------	----------

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.

OMB No. 1545-0047

2012

Open To Public Inspection

Name of the organization

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

Employer identification number
95-1729734

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b. If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

Total

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 INSTALLATION DINNER	(c) Other events 2	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts	235,231.	158,150.	117,392.	510,773.
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	235,231.	158,150.	117,392.	510,773.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages	55,336.	57,182.	8,844.	121,362.
8 Entertainment				
9 Other direct expenses	46,828.	39,129.	52,392.	138,349.
10 Direct expense summary. Add lines 4 through 9 in column (d)				(259,711.)
11 Net income summary. Combine line 3, column (d), and line 10				251,062.

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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

Employer identification number

95-1729734

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to
establish compensation of the CEO/Executive Director, but explain in Part III.

☒ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☒ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

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

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Area with multiple horizontal lines for supplemental information.

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

2012
Open to Public
Inspection

Name of the organization

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

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 2: ROB LANKFORD AND STACEY LANKFORD
PENNINGTON ARE FATHER AND DAUGHTER.

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.

Name of the organization

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

Employer identification number
95-1729734

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

FORM 990, PART VI, SECTION B, LINE 12C: DSDP MEMBERS EXPECT HIGH STANDARDS OF INTEGRITY OF THEMSELVES AND OF OTHER MEMBERS. BOARD MEMBERS ARE EXPECTED TO DISCLOSE ANY CONFLICT OF INTEREST AT THE INITIATION OF DISCUSSION OF THAT MATTER AT EITHER THE BOARD OR COMMITTEE MEETING, AND TO ABSTAIN FROM VOTING ON THE MATTER. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. THE CHAIRPERSON OF THE BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT. IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING

Name of the organization

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

Employer identification number

95-1729734

FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15: THE CHAIRMAN OF THE BOARD AND A FEW BOARD MEMBERS FORMED A PRESIDENT/CEO SEARCH COMMITTEE, WHICH IS RESPONSIBLE FOR DETERMINING COMPENSATION FOR THE CEO, EXECUTIVE DIRECTOR, TOP MANAGEMENT OFFICIALS, AND OTHER OFFICERS AND KEY EMPLOYEES.

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 IX, LINE 11G, OTHER FEES:

BUSINESS ATTRACTION PROGRAM:

TOTAL EXPENSES 9,963.

CLEANING & JANITORIAL:

TOTAL EXPENSES 106,872.

CONTRACTOR:

TOTAL EXPENSES 1,940,290.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,057,125.

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

232212
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

Employer identification number
95-1729734

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.

▲ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▲ Attach to Form 990.
▲ See separate instructions.

**2012
Open to Public
Inspection**

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

Employer identification number
95-1729734

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

Part II		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]

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

Schedule R (Form 990) 2012

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, 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?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	1b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	1c	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	1d	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Loans or loan guarantees by related organization(s)	1e	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Dividends from related organization(s)	1f	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g Sale of assets to related organization(s)	1g	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h Purchase of assets from related organization(s)	1h	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i Exchange of assets with related organization(s)	1i	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	1j	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	1k	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o Sharing of paid employees with related organization(s)	1o	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	1p	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	1q	<input checked="" type="checkbox"/>	<input type="checkbox"/>
r Other transfer of cash or property to related organization(s)	1r	<input checked="" type="checkbox"/>	<input type="checkbox"/>
s Other transfer of cash or property from related organization(s)	1s	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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-s)	(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).

Provide responses to questions on Schedule H (see instructions).

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete **only Part I** and check this box ☐ **X**
 • If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete **only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on [e-file for Charities & Nonprofits](#).

Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).
--------	---

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	DOWNTOWN SAN DIEGO PARTNERSHIP, INC.	95-1729734
	Number, street, and room or suite no. If a P.O. box, see instructions. 401 B STREET, NO. 100	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN DIEGO, CA 92101	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

- The books are in the care of **401 B STREET, SUITE 100 - SAN DIEGO, CA 92101**
Telephone No. **619-234-0201** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 18, 2014, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

► ☐ calendar year

► ☒ tax year beginning JUL 1, 2012, and ending JUN 30, 2013

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any <u>nonrefundable credits</u> . See instructions.	3a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and <u>estimated tax payments made</u> . Include any prior year overpayment allowed as a credit.	3b	\$	0.
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)

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

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning JUL 1, 2012, and ending JUN 30, 2013**2012**Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization

Employer identification number

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.**95-1729734**

Name and title of officer

KRIS 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 6446492
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 2012 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 **COHNREZNICK 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 2012 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 2012 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 2012 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.
223051
11-05-12

Form **8879-EO** (2012)

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

JUNE 30, 2013

PREPARED FOR:

KRIS MICHELL
DOWNTOWN SAN DIEGO PARTNERSHIP
401 B STREET, SUITE 100
SAN DIEGO, CA 92101

PREPARED BY:

COHNREZNICK LLP
9255 TOWNE CENTRE DRIVE - SUITE 250
SAN DIEGO, CA 92121

AMOUNT OF TAX:

BALANCE DUE OF \$10

MAKE CHECK PAYABLE TO:

FRANCHISE TAX BOARD

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THE FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE FTB.

YOUR PAYMENT SHOULD BE MADE AS INSTRUCTED BELOW AS SOON AS POSSIBLE.

SEPARATELY MAIL CALIFORNIA FORM FTB 3586 WITH A CHECK OR MONEY ORDER FOR \$10, PAYABLE TO FRANCHISE TAX BOARD.

MAIL TO:
FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

INCLUDE THE CORPORATION NUMBER OR FEIN AND "2012 FTB 3586" ON THE CHECK OR MONEY ORDER.

TAXABLE YEAR
2012

California Exempt Organization Annual Information Return

228941 12-18-12
FORM

199

Calendar Year 2012 or fiscal year beginning month **JULY** day **1** year **2012**, and ending month **JUNE** day **30** year **2013**.

Corporation/Organization Name DOWNTOWN SAN DIEGO PARTNERSHIP, INC.			California corporation number 0265535
Address (suite, room, or PMB no.) 401 B STREET, NO. 100			FEIN 95-1729734
City SAN DIEGO	State CA	ZIP Code 92101	

- A** First Return ☐ Yes ☒ No
- B** Amended Return ☐ Yes ☒ No
- C** IRC Section 4947(a)(1) trust ☐ Yes ☒ No
- D** Final Return?
☐ Dissolved ☐ Surrendered (Withdrawn)
☐ Merged/Reorganized Enter date: _____
- E** Check accounting method:
 (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other
- F** Federal return filed?
 (1) ☐ 990T (2) ☐ 990(PF) (3) ☐ Sch H (990)
- G** Is this a group filing for the subordinates/affiliates? ☐ Yes ☒ No
 If "Yes," attach a roster. See instructions
- H** Is this organization in a group exemption? ☐ Yes ☒ No
 If "Yes," what is the parent's name? _____
- I** 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? ☐ Yes ☒ No
 If "Yes," explain, and attach copies of revised documents.

- J** 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)? ☐ Yes ☐ No
 If "Yes," complete and attach form FTB 3509.
- K** Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
 If "Yes," enter the gross receipts from nonmember sources \$ _____
- L** 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. No filing fee is required. ☐
- 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
- O** Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ 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	6,207,828.00
	2	Gross dues and assessments from members and affiliates	2	498,375.00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	0.00
	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 \$50,000, see General Instruction B	4	6,706,203.00
Expenses	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	6,706,203.00
Filing Fee	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	6,733,254.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-27,051.00
Sign Here	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 <input type="checkbox"/>	PTIN P00227737
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address COHNREZNICK LLP 9255 TOWNE CENTRE DRIVE - SUITE 250 SAN DIEGO, CA 92121			FEIN 22-1478099
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Telephone 858-535-2000

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

95-1729734

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

228951 12-18-12

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	510,773.00
	2	Interest	•	2	1,096.00
	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	5,695,959.00
	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	6,207,828.00
	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	618,462.00
	12	Other salaries and wages	•	12	1,505,986.00
	13	Interest	•	13	00
	14	Taxes	•	14	192,490.00
	15	Rents	•	15	322,008.00
	16	Depreciation and depletion (See instructions)	•	16	47,677.00
	17	Other Expenses and Disbursements	•	17	4,046,631.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	6,733,254.00

Schedule L Balance Sheets

	Beginning of taxable year			End of taxable year	
	(a)	(b)	(c)	(d)	
Assets					
1 Cash		786,048.		•	748,905.
2 Net accounts receivable		960,670.		•	1,058,043.
3 Net notes receivable				•	
4 Inventories				•	
5 Federal and state government obligations				•	
6 Investments in other bonds				•	
7 Investments in stock				•	
8 Mortgage loans				•	
9 Other investments				•	
10 a Depreciable assets	664,901.		751,618.		
b Less accumulated depreciation	(541,356.)	123,545.	(589,032.)		162,586.
11 Land				•	
12 Other assets	STMT 5	86,045.		•	112,989.
13 Total assets		1,956,308.			2,082,523.
Liabilities and net worth					
14 Accounts payable		384,122.		•	464,228.
15 Contributions, gifts, or grants payable				•	
16 Bonds and notes payable				•	
17 Mortgages payable				•	
18 Other liabilities	STMT 6	1,074,311.			1,147,471.
19 Capital stock or principle fund				•	
20 Paid-in or capital surplus. Attach reconciliation				•	
21 Retained earnings or income fund		497,875.		•	470,824.
22 Total liabilities and net worth		1,956,308.			2,082,523.

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 \$50,000.

1 Net income per books	•	-27,051.	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		-27,051.
6 Total. Add line 1 through line 5		-27,051.			

FORM 199

CASH CONTRIBUTIONS OF \$5000 OR MORE
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ACE PARKING	645 ASH STREET SAN DIEGO, CA 92101	04/05/13	5,000.
AMERICAN MEDICAL RESPONSE	8808 BALBOA AVENUE, SUITE 150 SAN DIEGO, CA 92123	07/02/13	5,000.
BANK OF AMERICA	450 B STREET, SUITE 620 SAN DIEGO, CA 92101	03/05/13	5,000.
BBL, INC.	450 B STREET, SUITE 400 SAN DIEGO, CA 92101	03/08/13	5,000.
BOSA DEVELOPMENT CALIFORNIA II, INC.	500-1901 ROSSER AVENUE BURNABY, BC, CANADA V5C 6S3	06/04/13	10,000.
BRIDGEPOINT EDUCATION	13500 EVENING CREEK DRIVE NORTH SUITE 600 SAN DIEGO, CA 92128	11/27/12	10,000.
CARLETON MANAGEMENT, INC.	11440 WEST BERNARDO COURT, SUITE 240 SAN DIEGO, CA 92127	07/23/12	5,000.
CARRIER JOHNSON + CULTURE	1301 THIRD AVENUE SAN DIEGO, CA 92101	07/10/13	5,000.
CLARK CONSTRUCTION GROUP- CALIFORNIA, LP	525 B STREET, SUITE 250 SAN DIEGO, CA 92101	01/24/13	5,000.
CUSHMAN WAKEFIELD	4435 EASTGATE MALL, SUITE 200 SAN DIEGO, CA 92121	01/31/13	10,000.
DYNALECTRIC COMPANY	9505 CHESAPEAKE DRIVE SAN DIEGO, CA 92123	01/24/13	5,000.
FOX SPORTS SAN DIEGO	350 10TH AVE. SUITE 400 SAN DIEGO, CA 92101	04/03/13	5,000.
HIGGS FLETCHER & MACK	401 WEST A STREET SUITE 2600 SAN DIEGO, CA 92101	11/08/12	5,000.

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.95-1729734

HUGHES MARINO	1450 FRONT STREET SAN DIEGO, CA 92101	11/01/12	10,000.
IRVINE COMPANY	600 WEST BROADWAY, #300 SAN DIEGO, CA 92101	11/20/12	7,000.
JPMORGAN CHASE & CO.	707 BROADWAY - 12TH FLOOR SAN DIEGO, CA 92101	04/30/13	5,000.
LANKFORD & ASSOCIATES	1050 PARK BLVD. SAN DIEGO, CA 92101	10/12/12	5,000.
MCCARTHY BUILDING COMPANIES. INC.	6165 GREENWICH DRIVE, SUITE 340 SAN DIEGO, CA 92122	04/03/13	5,000.
MCKENNA LONG & ALDRIDGE LLP	600 WEST BROADWAY, SUITE 2600 SAN DIEGO, CA 92101	04/10/13	5,000.
OLIVERMCMILLAN	733 8TH AVENUE SAN DIEGO, CA 92101	02/12/13	5,000.
PCL CONSTRUCTION SERVICES	4690 EXECUTIVE DRIVE, SUITE 100 SAN DIEGO, CA 92121	01/24/13	5,000.
POSEIDON RESOURCES	501 WEST BROADWAY SUITE 2020 SAN DIEGO, CA 92101	09/05/12	5,000.
SDG&E	LUCIA STONE 8330 CENTURY PARK COURT ML#CP31D SAN DIEGO, CA 92123	04/22/13	10,000.
SAN DIEGO PADRES	100 PARK BLVD SAN DIEGO, CA 92101	02/06/13	10,000.
SUFFOLK-ROEL	P.O. BOX 80216 SAN DIEGO, CA 92138	02/06/13	5,000.
SYCUAN BAND OF THE KUMEYAAY NATION	ADAM DAY 5459 SYCUAN ROAD EL CAJON, CA 92019	04/17/13	10,000.
THE IRVING GROUP	4320 LA JOLLA VILLAGE DRIVE, SUITE 250 SAN DIEGO, CA 92122	01/24/13	5,000.

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.95-1729734

WAL-MART	PO BOX 750 BRYN MAWAR, CA 92318	04/24/13	20,000.
WELLS FARGO	401 B STREET SUITE 1100 SAN DIEGO, CA 92101	04/30/13	5,000.
WESTFIELD CORPORATION	225 BROADWAY, SUITE 1700 SAN DIEGO, CA 92101	07/16/12	5,000.
TOTAL INCLUDED ON LINE 3			<u>202,000.</u>

FORM 199	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
OTHER INCOME		9,400.
PBID ASSESSMENT & PARKS REIMBURSEMENTS		5,130,258.
TRANSIT PASS PROGRAM		449,609.
BID INCOME		71,042.
BANNER FEES		35,650.
TOTAL TO FORM 199, PART II, LINE 7		<u>5,695,959.</u>

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
FRANK URTASUN 401 B STREET, NO. 100 SAN DIEGO, CA 92101	1ST VICE CHAIRMAN 1.00	0.
CRAIG BENEDETTO 401 B STREET, NO. 100 SAN DIEGO, CA 92101	2ND VICE CHAIRMAN 1.00	0.
KEITH JONES 401 B STREET, NO. 100 SAN DIEGO, CA 92101	CHAIRMAN 1.00	0.
NIKKI CLAY 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
NICK WILSON 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
NELSON ACKERLY 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.
MICHAEL SIMONSEN 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.95-1729734

MICHAEL JOHNSON 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
MICHAEL BURTON 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
MICHAEL BARDIN 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.
MATT CARLSON 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.
JULIE MEBANE 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.
AARON RIOS 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.

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.95-1729734

RICHARD BACH 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
RICHARD GONOR 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.
SAM ATTISHA 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
SCOTT MALONI 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
SCOTT RIPPERTON 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.
STACEY LANKFORD PENNINGTON 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
STEVE CUSHMAN 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
STEVE ESPINO 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 FERRELL 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.95-1729734

JUDY FORRESTER 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
TUNI KYI 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
JOYCE GLAZER 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
JOHN SCHAFER 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
ALAN PETRASEK 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
ALBERTO GUARDADO 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
BRANDY CHRISTIAN 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
BRENDAN FOOTE 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
CASEY BROWN 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
CHRIS FRAHM 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
CRAIG IRVING 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.

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.95-1729734

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.
ERIC STENMAN 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.
JOHN SHAW 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
GAIL KING 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
ERNIE HAHN 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
GREG SHIELDS 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
JIM WARING 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
JIM DAWE 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
JERRY SANDERS 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
JENNIFER FARNHAM 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.95-1729734

GREG MUELLER 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.
JAMIE WATERS 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
JAMES NIGRO 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.
HENRY FORD 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.
IGNACIO DE LA TORRE 401 B STREET, NO. 100 SAN DIEGO, CA 92101	IMMEDIATE PAST CHAIRMAN 1.00	0.
KRIS MICHELL 401 B STREET, NO. 100 SAN DIEGO, CA 92101	PRESIDENT 40.00	200,238.
ROBIN MUNRO MADAFFER 401 B STREET, NO. 100 SAN DIEGO, CA 92101	SECRETARY 1.00	0.
BILL SAULS 401 B STREET, NO. 100 SAN DIEGO, CA 92101	TREASURER 1.00	0.
CHRISTOPHER DAY 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.95-1729734DARIN ANDERSON
401 B STREET, NO. 100
SAN DIEGO, CA 92101DIRECTOR
1.00

0.

JOHN HANLEY
401 B STREET, NO. 100
SAN DIEGO, CA 92101DIRECTOR OF FINANCE
40.00

89,206.

BAHIJA HAMRAZ
401 B STREET, NO. 100
SAN DIEGO, CA 92101DISTRICT DIRECTOR
40.00

77,874.

RYAN LOOFBOURROW
401 B STREET, NO. 100
SAN DIEGO, CA 92101EXECUTIVE DIRECTOR
40.00

138,821.

JANELLE RIELLA
401 B STREET, NO. 100
SAN DIEGO, CA 92101VP OF PUBLIC POLICY AND CO
40.00

112,323.

TOTAL TO FORM 199, PART II, LINE 11

618,462.FORM 199OTHER EXPENSESSTATEMENT 4DESCRIPTIONAMOUNT

TRANSIT PASS PROGRAM	425,262.
CONTINGENCY	126,315.
BID REPAIRS & MAINTENAN	110,560.
BID EXPENSES	53,467.
DIRECT EXPENSES OF FUNDRAISING EVENTS	259,711.
OTHER EMPLOYEE BENEFITS	398,419.
ACCOUNTING FEES	37,295.
OTHER PROFESSIONAL FEES	2,057,125.
ADVERTISING AND PROMOTION	57,139.
OFFICE EXPENSES	316,609.
INFORMATION TECHNOLOGY	8,819.
TRAVEL	11,754.
CONFERENCES AND CONVENTIONS	6,612.
INSURANCE	125,667.
ALL OTHER EXPENSES	51,877.

TOTAL TO FORM 199, PART II, LINE 17

4,046,631.

FORM 199	OTHER ASSETS	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	86,045.	112,989.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	86,045.	112,989.

FORM 199	OTHER LIABILITIES	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PBID ADVANCE- CITY OF SAN DIEGO	817,000.	817,000.
DEFERRED RENT	11,310.	19,844.
DEFERRED REVENUE	246,001.	310,627.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	1,074,311.	1,147,471.

Voucher at bottom of page.

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN
WITH THE PAYMENT VOUCHER.**

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the
"Franchise Tax Board." Write the corporation number or FEIN and
"2012 FTB 3586" on the check or money order. Detach voucher
below. Enclose, but **do not** staple, payment with voucher and
mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:

Fiscal Year - See instructions.

Calendar Year - File and Pay by March 15, 2013.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty
is extended to the next business day.

ONLINE SERVICES:

Corporations can make payments online with Web Pay for Businesses.
After a one-time online registration, corporations can make an immediate
payment or schedule payments up to a year in advance. Go to ftb.ca.gov
for more information.

239035
12-19-12

--- DETACH HERE --- IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---
CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **2012** **Payment Voucher for Corps
and Exempt Orgs e-filed Returns**

CALIFORNIA FORM
3586 (e-file)

0265535 DOWN 95-1729734
TYB 07-01-12 TYE 06-30-13

12 FORM 3

DOWNTOWN SAN DIEGO PARTNERSHIP INC
401 B STREET NO 100
SAN DIEGO CA 92101

(619) 234-0201

Total Payment Amt 10.

022

6181126

FTB 3586 2012

Date Accepted _____

DO NOT MAIL THIS FORM TO FTB

TAXABLE YEAR
2012California e-file Return Authorization for
Exempt OrganizationsFORM
8453-EO

Exempt Organization name

Identifying number

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

95-1729734

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	6,706,203.00
2	Total gross income (Form 199, line 8)	2	6,706,203.00
3	Total expenses and disbursements (Form 199, line 9)	3	6,733,254.00

Part II Settle Your Account Electronically for Taxable Year 2012

4	<input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (MM/DD/YYYY)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5	Routing number	
6	Account number	
7	Type of account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Part IV Declaration of Officer

I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2012 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, the reason(s) for the delay.

Sign
Here

Signature of Officer

Date

PRESIDENT
Title**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2012 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address	COHNREZNICK LLP 9255 TOWNE CENTRE DRIVE - SUITE 250 SAN DIEGO, CA			FEIN 22-1478099
					ZIP Code 92121

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address			

For Privacy Notice, get form FTB 1131.

FTB 8453-EO 2012