



# Downtown San Diego Partnership Finance Committee Agenda

May 9, 2018 10:30am  
Conference Call

## Welcome

- Welcome

## FY18 Tax Review

- Review Draft FY18 Taxes

## Adjourn

**THIS INFORMATION IS AVAILABLE IN ALTERNATIVE FORMATS UPON REQUEST.** To request an alternative format or to request a sign language or oral interpreter for the meeting, please contact the Clean & Safe Program office at least five (5) working days before the meeting at (619) 234-8900 to ensure availability. Assistive Listening Devices (ALDs) are available for the meeting upon advanced request.



ALDRICH CPAS AND ADVISORS, LLP  
7676 HAZARD CENTER DRIVE, STE 1300  
SAN DIEGO, CA 92108

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

|||||

DRAFT

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

DRAFT

May 5, 2018

Downtown San Diego Partnership, Inc.  
401 B Street No. 100  
San Diego, CA 92101  
Attention: Alicia Kostick

Dear Alicia:

Enclosed is the organization's 2016 Exempt Organization return. The state Exempt Organization return is also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

Your payment should be made as instructed below on or before May 15, 2018.

Separately mail California Form FTB 3586 with a check or money order for \$10.00, payable to Franchise Tax Board.

Mail to - Franchise Tax Board  
PO BOX 942857

Sacramento CA 94257-0531

Sincerely,

Elsa A. Romero

DRAFT

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>DOWNTOWN SAN DIEGO PARTNERSHIP, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>401 B STREET 100</b> City or town, state or province, country, and ZIP or foreign postal code <b>SAN DIEGO, CA 92101</b> <b>F</b> Name and address of principal officer: <b>ELIZABETH BRENNAN</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>95-1729734</b> <b>E</b> Telephone number <b>619-234-0201</b> <b>G</b> Gross receipts \$ <b>9,489,371.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.DOWNTOWNSANDIEGO.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1952</b>		<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ADVOCATE FOR IMPROVEMENTS THAT ENHANCE DOWNTOWN SAN DIEGO'S QUALITY OF LIFE.</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>97</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>96</b> <b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a) ..... <b>5</b> <b>106</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>100</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>0.</b>																												
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>715,056.</b> <b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>6,740,513.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>897.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>518,621.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>7,975,087.</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Prior Year</th> <th style="width:35%;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">715,056.</td> <td style="text-align: right;">1,210,299.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">6,740,513.</td> <td style="text-align: right;">8,198,875.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">897.</td> <td style="text-align: right;">4,584.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">518,621.</td> <td style="text-align: right;">-257,086.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">7,975,087.</td> <td style="text-align: right;">9,156,672.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h)	715,056.	1,210,299.	<b>9</b> Program service revenue (Part VIII, line 2g)	6,740,513.	8,198,875.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	897.	4,584.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	518,621.	-257,086.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,975,087.	9,156,672.									
	Prior Year	Current Year																											
<b>8</b> Contributions and grants (Part VIII, line 1h)	715,056.	1,210,299.																											
<b>9</b> Program service revenue (Part VIII, line 2g)	6,740,513.	8,198,875.																											
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	897.	4,584.																											
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	518,621.	-257,086.																											
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,975,087.	9,156,672.																											
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>0.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>4,859,568.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>2,832,353.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>7,691,921.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>283,166.</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Prior Year</th> <th style="width:35%;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">4,859,568.</td> <td style="text-align: right;">4,457,796.</td> </tr> <tr> <td><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">2,832,353.</td> <td style="text-align: right;">4,843,054.</td> </tr> <tr> <td><b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">7,691,921.</td> <td style="text-align: right;">9,300,850.</td> </tr> <tr> <td><b>19</b> Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">283,166.</td> <td style="text-align: right;">-144,178.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,859,568.	4,457,796.	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,832,353.	4,843,054.	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,691,921.	9,300,850.	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	283,166.	-144,178.
	Prior Year	Current Year																											
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.																											
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.																											
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,859,568.	4,457,796.																											
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.																											
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.																											
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,832,353.	4,843,054.																											
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,691,921.	9,300,850.																											
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	283,166.	-144,178.																											
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>2,086,302.</b> <b>21</b> Total liabilities (Part X, line 26) ..... <b>1,361,427.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>724,875.</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Beginning of Current Year</th> <th style="width:35%;">End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16)</td> <td style="text-align: right;">2,086,302.</td> <td style="text-align: right;">1,921,733.</td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26)</td> <td style="text-align: right;">1,361,427.</td> <td style="text-align: right;">1,341,036.</td> </tr> <tr> <td><b>22</b> Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">724,875.</td> <td style="text-align: right;">580,697.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	<b>20</b> Total assets (Part X, line 16)	2,086,302.	1,921,733.	<b>21</b> Total liabilities (Part X, line 26)	1,361,427.	1,341,036.	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	724,875.	580,697.															
	Beginning of Current Year	End of Year																											
<b>20</b> Total assets (Part X, line 16)	2,086,302.	1,921,733.																											
<b>21</b> Total liabilities (Part X, line 26)	1,361,427.	1,341,036.																											
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	724,875.	580,697.																											

**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.

<b>Sign Here</b>	Signature of officer <b>ELIZABETH BRENNAN, TREASURER</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ELSA A. ROMERO</b>	Preparer's signature Date <b>05/05/18</b>
	Firm's name ▶ <b>ALDRICH CPAS AND ADVISORS, LLP</b> Firm's address ▶ <b>7676 HAZARD CENTER DRIVE, STE 1300 SAN DIEGO, CA 92108</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00485021</b> Firm's EIN ▶ <b>93-0623286</b> Phone no. (619) <b>810-4940</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

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 ASSESMENTS 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 ENVIRONMENT 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
<b>1</b> 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
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> 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	
<b>4 Section 501(c)(3) organizations.</b> 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> .....		
<b>5</b> 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	
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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	
<b>12a</b> 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>b</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
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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
<b>18</b> 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	
<b>19</b> 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



**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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	
<b>24a</b> 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 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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> .....		
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....		
<b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, Form 990 distribution, conflict of interest policy, whistleblower policy, document retention, compensation review, joint ventures, and participation in joint ventures.

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.
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, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - 619-234-0201 401 B STREET, NO. 100, SAN DIEGO, CA 92101

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

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

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

**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) KRIS MICHELL PRESIDENT/CEO	40.00	X		X			255,000.	0.	0.	
(2) CRAIG BENEDETTO CHAIRMAN	1.00	X		X			0.	0.	0.	
(3) FRANK URTASUN IMMEDIATE PAST CHAIR	1.00	X		X			0.	0.	0.	
(4) ROBIN MADAFFER 2ND VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
(5) BILL SAULS TREASURER	1.00	X		X			0.	0.	0.	
(6) SAM ATTISHA SECRETARY	1.00	X		X			0.	0.	0.	
(7) NELSON ACKERLY DIRECTOR	1.00	X					0.	0.	0.	
(8) MATT ADAMS DIRECTOR	1.00	X					0.	0.	0.	
(9) MICHAEL AKAVAN DIRECTOR	1.00	X					0.	0.	0.	
(10) RUBEN ANDREWS DIRECTOR	1.00	X					0.	0.	0.	
(11) TERRY ARNETT DIRECTOR	1.00	X					0.	0.	0.	
(12) RICHARD BACH DIRECTOR	1.00	X					0.	0.	0.	
(13) JOHN BAILEY DIRECTOR	1.00	X					0.	0.	0.	
(14) BOB BELL DIRECTOR	1.00	X					0.	0.	0.	
(15) WHITNEY BENZIAN DIRECTOR	1.00	X					0.	0.	0.	
(16) PHIL BLAIR DIRECTOR	1.00	X					0.	0.	0.	
(17) GREG BOWMAN 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) KIM BREWER DIRECTOR	1.00	X						0.	0.	0.
(19) CASEY BROWN DIRECTOR	1.00	X						0.	0.	0.
(20) MARJORIE BURCHETT DIRECTOR	1.00	X						0.	0.	0.
(21) MICHAEL BURTON DIRECTOR	1.00	X						0.	0.	0.
(22) MATT CARLSON DIRECTOR	1.00	X						0.	0.	0.
(23) JEFF CAVIGNAC DIRECTOR	1.00	X						0.	0.	0.
(24) JIM CHATFIELD DIRECTOR	1.00	X						0.	0.	0.
(25) NIKKI CLAY DIRECTOR	1.00	X						0.	0.	0.
(26) STEVE CUSHMAN DIRECTOR	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								255,000.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								489,550.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								744,550.	0.	0.

**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 **4**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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	
<b>5</b> 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
ALLIED UNIVERSAL PROTECTED SERVICES, 161 WASHINGTON STREET SUITE 600 EIGHT TOWER	SECURITY SERVICES	1,628,947.
GREEN CLEAN WATER & WATER WASTE SERVICES, 5790 MIRAMAR RD, STE # 206, SAN DIEGO, CA	SIDEWALK WASHING	798,995.
AZTEC LANDSCAPING INC. 7980 LEMON GROVE WAY, LEMON GROVE, CA 91945	LANDSCAPING	111,131.

**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 **3**

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) BOB DAUGHERTY DIRECTOR	1.00	X						0.	0.	0.
(28) JIM DAWE DIRECTOR	1.00	X						0.	0.	0.
(29) IGNACIO DE LA TORRE DIRECTOR	1.00	X						0.	0.	0.
(30) PERRY DEALY DIRECTOR	1.00	X						0.	0.	0.
(31) SCOTT DIGGS DIRECTOR	1.00	X						0.	0.	0.
(32) RODGER DOUGHERTY DIRECTOR	1.00	X						0.	0.	0.
(33) STEVE ESPINO DIRECTOR	1.00	X						0.	0.	0.
(34) JENNIFER FARNHAM DIRECTOR	1.00	X						0.	0.	0.
(35) TOD FIROTTO DIRECTOR	1.00	X						0.	0.	0.
(36) BRENDAN FOOTE DIRECTOR	1.00	X						0.	0.	0.
(37) HENRY FORD DIRECTOR	1.00	X						0.	0.	0.
(38) CHRIS FRAHM DIRECTOR	1.00	X						0.	0.	0.
(39) STEVE FRIAR DIRECTOR	1.00	X						0.	0.	0.
(40) DARREL FULLBRIGHT DIRECTOR	1.00	X						0.	0.	0.
(41) GAF GAFFEN DIRECTOR	1.00	X						0.	0.	0.
(42) JEFF GATTAS DIRECTOR	1.00	X						0.	0.	0.
(43) RICK GENTRY DIRECTOR	1.00	X						0.	0.	0.
(44) JOYCE GLAZER DIRECTOR	1.00	X						0.	0.	0.
(45) ASHLEY GOSAL DIRECTOR	1.00	X						0.	0.	0.
(46) ERNIE HAHN 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) CHANELLE HAWKEN DIRECTOR	1.00	X						0.	0.	0.
(48) PATRICIA HOLLENBECK DIRECTOR	1.00	X						0.	0.	0.
(49) STAR HUGHES-GORUP DIRECTOR	1.00	X						0.	0.	0.
(50) DEREK HULSE DIRECTOR	1.00	X						0.	0.	0.
(51) MICHAEL JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(52) BRIAN JONES DIRECTOR	1.00	X						0.	0.	0.
(53) DONNA JONES DIRECTOR	1.00	X						0.	0.	0.
(54) KEITH B. JONES DIRECTOR	1.00	X						0.	0.	0.
(55) ERIC JONES DIRECTOR	1.00	X						0.	0.	0.
(56) CECILIA KUCHARSKI DIRECTOR	1.00	X						0.	0.	0.
(57) MARK KUSKE DIRECTOR	1.00	X						0.	0.	0.
(58) JAMES LANGLEY DIRECTOR	1.00	X						0.	0.	0.
(59) ROB LANKFORD DIRECTOR	1.00	X						0.	0.	0.
(60) STACEY LANKFORD PENNINGTON DIRECTOR	1.00	X						0.	0.	0.
(61) JAMES LAWSON DIRECTOR	1.00	X						0.	0.	0.
(62) MICHAEL LEAKE DIRECTOR	1.00	X						0.	0.	0.
(63) KEVIN LEGGE DIRECTOR	1.00	X						0.	0.	0.
(64) MAELIN LEVINE DIRECTOR	1.00	X						0.	0.	0.
(65) STEPHEN LEW DIRECTOR	1.00	X						0.	0.	0.
(66) JEFF LIGHT 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			
(67) ALVIN MANSOUR DIRECTOR	1.00	X					0.	0.	0.	
(68) AMBER MAUER DIRECTOR	1.00	X					0.	0.	0.	
(69) JACK MCGRORY DIRECTOR	1.00	X					0.	0.	0.	
(70) STACEY MENDES DIRECTOR	1.00	X					0.	0.	0.	
(71) HOWARD MILLS DIRECTOR	1.00	X					0.	0.	0.	
(72) NEIL MOHR DIRECTOR	1.00	X					0.	0.	0.	
(73) CYNTHIA MORGAN REED DIRECTOR	1.00	X					0.	0.	0.	
(74) JOB NELSON DIRECTOR	1.00	X					0.	0.	0.	
(75) JOHN OHANIAN DIRECTOR	1.00	X					0.	0.	0.	
(76) SUMEET PAREKH DIRECTOR	1.00	X					0.	0.	0.	
(77) JOHN PASSANANTE DIRECTOR	1.00	X					0.	0.	0.	
(78) DOUG PAUL DIRECTOR	1.00	X					0.	0.	0.	
(79) MARK PAYNE DIRECTOR	1.00	X					0.	0.	0.	
(80) PHIL PETERSEN DIRECTOR	1.00	X					0.	0.	0.	
(81) MATTHEW PORRECA DIRECTOR	1.00	X					0.	0.	0.	
(82) GLENN QUIROGA DIRECTOR	1.00	X					0.	0.	0.	
(83) VICTOR RAMSAUER DIRECTOR	1.00	X					0.	0.	0.	
(84) PHIL RATH DIRECTOR	1.00	X					0.	0.	0.	
(85) SCOTT RIPPERTON DIRECTOR	1.00	X					0.	0.	0.	
(86) RIP RIPPETOE DIRECTOR	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....										

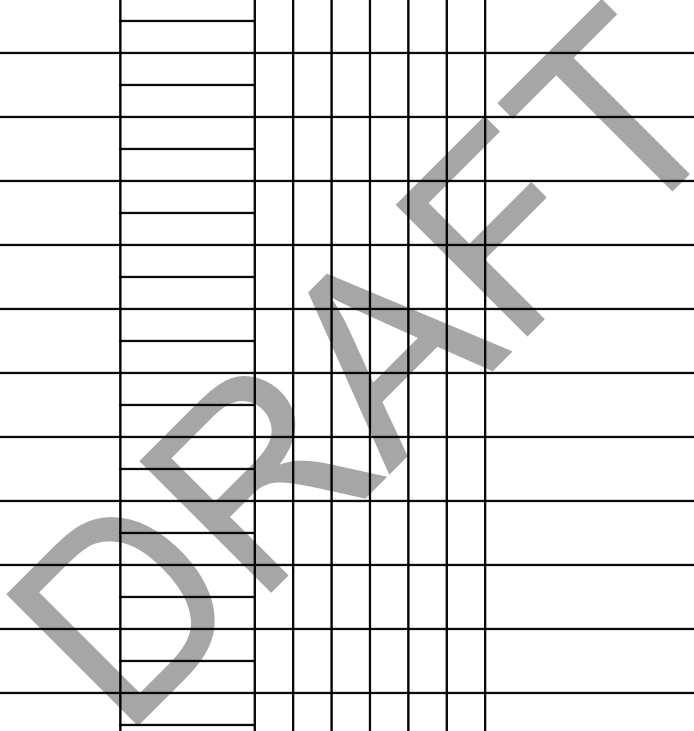


**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
(87) PAUL ROBINSON DIRECTOR	1.00	X						0.	0.	0.
(88) RANA SAMPSON DIRECTOR	1.00	X						0.	0.	0.
(89) KEN SAUDER DIRECTOR	1.00	X						0.	0.	0.
(90) TOM SEIDLER DIRECTOR	1.00	X						0.	0.	0.
(91) GREG SHIELDS DIRECTOR	1.00	X						0.	0.	0.
(92) RYAN SISSON DIRECTOR	1.00	X						0.	0.	0.
(93) DON STANZIANO DIRECTOR	1.00	X						0.	0.	0.
(94) JEFF STAUFFER DIRECTOR	1.00	X						0.	0.	0.
(95) STEVE STUCKEY DIRECTOR	1.00	X						0.	0.	0.
(96) TITO TAING DIRECTOR	1.00	X						0.	0.	0.
(97) KRISTA TORQUATO DIRECTOR	1.00	X						0.	0.	0.
(98) DEACON JIM VARGAS DIRECTOR	1.00	X						0.	0.	0.
(99) PEDRO VILLEGAS DIRECTOR	1.00	X						0.	0.	0.
(100) BESS WAKEMAN DIRECTOR	1.00	X						0.	0.	0.
(101) NICHOLAS WILSON DIRECTOR	1.00	X						0.	0.	0.
(102) TIM WINSLOW DIRECTOR	1.00	X						0.	0.	0.
(103) BAHIJA HAMRAZ (TERM 08/2016) EXECUTIVE DIRECTOR	40.00			X				85,939.	0.	0.
(104) ALONSO VIVAS (START 08/2016) EXECUTIVE DIRECTOR	40.00			X				85,596.	0.	0.
(105) DANIEL REEVES SVP OF PUBLIC POLICY & ECONOMIC	40.00					X		110,500.	0.	0.
(106) JOHN HANLEY VP FINANCE/ADMINISTRATIVE	40.00					X		104,000.	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			
(107) LINDSAY THOMAS COO	40.00					X		103,515.	0.	0.
Total to Part VII, Section A, line 1c .....								489,550.		



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	618,896.				
	<b>c</b> Fundraising events	<b>1c</b>	591,403.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f			1,210,299.			
<b>Program Service Revenue</b>	<b>2 a</b> PBID ASSESSMENT & PARKS	<b>Business Code</b>	900099	7,321,804.	7,321,804.		
	<b>b</b> BID INCOME		900099	462,036.	462,036.		
	<b>c</b> TRANSIT PASS PROGRAM		900099	379,035.	379,035.		
	<b>d</b> BANNER		900099	36,000.	36,000.		
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			8,198,875.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			756.		756.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		3,828.		
		<b>b</b> Less: cost or other basis and sales expenses			0.		
		<b>c</b> Gain or (loss)			3,828.		
		<b>d</b> Net gain or (loss)			3,828.		3,828.
	<b>8 a</b> Gross income from fundraising events (not including \$ 591,403. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>			74,698.		
		<b>b</b> Less: direct expenses			332,699.		
		<b>c</b> Net income or (loss) from fundraising events			-258,001.		-258,001.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>			915.		
<b>b</b> Less: direct expenses				0.			
<b>c</b> Net income or (loss) from gaming activities				915.		915.	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b>							
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions.			9,156,672.	8,198,875.	0.	-252,502.	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX  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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	392,535.			
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	2,995,231.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	760,899.			
10 Payroll taxes	309,131.			
11 Fees for services (non-employees):				
a Management				
b Legal	13,754.			
c Accounting	18,641.			
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.)	2,523,493.			
12 Advertising and promotion	17,593.			
13 Office expenses	35,067.			
14 Information technology				
15 Royalties				
16 Occupancy	504,382.			
17 Travel	18,070.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	123,505.			
23 Insurance	181,551.			
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 <b>BID EXPENSE</b>	437,036.			
b <b>TRANSIT PASS PROGRAM</b>	339,463.			
c <b>COMMERCIAL ENHANCEMENT</b>	284,585.			
d <b>PROGRAM MANAGEMENT</b>	81,813.			
e All other expenses	264,101.			
25 <b>Total functional expenses.</b> Add lines 1 through 24e	9,300,850.			
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	861,343.	<b>1</b>	357,766.
	<b>2</b> Savings and temporary cash investments .....	705,113.	<b>2</b>	310,693.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	16,222.	<b>4</b>	641,695.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	87,383.	<b>9</b>	213,451.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 730,379.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 332,251.	416,241.	<b>10c</b> 398,128.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,086,302.	<b>16</b>	1,921,733.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	747,181.	<b>17</b>	748,068.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	398,226.	<b>19</b>	388,547.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	216,020.	<b>25</b>	204,421.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,361,427.	<b>26</b>	1,341,036.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	724,875.	<b>27</b>	580,697.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	724,875.	<b>33</b>	580,697.	
<b>34</b> Total liabilities and net assets/fund balances .....	2,086,302.	<b>34</b>	1,921,733.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,156,672.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,300,850.
3	Revenue less expenses. Subtract line 2 from line 1	3	-144,178.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	724,875.
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	580,697.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2016)

**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.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

Employer identification number

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 foundation

Check 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't 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) (2016)

Name of organization <b>DOWNTOWN SAN DIEGO PARTNERSHIP, INC.</b>	Employer identification number <b>95-1729734</b>
---	---

**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	COX COMMUNICATIONS 5159 FEDERAL BLVD. SAN DIEGO, CA 92105-5486	\$ 38,414.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SCRIPPS HEALTH 550 WASHINGTON ST. SUITE 621 SAN DIEGO, CA 92103	\$ 37,117.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SDG&E LUCIA STONE 8330 CENTURY PARK COURT ML#CP31D SAN DIEGO, CA 92123	\$ 34,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CARLETON MANAGEMENT, INC. 11440 WEST BERNARDO COURT, SUITE 390 SAN DIEGO, CA 92127	\$ 21,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	EMMES REALITY SERVICES OF CALIFORNIA, LLC 701B STREET SUITE 200 SAN DIEGO, CA 92101	\$ 20,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	WESTFIELD CORPORATION 225 BROADWAY SUITE 1700 SAN DIEGO, CA 92101	\$ 20,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>DOWNTOWN SAN DIEGO PARTNERSHIP, INC.</b>	Employer identification number <b>95-1729734</b>
---	---

**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	ASHFORD UNIVERSITY 13500 EVENING CREEK DRIVE NORTH SUITE 600  SAN DIEGO, CA 92128	\$ 18,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CARRIER JOHNSON  1301 THIRD AVENUE  SAN DIEGO, CA 92101	\$ 18,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	SWINERTON BUILDERS  16798 WEST BERNARDO DRIVE  SAN DIEGO, CA 92127	\$ 18,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	BALFOUR BEATTY CONSTRUCTION  10620 TREENA STREET SUITE 300  SAN DIEGO, CA 92131	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	SAN DIEGO UNION TRIBUNE  600 B STREET SUITE 1201  SAN DIEGO, CA 92101	\$ 17,365.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	DENTONS US LLP  600 WEST BROADWAY SUITE 2600  SAN DIEGO, CA 92101	\$ 17,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DOWNTOWN SAN DIEGO PARTNERSHIP, INC.</b>	Employer identification number <b>95-1729734</b>
---	---

**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	TURNER CONSTRUCTION 15378 AVENUE OF SCIENCE SUITE 100 SAN DIEGO, CA 92128	\$ 17,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	BANK OF AMERICA 450 B STREET SUITE 2000 SAN DIEGO, CA 92101	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	SAN DIEGO PADRES 100 PARK BLVD SAN DIEGO, CA 92101	\$ 16,694.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	DYNALECTRIC COMPANY 9505 CHESAPEAKE DRIVE SAN DIEGO, CA 92123	\$ 16,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	RUDOLPH & SLETTEN, INC 600 B STREET SUITE 1500 SAN DIEGO, CA 92101	\$ 16,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	CIVIC SAN DIEGO 401 B STREET FOURTH FLOOR SAN DIEGO, CA 92101	\$ 16,264.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DOWNTOWN SAN DIEGO PARTNERSHIP, INC.</b>	Employer identification number <b>95-1729734</b>
---	---

**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	SYCUAN BAND OF THE KUMEYAAAY NATION 5459 SYCUAN ROAD EL CAJON, CA 92019	\$ 16,205.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	GAFCON, INC. 5960 CORNERSTONE CT. WEST SUITE 100 SAN DIEGO, CA 92121	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	HENSEL PHELPS 600 WEST BROADWAY SUITE 660 SAN DIEGO, CA 92101	\$ 15,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	THE MANSOUR GROUP 4660 LA JOLLA VILLAGE DRIVE SUITE 900 SAN DIEGO, CA 92122	\$ 15,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	CLARK CONSTRUCTION 525 B STREET SUITE 250 SAN DIEGO, CA 92101	\$ 15,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	IRVINE COMPANY 4365 EXECUTIVE DRIVE SUITE 100 SAN DIEGO, CA 92101	\$ 14,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DOWNTOWN SAN DIEGO PARTNERSHIP, INC.</b>	Employer identification number <b>95-1729734</b>
---	---

**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	HOLLAND PARTNERS 5000 E. SPRING SUITE 500 LONG BEACH, CA 90815	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	REPUBLIC SERVICES 8364 CLAIRMONT MESA BLVD SAN DIEGO, CA 92111	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	BUMBLE BEE SEAFOODS 280 10TH AVENUE SAN DIEGO, CA 92101	\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	GENERAL DYNAMICS NASSCO 2798 EAST HARBOR DRIVE SAN DIEGO, CA 92113	\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	ALLIED UNIVERSAL 1260 MORENA BLVD SAN DIEGO, CA 92110	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	AMERICAN MEDICAL RESPONSE 8808 BALBOA AVENUE SUITE 150 SAN DIEGO, CA 92123	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DOWNTOWN SAN DIEGO PARTNERSHIP, INC.</b>	Employer identification number <b>95-1729734</b>
---	---

**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
31	FIFTH AVENUE LANDING LLC 2145 EAST BELT STREET SAN DIEGO, CA 92113	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	KAISER PERMANENTE. 4647 ZION AVENUE SAN DIEGO, CA 92120	\$ 12,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	BROWNSTEIN HYATT FARBER SCHRECK, LLP 225 BROADWAY SUITE 1670 SAN DIEGO, CA 92101-5000	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	PCL CONSTRUCTION SERVICES 4690 EXECUTIVE DRIVE SUITE 100 SAN DIEGO, CA 92121	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	US BANK 1420 KETTNER BLVD 7TH FLOOR SAN DIEGO, CA 92101	\$ 12,484.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	CAVIGNAC & ASSOCIATES 450 B. STREET SUITE 1800 SAN DIEGO, CA 92101-3571	\$ 11,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DOWNTOWN SAN DIEGO PARTNERSHIP, INC.</b>	Employer identification number <b>95-1729734</b>
---	---

**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
37	SYSKA HENNESSY GROUP LIGHTING DESIGN 9665 GRANITE RIDGE DRIVE STE. SAN DIEGO, CA 92123	\$ 11,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	WAKELAND HOUSING AND DEVELOPMENT CORPORAT 1230 COLUMBIA STREET SUITE 950 SAN DIEGO, CA 92101	\$ 11,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	BERGELECTRIC CORP. 650 OPPER ST. ESCONDIDO, CA 92029	\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	FOX SPORTS SAN DIEGO 350 TENTH AVENUE SUITE 400 SAN DIEGO, CA 92101	\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	NRG ENERGY CENTER SAN DIEGO LLC L ONE EAST WASHINGTON ST. SUITE 2570 PHOENIX, AZ 85004	\$ 11,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	CBRE 4365 EXECUTIVE DRIVE SUITE 1600 SAN DIEGO, CA 92121	\$ 10,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DOWNTOWN SAN DIEGO PARTNERSHIP, INC.</b>	Employer identification number <b>95-1729734</b>
---	---

**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
43	ACE PARKING 645 ASH STREET SAN DIEGO, CA 92101	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	AT&T 101 WEST BROADWAY SUITE 1310 SAN DIEGO, CA 92101	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	CALIFORNIA APARTMENT ASSOCIATION 2532 TRUXTUN ROAD SUITE 208 SAN DIEGO, CA 92116	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	L2HP LLC 1050 PARK BOULEVARD SAN DIEGO, CA 92101	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	MA ENGINEERS 5160 CARROLL CANYON RD SUITE 200 SAN DIEGO, CA 92121	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	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 for noncash contributions.)

Name of organization <b>DOWNTOWN SAN DIEGO PARTNERSHIP, INC.</b>	Employer identification number <b>95-1729734</b>
---	---

**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
49	FLOCKE & AVOYER COMMERCIAL REAL ESTATE 6165 GREENWICH DRIVE SUITE 110 SAN DIEGO, CA 92122	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	MANPOWER TEMPORARY SERVICE 1855 1ST AVENUE SUITE 300 SAN DIEGO, CA 92101	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	UNDERGROUND ELEPHANT, INC. 808 J STEERT SAN DIEGO, CA 92101	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	PORT OF SAN DIEGO 3165 PACIFIC HIGHWAY SAN DIEGO, CA 92101	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	SAN DIEGO THEATRES, INC. P.O. BOX 124920 SAN DIEGO, CA 92112-4920	\$ 9,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	RATH MILLER 525 B STREET SUITE 1410 SAN DIEGO, CA 92101	\$ 9,320.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>DOWNTOWN SAN DIEGO PARTNERSHIP, INC.</b>	Employer identification number <b>95-1729734</b>
---	---

**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
55	GENSLER 225 BROADWAY STE SAN DIEGO, CA 92101	\$ 9,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	HP INVESTORS 9404 GENESE AVE SUITE 330 JOLLA, CA 92037	\$ 9,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	BOSA DEVELOPMENT CALIFORNIA II, INC. 121 W. MARKET STREET SAN DIEGO, CA 92101	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	SAN DIEGO COUNTY REGIONAL AIRPORT AUTH 3225 NORTH HARBOR DRIVE SAN DIEGO, CA 92101	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	UNION BANK 530 B STREET SUITE 1200 SAN DIEGO, CA 92101	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	MANCHESTER GRAND HYATT SAN DIEGO 1 MARKET PLACE SAN DIEGO, CA 92101	\$ 8,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DOWNTOWN SAN DIEGO PARTNERSHIP, INC.</b>	Employer identification number <b>95-1729734</b>
---	---

**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
61	TSA CONTRACTING 11440 WEST BERNARDO COURT SUITE 166 SAN DIEGO, CA 92127	\$ 8,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	BOLLERT   LEBEAU COMMERCIAL REAL ESTATE 4180 LA JOLLA VILLAGE DRIVE SUITE 210 JOLLA, CA 92037	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	SAN DIEGO CONVENTION CENTER 111 W. HARBOR DRIVE SAN DIEGO, CA 92101	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	SHEPPARD MULLIN 501 W. BROADWAY SUITE 1900 SAN DIEGO, CA 92101	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	WELLS FARGO 4365 EXECUTIVE DRIVE SUITE 1760 SAN DIEGO, CA 92121	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	JLL 4747 EXECUTIVE DRIVE SUITE 400 SAN DIEGO, CA 92121	\$ 7,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DOWNTOWN SAN DIEGO PARTNERSHIP, INC.</b>	Employer identification number <b>95-1729734</b>
---	---

**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
67	CALIFORNIA STRATEGIES 2488 HISTORIC DECATUR RD STE 200 SAN DIEGO, CA 92106	\$ 7,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	SAN DIEGO HOUSING COMMISSION II 1122 BROADWAY SUITE 300 SAN DIEGO, CA 92101	\$ 7,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	WAL-MART 7710 HAXARD CENTER DRIVE SUITE E-334 SAN DIEGO, CA 92108	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	WITHERS BERGMAN LLP 101 WEST BROADWAY SUITE 1000 SAN DIEGO, CA 92101	\$ 7,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	DOUGLAS WILSON COMPANIES 1620 FIFTH AVENUE SUITE 400 SAN DIEGO, CA 92101	\$ 7,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	BALBOA PARK CULTURAL PARTNERSHIP 1549 EL PRADO SUITE 400 SAN DIEGO, CA 92101	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DOWNTOWN SAN DIEGO PARTNERSHIP, INC.</b>	Employer identification number <b>95-1729734</b>
---	---

**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
73	LANKFORD & ASSOCIATES 7979 IVANHOE AVE. SUITE 555 JOLLA, CA 92037	\$ 6,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	OLIVER MCMILLAN 733 8TH AVENUE SAN DIEGO, CA 92101	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	SOLAR TURBINES 2200 PACIFIC HIGHWAY SAN DIEGO, CA 92101	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	DUANE MORRIS 750 B STREET STE. 2900 STREET SAN DIEGO, CA 92101	\$ 6,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	PROJECT DESIGN CONSULTANTS 701 B STREET SUITE 800 SAN DIEGO, CA 92101	\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	DEALY DEVELOPMENT INC. 625 BROADWAY SUITE 1120 SAN DIEGO, CA 92101	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DOWNTOWN SAN DIEGO PARTNERSHIP, INC.</b>	Employer identification number <b>95-1729734</b>
---	---

**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
79	HELIX ELECTRIC 6795 FLANDERS DRIVE SAN DIEGO, CA 92121	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	KILROY REALTY CORPORATION 3661 VALLEY CENTRE DRIVE SUITE 250 SAN DIEGO, CA 92130	\$ 5,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	7-ELEVEN 3200 HACKBERRY ROAD DALLAS, TX 75063	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	BANNER BANK 5901 PRIESTLY DRIVE SUITE 160 CARLSBAD, CA 92008	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	LATITUDE 33 PLANNING AND ENGINEERING 9968 HIBERT STREET 2ND FLOOR SAN DIEGO, CA 92131	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	SCST, INC. 6280 RIVERDALE STREET SAN DIEGO, CA 92120	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DOWNTOWN SAN DIEGO PARTNERSHIP, INC.</b>	Employer identification number <b>95-1729734</b>
---	---

**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
85	SEMPRA SERVICES CORP. 488 8TH AVE SAN DIEGO, CA 92101	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	ROBBINS GELLER RUDMAN & DOWD LLP 655 WEST BROADWAY SUITE 1900 SAN DIEGO, CA 92101-3301	\$ 5,351.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	BURGER CONSTRUCTION 11760 SORRENTO VALLEY ROAD SAN DIEGO, CA 92121	\$ 5,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	SCHWARTZ COMMERCIAL REALTY 530B STREET SUITE 1870 SAN DIEGO, CA 92101	\$ 5,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	LYON & LYON, INC. 4440 PACIFIC HWY SAN DIEGO, CA 92110-3107	\$ 5,074.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	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 for noncash contributions.)

Name of organization <b>DOWNTOWN SAN DIEGO PARTNERSHIP, INC.</b>	Employer identification number <b>95-1729734</b>
---	---

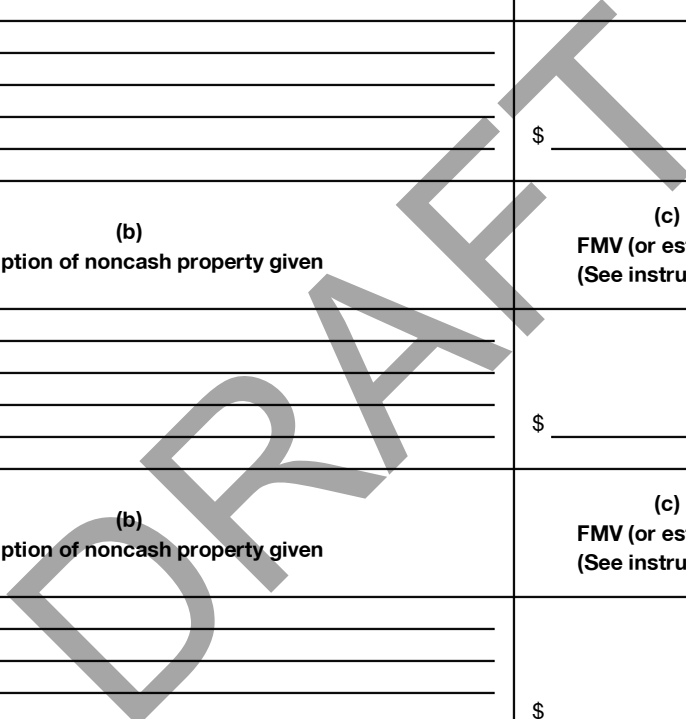
**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	LENNAR MULTIFAMILY COMMUNITIES 95 ENTERPRISE ALISO VIEJO, CA 92656	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	MANCHESTER FINANCIAL GROUP II 2550 FIFTH AVENUE SUITE 900 SAN DIEGO, CA 92103	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	PARQ EVENT CENTER 615 BROADWAY SAN DIEGO, CA 92101	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	S. LEW & ASSOCIATES, INC. 3709 CONVOY ST. #300 SAN DIEGO, CA 92111	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	THE CASEY BROWN COMPANY 350 CAMINO DE LA REINA SAN DIEGO, CA 92108	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>DOWNTOWN SAN DIEGO PARTNERSHIP, INC.</b>	Employer identification number  <b>95-1729734</b>
---	---

**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 <b>DOWNTOWN SAN DIEGO PARTNERSHIP, INC.</b>	Employer identification number <b>95-1729734</b>
---	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.
- ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

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

Name of organization <b>DOWNTOWN SAN DIEGO PARTNERSHIP, INC.</b>	Employer identification number <b>95-1729734</b>
---	---

**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 campaign activity expenditures ..... ▶ \$ 50.

3 Volunteer hours for political campaign activities ..... 6.

**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) 2016

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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)).**

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		X
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity 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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	618,896.
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	25,875.
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	25,875.
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	6,189.
<b>4</b> 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?	<b>4</b>	19,686.
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

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, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART I-A, LINE 1:**

WE HAVE HELD VARIOUS FUNDRAISERS BENEFITING CANDIDATES FOR PUBLIC OFFICE AND LETTERS OF ENDORSEMENT SENT DIRECTLY TO CANDIDATES FOR PUBLIC OFFICE. WE DID NOT COLLECT FUNDRAISING DOLLARS, WE ONLY HOSTED SMALL EVENTS FOR CANDIDATES WHERE THEY COULD COLLECT DONATIONS.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**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" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 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? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? .....

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" on 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) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical 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 Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

**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" on 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, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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 on 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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		186,956.	22,756.	164,200.
d Equipment		456,657.	251,455.	205,202.
e Other		86,766.	58,040.	28,726.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				398,128.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>PBID ADVANCE</b>	166,297.
(3) <b>DEFERRED RENT</b>	38,124.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	204,421.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	9,633,324.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) 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	476,652.	
e	Add lines 2a through 2d	2e		476,652.
3	Subtract line 2e from line 1		3	9,156,672.
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	9,156,672.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	9,777,502.
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	476,652.	
e	Add lines 2a through 2d	2e		476,652.
3	Subtract line 2e from line 1		3	9,300,850.
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	9,300,850.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 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 X, LINE 2:**

THE PARTNERSHIP, A CALIFORNIA NONPROFIT CORPORATION, IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE AND SECTION 23701(E) OF THE CALIFORNIA CODE. SINCE THE PARTNERSHIP IS EXEMPT FROM FEDERAL AND STATE INCOME TAX LIABILITY, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES HAS BEEN INCLUDED IN THESE FINANCIAL STATEMENTS.

FOR THE YEARS ENDED JUNE 30, 2017 AND 2016, MANAGEMENT OF THE PARTNERSHIP BELIEVES THERE HAS BEEN NO ACTIVITY THAT WOULD JEOPARDIZE THE TAX POSITION, BEING A TAX EXEMPT ORGANIZATION, AND THAT IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THIS POSITION WOULD BE SUSTAINED



**Part XIII** Supplemental Information (continued)

UPON EXAMINATION. THE PARTNERSHIP RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE. THERE WERE NONE FOR THE YEARS ENDED JUNE 30, 2017 AND 2016.

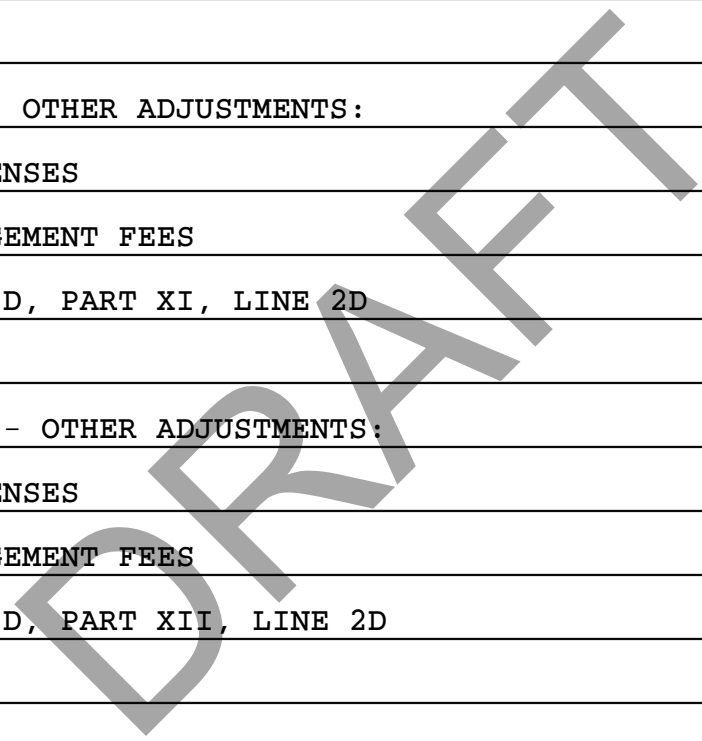
ALL TAX EXEMPT ENTITIES ARE SUBJECT TO REVIEW AND AUDIT BY FEDERAL, STATE AND OTHER APPLICABLE AGENCIES. SUCH AGENCIES MAY REVIEW THE TAXABILITY OF UNRELATED BUSINESS INCOME, OR THE QUALIFICATION OF THE TAX-EXEMPT ENTITY UNDER THE INTERNAL REVENUE CODE AND APPLICABLE STATE STATUTES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	332,699.
SELF-CHARGED MANAGEMENT FEES	143,953.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	476,652.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	332,699.
SELF-CHARGED MANAGEMENT FEES	143,953.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	476,652.



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 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.  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

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" on 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 10 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			
<b>Total</b> .....				▶		

- 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" on 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		AWARDS DINNER (event type)	INSTALLATION DINNER (event type)	2 (total number)		
1	Gross receipts .....	297,426.	250,800.	117,875.	666,101.	
2	Less: Contributions .....	263,408.	228,820.	99,175.	591,403.	
3	Gross income (line 1 minus line 2) .....	34,018.	21,980.	18,700.	74,698.	
Direct Expenses	4	Cash prizes .....				
	5	Noncash prizes .....				
	6	Rent/facility costs .....				
	7	Food and beverages .....	48,958.	74,260.	8,765.	131,983.
	8	Entertainment .....				
	9	Other direct expenses .....	90,447.	67,527.	42,742.	200,716.
10	Direct expense summary. Add lines 4 through 9 in column (d) .....				332,699.	
11	Net income summary. Subtract line 10 from line 3, column (d) .....				-258,001.	

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
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. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct 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 conduct 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 conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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.** 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 provide any additional information. See instructions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part IV** Supplemental Information (continued)

DRAFT

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....
- 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.
- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

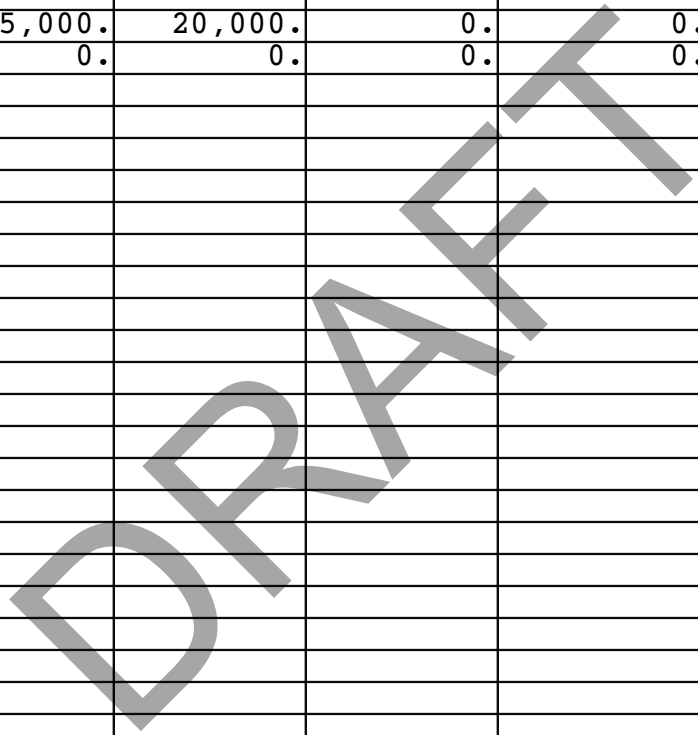
Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KRIS MICHELL PRESIDENT/CEO	(i)	235,000.	20,000.	0.	0.	0.	255,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III Supplemental Information**

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

Multiple horizontal lines for supplemental information.

DRAFT



**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization <b>DOWNTOWN SAN DIEGO PARTNERSHIP, INC.</b>	Employer identification number <b>95-1729734</b>
---	---

FORM 990, PART III, 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, AND 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:

DOWNTOWN SAN DIEGO PARTNERSHIP HAS MEMBERS. THERE SHALL BE ONE CLASS OF MEMBERS AND EACH MEMBER SHALL HAVE EQUAL VOTING RIGHTS. MEMBERS SHALL BE DESIGNATED AS CHAIRMAN'S CIRCLE, SUSTAINING MEMBERS, CORPORATE MEMBERS, OR ASSOCIATE MEMBERS AT THE TIME THE MEMBERSHIP IS INITIALLY GRANTED. SUCH DESIGNATED SHALL NOT CONSTITUTE A SEPARATE CLASS OF MEMBERSHIP BUT MAY CONFER PRIVILEGES AS PROVIDED BY THE BOARD OF DIRECTORS.

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

THE GOVERNING BODY IS ELECTED AT AN ANNUAL OR SPECIAL MEETING OF MEMBERS OR BY WRITTEN BALLOT.

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

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

Employer identification number

95-1729734

THE DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE MEMBERS.

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

FORM 990 IS REVIEWED BY THE TREASURER, PRESIDENT, CEO AND 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 THE TRANSACTION OR ARRANGEMENT. IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED

Name of the organization DOWNTOWN SAN DIEGO PARTNERSHIP, INC.	Employer identification number 95-1729734
--	--

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 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 COMPENSATION COMMITTEE, WHICH IS RESPONSIBLE FOR DETERMINING COMPENSATION FOR THE CEO, EXECUTIVE DIRECTOR, TOP MANAGEMENT OFFICIALS, 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:

CONTRACTUAL SERVICES	2,523,493.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,523,493.

FORM 990, PART XII, LINE 2C:

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization **DOWNTOWN SAN DIEGO PARTNERSHIP, INC.** Employer identification number **95-1729734**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DOWNTOWN SAN DIEGO PARTNERSHIP FOUNDATION - 33-0961464, 401B STREET, #100, SAN DIEGO, CA 92101	ASSIST HOMELESS PERSONS IN DOWNTOWN SD WITH FINDING HOUSING.	CALIFORNIA	501(C)(3)	LINE 10	N/A		X
DOWNTOWN SAN DIEGO PARTNERSHIP PUBLIC SPACES FOUNDATION - 46-2438392, 401B STREET, #100, SAN DIEGO, CA 92101	PROMOTE PARKS AND OPEN SPACES IN DOWNTOWN SAN DIEGO	CALIFORNIA	501(C)(3)	LINE 7	N/A		X
DOWNTOWN SAN DIEGO CLEAN AND SAFE FOUNDATION - 47-4102695, 401B STREET, #100, SAN DIEGO, CA 92101	PROMOTE SOCIAL WELFARE AND BRING ABOUT CIVIC BETTERMENT	CALIFORNIA	501(C)(4)		N/A		X
DOWNTOWN SAN DIEGO BUSINESS IMPROVEMENT DISTRICT INC - 47-2821411, 401B STREET, #100, SAN DIEGO, CA 92101	PROMOTE COMMON BUSINESS INTERESTS AND IMPROVE ECONOMIC ACTIVITY	CALIFORNIA	501(C)(6)		N/A		X

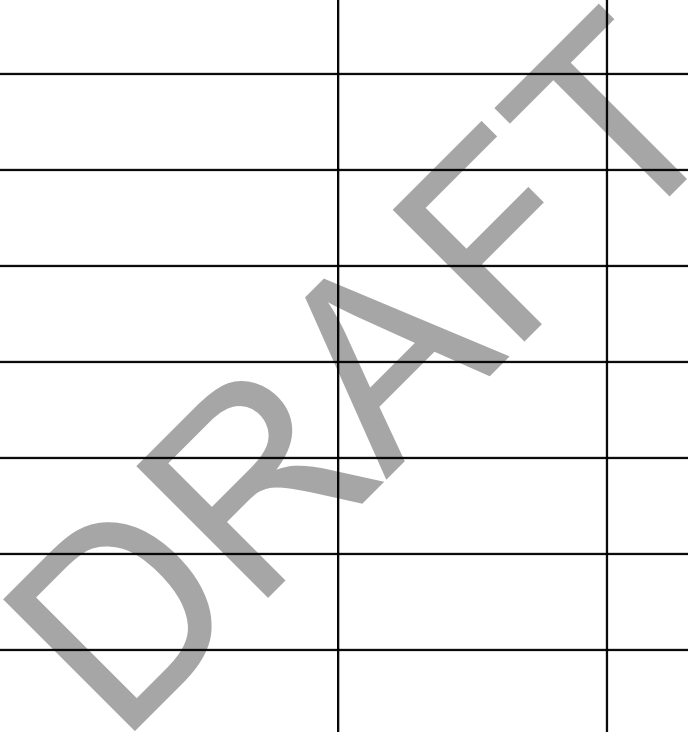
For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2016

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
COLUMBIA COMMUNITY FOUNDATION INC - 82-1220459, 1240 INDIA ST STE 2306, SAN DIEGO, CA 92101	PROMOTE COMMUNITY IMPROVEMENT WITHIN COLUMBIA NEIGHBORHOOD OF	CALIFORNIA	501(C)(3)	LINE 7	N/A		X



**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on 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?

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

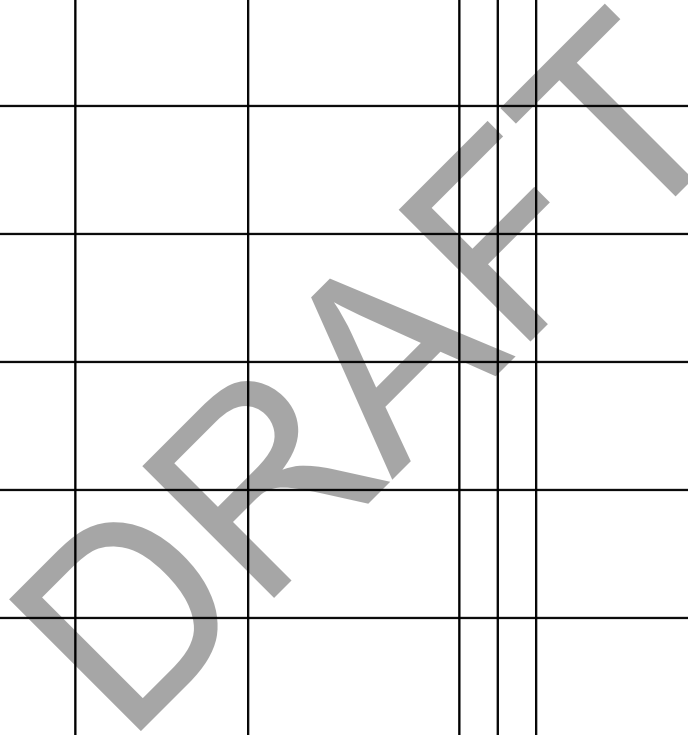
**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	





**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME OF RELATED ORGANIZATION:**

COLUMBIA COMMUNITY FOUNDATION INC

**PRIMARY ACTIVITY:** PROMOTE COMMUNITY IMPROVEMENT WITHIN COLUMBIA

NEIGHBORHOOD OF SD

DRAFT

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

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

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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 (other than individual)	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, NO. 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 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

**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

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

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

California Exempt Organization Annual Information Return

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) 07/01/2016, and ending (mm/dd/yyyy) 06/30/2017

Corporation/Organization name DOWNTOWN SAN DIEGO PARTNERSHIP, INC. California corporation number 0265535

Additional information. See instructions. FEIN 95-1729734

Street address (suite or room) 401 B STREET, NO. 100 City SAN DIEGO State CA ZIP code 92101

Foreign country name Foreign province/state/country Foreign postal code

- A First Return [ ] Yes [X] No
B Amended Return [ ] Yes [X] No
C IRC Section 4947(a)(1) trust [ ] Yes [X] No
D Final Information Return? [ ] Dissolved [ ] Surrendered (Withdrawn) [ ] Merged/Reorganized
E Check accounting method: (1) [ ] Cash (2) [X] Accrual (3) [ ] Other
F Federal return filed? (1) [ ] 990T (2) [ ] 990-PF (3) [ ] Sch H (990) (4) [X] Other 990 series
G Is this a group filing? See instructions [ ] Yes [X] No
H Is this organization in a group exemption [ ] Yes [X] No
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions [ ] Yes [X] No

- J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. [ ] Yes [ ] No
K Is the organization exempt under R&TC Section 23701g? [ ] Yes [X] No
L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. [ ]
M Is the organization a Limited Liability Company? [ ] Yes [X] No
N Did the organization file Form 100 or Form 109 to report taxable income? [ ] Yes [X] No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? [ ] Yes [X] No
P Is a federal Form 1023/1024 pending? [ ] Yes [X] No

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

Table with 17 rows for Receipts and Revenues, Expenses, and Filing Fee. Includes line items for gross sales, costs, total gross income, total expenses, and balance due.

Sign Here: Signature of officer, Title (TREASURER), Date, Telephone.
Paid Preparer's Use Only: Preparer's signature, Date (05/05/18), Check if self-employed, Firm's name (ALDRICH CPAS AND ADVISORS, LLP), Address (7676 HAZARD CENTER DRIVE, STE 1300 SAN DIEGO, CA 92108), Telephone (619) 810-4940

May the FTB discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

**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.

628951 11-30-16

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	75,613.00	
	2	Interest	•	2	756.00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 2 •	6	3,828.00	
	7	Other income	SEE STATEMENT 3 •	7	8,198,875.00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	8,279,072.00	
	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	SEE STATEMENT 4 •	11	392,535.00	
	12	Other salaries and wages	•	12	2,995,231.00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13	00
		14	Taxes	•	14	309,131.00
		15	Rents	•	15	504,382.00
		16	Depreciation and depletion (See instructions)	•	16	123,505.00
		17	Other Expenses and Disbursements	SEE STATEMENT 5 •	17	5,308,765.00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	9,633,549.00

<b>Schedule L Balance Sheet</b>		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		1,566,456.		668,459.
2	Net accounts receivable		16,222.		641,695.
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	1,144,510.		730,379.	
	b Less accumulated depreciation	( 728,269. )	416,241.	( 332,251. )	398,128.
11	Land				
12	Other assets STMT 6		87,383.		213,451.
13	<b>Total assets</b>		2,086,302.		1,921,733.
<b>Liabilities and net worth</b>					
14	Accounts payable		747,181.		748,068.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities STMT 7		614,246.		592,968.
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		724,875.		580,697.
22	<b>Total liabilities and net worth</b>		2,086,302.		1,921,733.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
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	•	-144,178.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	<b>Total.</b> Add line 1 through line 5		-144,178.
7	Income recorded on books this year not included in this return.	•	
8	Deductions in this return not charged against book income this year	•	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6		-144,178.

FORM 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
COX COMMUNICATIONS	5159 FEDERAL BLVD. SAN DIEGO, CA 92105-5486	06/30/17	38,414.
SCRIPPS HEALTH	550 WASHINGTON ST. SUITE 621 SAN DIEGO, CA 92103	06/30/17	37,117.
SDG&E	LUCIA STONE 8330 CENTURY PARK COURT ML#CP31D SAN DIEGO, CA 92123	06/30/17	34,000.
CARLETON MANAGEMENT, INC.	11440 WEST BERNARDO COURT, SUITE 390 SAN DIEGO, CA 92127	06/30/17	21,250.
EMMES REALITY SERVICES OF CALIFORNIA, LLC	701B STREET SUITE 200 SAN DIEGO, CA 92101	06/30/17	20,500.
WESTFIELD CORPORATION	225 BROADWAY SUITE 1700 SAN DIEGO, CA 92101	06/30/17	20,500.
ASHFORD UNIVERSITY	13500 EVENING CREEK DRIVE NORTH SUITE 600 SAN DIEGO, CA 92128	06/30/17	18,500.
CARRIER JOHNSON	1301 THIRD AVENUE SAN DIEGO, CA 92101	06/30/17	18,500.
SWINERTON BUILDERS	16798 WEST BERNARDO DRIVE SAN DIEGO, CA 92127	06/30/17	18,500.
BALFOUR BEATTY CONSTRUCTION	10620 TREENA STREET SUITE 300 SAN DIEGO, CA 92131	06/30/17	18,000.
SAN DIEGO UNION TRIBUNE	600 B STREET SUITE 1201 SAN DIEGO, CA 92101	06/30/17	17,365.
DENTONS US LLP	600 WEST BROADWAY SUITE 2600 SAN DIEGO, CA 92101	06/30/17	17,250.
TURNER CONSTRUCTION	15378 AVENUE OF SCIENCE SUITE 100 SAN DIEGO, CA 92128	06/30/17	17,250.
BANK OF AMERICA	450 B STREET SUITE 2000 SAN DIEGO, CA 92101	06/30/17	17,000.
SAN DIEGO PADRES	100 PARK BLVD SAN DIEGO, CA 92101	06/30/17	16,694.

DYNALECTRIC COMPANY	9505 CHESAPEAKE DRIVE SAN DIEGO, CA 92123	06/30/17	16,650.
RUDOLPH & SLETTEN, INC	600 B STREET SUITE 1500 SAN DIEGO, CA 92101	06/30/17	16,500.
CIVIC SAN DIEGO	401 B STREET FOURTH FLOOR SAN DIEGO, CA 92101	06/30/17	16,264.
SYCUAN BAND OF THE KUMEYAAAY NATION	5459 SYCUAN ROAD EL CAJON, CA 92019	06/30/17	16,205.
GAFCON, INC.	5960 CORNERSTONE CT. WEST SUITE 100 SAN DIEGO, CA 92121	06/30/17	16,000.
HENSEL PHELPS	600 WEST BROADWAY SUITE 660 SAN DIEGO, CA 92101	06/30/17	15,500.
THE MANSOUR GROUP	4660 LA JOLLA VILLAGE DRIVE SUITE 900 SAN DIEGO, CA 92122	06/30/17	15,500.
CLARK CONSTRUCTION	525 B STREET SUITE 250 SAN DIEGO, CA 92101	06/30/17	15,400.
IRVINE COMPANY	4365 EXECUTIVE DRIVE SUITE 100 SAN DIEGO, CA 92101	06/30/17	14,400.
HOLLAND PARTNERS	5000 E. SPRING SUITE 500 LONG BEACH, CA 90815	06/30/17	14,000.
REPUBLIC SERVICES	8364 CLAIRMONT MESA BLVD SAN DIEGO, CA 92111	06/30/17	14,000.
BUMBLE BEE SEAFOODS	280 10TH AVENUE SAN DIEGO, CA 92101	06/30/17	13,500.
GENERAL DYNAMICS NASSCO	2798 EAST HARBOR DRIVE SAN DIEGO, CA 92113	06/30/17	13,500.
ALLIED UNIVERSAL	1260 MORENA BLVD SAN DIEGO, CA 92110	06/30/17	13,000.
AMERICAN MEDICAL RESPONSE	8808 BALBOA AVENUE SUITE 150 SAN DIEGO, CA 92123	06/30/17	13,000.
FIFTH AVENUE LANDING LLC	2145 EAST BELT STREET SAN DIEGO, CA 92113	06/30/17	13,000.
KAISER PERMANENTE.	4647 ZION AVENUE SAN DIEGO, CA 92120	06/30/17	12,600.
BROWNSTEIN HYATT FARBER SCHRECK, LLP	225 BROADWAY SUITE 1670 SAN DIEGO, CA 92101-5000	06/30/17	12,500.

PCL CONSTRUCTION SERVICES	4690 EXECUTIVE DRIVE SUITE 100 SAN DIEGO, CA 92121	06/30/17	12,500.
US BANK	1420 KETTNER BLVD 7TH FLOOR SAN DIEGO, CA 92101	06/30/17	12,484.
CAVIGNAC & ASSOCIATES	450 B.STREET SUITE 1800 SAN DIEGO, CA 92101-3571	06/30/17	11,600.
SYSKA HENNESSY GROUP LIGHTING DESIGN	9665 GRANITE RIDGE DRIVE STE. SAN DIEGO, CA 92123	06/30/17	11,600.
WAKELAND HOUSING AND DEVELOPMENT CORPORAT	1230 COLUMBIA STREET SUITE 950 SAN DIEGO, CA 92101	06/30/17	11,600.
BERGELECTRIC CORP.	650 OPPER ST. ESCONDIDO, CA 92029	06/30/17	11,500.
FOX SPORTS SAN DIEGO	350 TENTH AVENUE SUITE 400 SAN DIEGO, CA 92101	06/30/17	11,500.
NRG ENERGY CENTER SAN DIEGO LLC	L ONE EAST WASHINGTON ST. SUITE 2570 PHOENIX, AZ 85004	06/30/17	11,175.
CBRE	4365 EXECUTIVE DRIVE SUITE 1600 SAN DIEGO, CA 92121	06/30/17	10,800.
ACE PARKING	645 ASH STREET SAN DIEGO, CA 92101	06/30/17	10,500.
AT&T	101 WEST BROADWAY SUITE 1310 SAN DIEGO, CA 92101	06/30/17	10,500.
CALIFORNIA APARTMENT ASSOCIATION	2532 TRUXTUN ROAD SUITE 208 SAN DIEGO, CA 92116	06/30/17	10,500.
L2HP LLC	1050 PARK BOULEVARD SAN DIEGO, CA 92101	06/30/17	10,500.
MA ENGINEERS	5160 CARROLL CANYON RD SUITE 200 SAN DIEGO, CA 92121	06/30/17	10,500.
CUSHMAN WAKEFIELD	4435 EASTGATE MALL SUITE 200 SAN DIEGO, CA 92121	06/30/17	10,000.
FLOCKE & AVOYER COMMERCIAL REAL ESTATE	6165 GREENWICH DRIVE SUITE 110 SAN DIEGO, CA 92122	06/30/17	10,000.
MANPOWER TEMPORARY SERVICE	1855 1ST AVENUE SUITE 300 SAN DIEGO, CA 92101	06/30/17	10,000.
UNDERGROUND ELEPHANT, INC.	808 J STEERT SAN DIEGO, CA 92101	06/30/17	10,000.

PORT OF SAN DIEGO	3165 PACIFIC HIGHWAY SAN DIEGO, CA 92101	06/30/17	9,500.
SAN DIEGO THEATRES, INC.	P.O.BOX 124920 SAN DIEGO, CA 92112-4920	06/30/17	9,375.
RATH MILLER	525 B STREET SUITE 1410 SAN DIEGO, CA 92101	06/30/17	9,320.
GENSLER	225 BROADWAY STE SAN DIEGO, CA 92101	06/30/17	9,250.
HP INVESTORS	9404 GENESE AVE SUITE 330 JOLLA, CA 92037	06/30/17	9,250.
BOSA DEVELOPMENT CALIFORNIA II, INC.	121 W. MARKET STREET SAN DIEGO, CA 92101	06/30/17	8,500.
SAN DIEGO COUNTY REGIONAL AIRPORT AUTH	3225 NORTH HAVOR DRIVE SAN DIEGO, CA 92101	06/30/17	8,500.
UNION BANK	530 B STREET SUITE 1200 SAN DIEGO, CA 92101	06/30/17	8,500.
MANCHESTER GRAND HYATT SAN DIEGO	1 MARKET PLACE SAN DIEGO, CA 92101	06/30/17	8,200.
TSA CONTRACTING	11440 WEST BERNARDO COURT SUITE 166 SAN DIEGO, CA 92127	06/30/17	8,100.
BOLLERT   LEBEAU COMMERCIAL REAL ESTATE	4180 LA JOLLA VILLAGE DRIVE SUITE 210 JOLLA, CA 92037	06/30/17	8,000.
SAN DIEGO CONVENTION CENTER	111 W. HARBOR DRIVE SAN DIEGO, CA 92101	06/30/17	8,000.
SHEPPARD MULLIN	501 W. BROADWAY SUITE 1900 SAN DIEGO, CA 92101	06/30/17	8,000.
WELLS FARGO	4365 EXECUTIVE DRIVE SUITE 1760 SAN DIEGO, CA 92121	06/30/17	8,000.
JLL	4747 EXECUTIVE DRIVE SUITE 400 SAN DIEGO, CA 92121	06/30/17	7,800.
CALIFORNIA STRATEGIES	2488 HISTORIC DECATUR RD STE 200 SAN DIEGO, CA 92106	06/30/17	7,700.
SAN DIEGO HOUSING COMMISSION II	1122 BROADWAY SUITE 300 SAN DIEGO, CA 92101	06/30/17	7,700.
WAL-MART	7710 HAXARD CENTER DRIVE SUITE E-334 SAN DIEGO, CA 92108	06/30/17	7,500.



WITHERS BERGMAN LLP	101 WEST BROADWAY SUITE 1000 SAN DIEGO, CA 92101	06/30/17	7,475.
DOUGLAS WILSON COMPANIES	1620 FIFTH AVENUE SUITE 400 SAN DIEGO, CA 92101	06/30/17	7,300.
BALBOA PARK CULTURAL PARTNERSHIP	1549 EL PRADO SUITE 400 SAN DIEGO, CA 92101	06/30/17	7,000.
LANKFORD & ASSOCIATES	7979 IVANHOE AVE. SUITE 555 JOLLA, CA 92037	06/30/17	6,750.
OLIVER MCMILLAN	733 8TH AVENUE SAN DIEGO, CA 92101	06/30/17	6,500.
SOLAR TURBINES	2200 PACIFIC HIGHWAY SAN DIEGO, CA 92101	06/30/17	6,500.
DUANE MORRIS	750 B STREET STE. 2900 STREET SAN DIEGO, CA 92101	06/30/17	6,475.
PROJECT DESIGN CONSULTANTS	701 B STREET SUITE 800 SAN DIEGO, CA 92101	06/30/17	6,250.
DEALY DEVELOPMENT INC.	625 BROADWAY SUITE 1120 SAN DIEGO, CA 92101	06/30/17	6,000.
HELIX ELECTRIC	6795 FLANDERS DRIVE SAN DIEGO, CA 92121	06/30/17	6,000.
KILROY REALTY CORPORATION	3661 VALLEY CENTRE DRIVE SUITE 250 SAN DIEGO, CA 92130	06/30/17	5,800.
7-ELEVEN	3200 HACKBERRY ROAD DALLAS, TX 75063	06/30/17	5,500.
BANNER BANK	5901 PRIESTLY DRIVE SUITE 160 CARLSBAD, CA 92008	06/30/17	5,500.
LATITUDE 33 PLANNING AND ENGINEERING	9968 HIBERT STREET 2ND FLOOR SAN DIEGO, CA 92131	06/30/17	5,500.
SCST, INC.	6280 RIVERDALE STREET SAN DIEGO, CA 92120	06/30/17	5,500.
SEMPRA SERVICES CORP.	488 8TH AVE SAN DIEGO, CA 92101	06/30/17	5,500.
ROBBINS GELLER RUDMAN & DOWD LLP	655 WEST BROADWAY SUITE 1900 SAN DIEGO, CA 92101-3301	06/30/17	5,351.
BURGER CONSTRUCTION	11760 SORRENTO VALLEY ROAD SAN DIEGO, CA 92121	06/30/17	5,350.

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

95-1729734

SCHWARTZ COMMERCIAL REALTY	530B STREET SUITE 1870 SAN DIEGO, CA 92101	06/30/17	5,300.
LYON & LYON, INC.	4440 PACIFIC HWY SAN DIEGO, CA 92110-3107	06/30/17	5,074.
HIGGS FLETCHER & MACK	401 WEST A STREET SUITE 2600 SAN DIEGO, CA 92101	06/30/17	5,000.
LENNAR MULTIFAMILY COMMUNITIES	95 ENTERPRISE ALISO VIEJO, CA 92656	06/30/17	5,000.
MANCHESTER FINANCIAL GROUP II	2550 FIFTH AVENUE SUITE 900 SAN DIEGO, CA 92103	06/30/17	5,000.
PARQ EVENT CENTER	615 BROADWAY SAN DIEGO, CA 92101	06/30/17	5,000.
S. LEW & ASSOCIATES, INC.	3709 CONVOY ST. #300 SAN DIEGO, CA 92111	06/30/17	5,000.
THE CASEY BROWN COMPANY	350 CAMINO DE LA REINA SAN DIEGO, CA 92108	06/30/17	5,000.
TOTAL INCLUDED ON LINE 3			<u>1,091,438.</u>

DRAFT

FORM 199	GROSS AMOUNT FROM SALE OF ASSETS	STATEMENT	2
----------	----------------------------------	-----------	---

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
VEHICLES	145,661.	145,661.	0.	3,828.
TOTAL TO FORM 199, PAGE 2, LN 6	145,661.	145,661.	0.	3,828.

FORM 199	OTHER INCOME	STATEMENT	3
----------	--------------	-----------	---

DESCRIPTION	AMOUNT
PBID ASSESSMENT & PARKS	7,321,804.
TRANSIT PASS PROGRAM	379,035.
BID INCOME	462,036.
BANNER	36,000.
	0.
TOTAL TO FORM 199, PART II, LINE 7	8,198,875.

---



---

 FORM 199      COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES      STATEMENT      4
 

---

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
KRIS MICHELL 401 B STREET, NO. 100 SAN DIEGO, CA 92101	PRESIDENT/CEO 40.00	262,500.
CRAIG BENEDETTO 401 B STREET, NO. 100 SAN DIEGO, CA 92101	CHAIRMAN 1.00	0.
FRANK URTASUN 401 B STREET, NO. 100 SAN DIEGO, CA 92101	IMMEDIATE PAST CHAIR 1.00	0.
ROBIN MADAFFER 401 B STREET, NO. 100 SAN DIEGO, CA 92101	2ND VICE CHAIRMAN 1.00	0.
BILL SAULS 401 B STREET, NO. 100 SAN DIEGO, CA 92101	TREASURER 1.00	0.
SAM ATTISHA 401 B STREET, NO. 100 SAN DIEGO, CA 92101	SECRETARY 1.00	0.
NELSON ACKERLY 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
MATT ADAMS 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.
RUBEN ANDREWS 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.

RICHARD BACH 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
JOHN BAILEY 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
BOB BELL 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
WHITNEY BENZIAN 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
PHIL BLAIR 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
GREG BOWMAN 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.
CASEY BROWN 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
MARJORIE BURCHETT 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.
MATT CARLSON 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
JEFF CAVIGNAC 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
JIM CHATFIELD 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.

NIKKI CLAY 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
STEVE CUSHMAN 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
BOB DAUGHERTY 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.
IGNACIO DE LA TORRE 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.
SCOTT DIGGS 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
RODGER DOUGHERTY 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.
JENNIFER FARNHAM 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
TOD FIROTTO 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.
HENRY FORD 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.
STEVE FRIAR 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
DARREL FULLBRIGHT 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
GAF GAFFEN 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
JEFF GATTAS 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
RICK GENTRY 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.
ASHLEY GOSAL 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.
CHANELLE HAWKEN 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
PATRICIA HOLLENBECK 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
STAR HUGHES-GORUP 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
DEREK HULSE 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.

MICHAEL JOHNSON 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
BRIAN JONES 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
DONNA JONES 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
KEITH B. JONES 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
ERIC JONES 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
CECILIA KUCHARSKI 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
MARK KUSKE 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
JAMES LANGLEY 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.
STACEY LANKFORD PENNINGTON 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
JAMES LAWSON 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
MICHAEL LEAKE 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
KEVIN LEGGE 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.



MAELIN LEVINE 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
STEPHEN LEW 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
JEFF LIGHT 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
ALVIN MANSOUR 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
AMBER MAUER 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
JACK MCGRORY 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
STACEY MENDES 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
HOWARD MILLS 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
NEIL MOHR 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
CYNTHIA MORGAN REED 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
JOB NELSON 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
JOHN OHANIAN 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
SUMEET PAREKH 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.

JOHN PASSANANTE 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.
MARK PAYNE 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.
MATTHEW PORRECA 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
GLENN QUIROGA 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
VICTOR RAMSAUER 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.
SCOTT RIPPERTON 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
RIP RIPPETOE 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.
RANA SAMPSON 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
KEN SAUDER 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.

TOM SEIDLER 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.
RYAN SISSON 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
DON STANZIANO 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
JEFF STAUFFER 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
STEVE STUCKEY 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
TITO TAING 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
KRISTA TORQUATO 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
DEACON JIM VARGAS 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
PEDRO VILLEGAS 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
BESS WAKEMAN 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
NICHOLAS WILSON 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
TIM WINSLOW 401 B STREET, NO. 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.

BAHIJA HAMRAZ (TERM 08/2016) 401 B STREET, NO. 100 SAN DIEGO, CA 92101	EXECUTIVE DIRECTOR 40.00	28,439.
ALONSO VIVAS (START 08/2016) 401 B STREET, NO. 100 SAN DIEGO, CA 92101	EXECUTIVE DIRECTOR 40.00	101,596.
DANIEL REEVES 401 B STREET, NO. 100 SAN DIEGO, CA 92101	SVP OF PUBLIC POLICY & ECO 40.00	0.
JOHN HANLEY 401 B STREET, NO. 100 SAN DIEGO, CA 92101	VP FINANCE/ADMINISTRATIVE 40.00	0.
LINDSAY THOMAS 401 B STREET, NO. 100 SAN DIEGO, CA 92101	COO 40.00	0.
TOTAL TO FORM 199, PART II, LINE 11		<u>392,535.</u>

FORM 199	OTHER EXPENSES	STATEMENT	5
DESCRIPTION		AMOUNT	
BID EXPENSE		437,036.	
TRANSIT PASS PROGRAM		339,463.	
COMMERCIAL ENHANCEMENT		284,585.	
PROGRAM MANAGEMENT		81,813.	
DIRECT EXPENSES OF FUNDRAISING EVENTS		332,699.	
OTHER EMPLOYEE BENEFITS		760,899.	
LEGAL FEES		13,754.	
ACCOUNTING FEES		18,641.	
OTHER PROFESSIONAL FEES		2,523,493.	
ADVERTISING AND PROMOTION		17,593.	
OFFICE EXPENSES		35,067.	
TRAVEL		18,070.	
INSURANCE		181,551.	
ALL OTHER EXPENSES		264,101.	
TOTAL TO FORM 199, PART II, LINE 17		<u>5,308,765.</u>	

FORM 199	OTHER ASSETS	STATEMENT	6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES		87,383.	213,451.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		87,383.	213,451.

FORM 199	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PBID ADVANCE		193,804.	166,297.
DEFERRED RENT		22,216.	38,124.
DEFERRED REVENUE		398,226.	388,547.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		614,246.	592,968.

FORM 199	FUND BALANCES	STATEMENT	8
DESCRIPTION		BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS		724,875.	580,697.
TOTAL TO FORM 199, SCHEDULE L, LINE 21		724,875.	580,697.

**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 "2016 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:** **Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.**  
**S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.**  
**Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.**

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.

Due to the federal Emancipation Day holiday observed on April 17, 2017, tax returns filed and payments mailed or submitted on April 18, 2017, will be considered timely.

**ONLINE SERVICES:** Corporations can make payments online with Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov](http://ftb.ca.gov) for more information.

639035 12-08-16

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR **2016** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM **3586 (e-file)**

0000000 DOWN 95-1729734 0265535 16 FORM 3  
TYB 07-01-2016 TYE 06-30-2017  
DOWNTOWN SAN DIEGO PARTNERSHIP INC

401 B STREET NO 100  
SAN DIEGO CA 92101

(619) 234-0201

Amount of Payment 10.