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

Form

(Rev. January 2020)



Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								
			JUN 30, 2020	Inspection				
	Check if		D Employer identificati	on number				
D C	pplicab	le:		on number				
	Addr	DOWNTOWN SAN DIEGO PARTNERSHIP, INC.						
	Name		95-1729734	1				
	Initial returr		ite E Telephone number					
	Final		619-234-02	01				
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	9,350,107.				
	Amer	ded SAN DIEGO, CA 92101	H(a) Is this a group retur					
	Appli tion		for subordinates?					
	pend	SAME AS C ABOVE	H(b) Are all subordinates includ	led? Yes No				
			If "No," attach a list	. (see instructions)				
		te: WWW.DOWNTOWNSANDIEGO.ORG	H(c) Group exemption nu					
_			ear of formation: 1952 M St	ate of legal domicile: CA				
Pa	art I	Summary						
e	1	Briefly describe the organization's mission or most significant activities:	GIN DIRGO					
ano		PROSPERITY AND CULTURAL VITALITY OF DOWNTOWN						
'ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or disposed of mo						
Governance	3	Number of voting members of the governing body (Part VI, line 1a)		98 97				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)		107				
Activities &	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		151				
tivi	6	Total number of volunteers (estimate if necessary)		0.				
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		0.				
	D	Net unrelated business taxable income from Form 990-T, line 39						
		Contributions and grants (Dart ) (III line 1b)	Prior Year 569,952.	Current Year 596,885.				
Revenue	8	Contributions and grants (Part VIII, line 1h)	9,577,243.	8,745,302.				
ver	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	753.	804.				
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-197,439.	-197,702.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,950,509.	9,145,289.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,817,676.	4,556,553.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
bei		Total fundraising expenses (Part IX, column (D), line 25)						
ŵ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,042,634.	4,765,147.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,860,310.	9,321,700.				
	19	Revenue less expenses. Subtract line 18 from line 12	90,199.	-176,411.				
Net Assets or Fund Balances			Beginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)	2,162,217.	1,442,549.				
t As	21	Total liabilities (Part X, line 26)	1,499,032.	649,474.				
Eun Fun	22	Net assets or fund balances. Subtract line 21 from line 20	663,185.	793,075.				
Pa	art II	Signature Block						

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

Sign Here	Signature of officer         BETSY BRENNAN, PRESIDE         Type or print name and title	ENT & CEO	Date							
Paid	Print/Type preparer's name	Preparer's signature	Date Check If self-employed	PTIN						
Preparer	Firm's name 🕨 ALDRICH CPAS ANI		Firm's EIN							
Use Only	Firm's address 7676 HAZARD CENT		Phone no. ( 619	) 810-4940						
May the If	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No						
932001 01-2	J32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)									

Form	990 (2019) DOWNTOWN SAN DIEGO PARTNERSHIP, INC. 95-1729734 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE DOWNTOWN SAN DIEGO PARTNERSHIP SERVES AS THE PRINCIPAL VOICE AND
	DRIVING FORCE BEHIND THE ECONOMIC PROSPERITY AND CULTURAL VITALITY OF
	DOWNTOWN SAN DIEGO THROUGH MEMBERSHIP, ADVOCACY AND PUBLIC SERVICES.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
-	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:     ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	THE DOWNTOWN SAN DIEGO PARTNERSHIP PROVIDES A PUBLIC SERVICE AS THE
	MANAGING ORGANIZATION FOR THE PROPERTY AND BUSINESS IMPROVEMENT
	DISTRICT, OTHERWISE KNOWN AS CLEAN & SAFE. THE CLEAN & SAFE PROGRAM HAS
	PROVIDED ESSENTIAL SERVICES BEYOND THOSE OTHERWISE AVAILABLE THROUGH
	EXISTING GOVERNMENT ENTITIES TO KEEP 275 BLOCKS OF DOWNTOWN NEIGHBORHOODS CLEAN, SAFE AND THRIVING FOR MORE THAN 20 YEARS.
	ADDITIONAL MAINTENANCE, SAFETY, HOMELESS OUTREACH AND PLACEMAKING
	SERVICES ARE PROVIDED THROUGH VOTER-APPROVED ANNUAL PROPERTY
	ASSESSMENTS LEVIED BY THE COUNTY OF SAN DIEGO ON DOWNTOWN PROPERTY
	OWNERS.
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 RECEIVED CITY FUNDING. THE MISSION OF THE CITY
	CENTER BUSINESS DISTRICT IS TO INVEST ON THE VITALITY OF THE DISTRICT
	BY PRIORITIZING ECONOMIC DEVELOPMENT AND MARKETING THE SUCCESS OF OUR BUSINESSES.
	POSTNESSES.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	THE DOWNTOWN SAN DIEGO PARTNERSHIP PROVIDES A MEMBERSHIP PROGRAM TO
	OVER 300 DIFFERENT COMPANIES WHO CAN COUNT ON UNPARALLELED CONNECTIONS,
	RESOURCES AND SUPPORT AT VARYING LEVELS DEPENDING ON THEIR NEEDS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses
00000	Form <b>990</b> (2019)
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Part IV Checklist of Required Schedules

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	v	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	1		- 21
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
9	Schedule D, Part III	0		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<u> </u>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	_		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
h	Schedule D, Parts XI and XII	12a		
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	126		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	114		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<b></b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
~~	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	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>	21		х
	domestic government of Fart IA, column (A), inte 1 : 1 - 163, complete ochedule i, Farts Farta i	21		

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Form **990** (2019)

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Form 990 (	2019)	DOWNTOWN	SAN	DIEGC
Part IV	Checklist of	of Required Schee	dules (	continued)

			Yes	No
22	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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			x
~~	"Yes," complete Schedule L, Part IV	28c		A X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
04	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		
32		200		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	22		x
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		- 23
34		34	x	
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
		35d		
u	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa		_ 00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	Х	
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Form 990	(2019)	DOWNTOWN	SAN	DIEGO	PARTNERSHIP,	INC.
Part V	Statements	Regarding Othe	er IRS	Filings a	nd Tax Compliance	(continued)

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	107						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)				37			
				3a 3b		X			
	b If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No</i> " <i>to line 3b, provide an explanation on Schedule O</i>								
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
h	financial account in a foreign country (such as a bank account, securities account, or other financial if "Yes," enter the name of the foreign country	accol	int) ?	4a		X			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5a 5b		X X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th								
	any contributions that were not tax deductible as charitable contributions?			6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut								
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			_					
	to file Form 8282?			7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		-					
e 4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e 7f					
t									
9 h	<ul> <li>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</li> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> </ul>								
8									
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:		1						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:		1						
a		11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446							
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	2	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041		12a					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1						
	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c							
				14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					77			
	excess parachute payment(s) during the year?			15		X			
10	If "Yes," see instructions and file Form 4720, Schedule N.			40		v			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment if "Voc " complete Form 4720. Schedule O	nt inco	ome?	16		X			
	If "Yes," complete Form 4720, Schedule O.								

Form **990** (2019)

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Form 990	(2019)
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DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

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

Х

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

1~	Entar the number of voting members of the governing body at the and of the tay year	4-	98	3	Yes	N
та	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		4		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
h	Enter the number of voting members included on line 1a, above, who are independent	1b	97	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsl			-		
2		-	-	2	x	
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under			2		$\vdash$
0	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form			4		
	Did the organization become aware during the year of a significant diversion of the organization's a			5		
6	Did the organization bave members or stockholders?			6	x	
	Did the organization have members, stockholders, or other persons who had the power to elect or					$\vdash$
	more members of the governing body?			7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			7b	X	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y					
	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-					Ι.
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenu	e Code.)			-
					Yes	$\downarrow$
	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such	•				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody befo	re filing the form?	<b>11</b> a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If the School of t			10-	x	
	in Schedule O how this was done			12c	X	-
	Did the organization have a written whistleblower policy?			13	X	-
4	Did the organization have a written document retention and destruction policy?			14		
5	Did the process for determining compensation of the following persons include a review and appro persons, comparability data, and contemporaneous substantiation of the deliberation and decision		idependent			
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement v	vith a			
	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anizatio	n's			
	exempt status with respect to such arrangements?			16b		
ect	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 99	D-T (Section 501(c)(	3)s only	/) avai	lab
	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       Another's website       X       Upon request       Other (explain the control of the contr	in on Sc	shadula ()			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,		,	nd fina	ncial	
5	statements available to the public during the tax year.	connict	or interest policy, a	iu iiidi	icial	
0	Statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b	noke or	nd records			
0	THE ORGANIZATION - 619-234-0201	JUUNO di				
	401 B STREET, NO. 100, SAN DIEGO, CA 92101					

I

Part VII	Co	mpensation	of Officers	, Directors,	Trustees,	Key Employees,	Highest	Compensated	ł
	์ Em	ployees, and	d Independ	ent Contra	ctors				

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.

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

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

(A)	(A) (B) (C)			(D)	(E)	(F)					
Name and title	Average	(do	not cl		ition		one	Reportable	Reportable	Estimated	
	hours per	box	, unles	ss pe	rson i	s botl	n an	compensation	compensation	amount of	
	week	<u> </u>	er an	uau	recio	r/trus	lee)	from	from related	other	
	(list any	recto						the	organizations	compensation	
	hours for related	or di	ee			sated		organization	(W-2/1099-MISC)	from the	
	organizations	ustee	trust		ee	npens		(W-2/1099-MISC)		organization and related	
	below	lual tr	tional		nploy	st cor yee	L			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio	
(1) BETSY BRENNAN	40.00					_					
PRESIDENT & CEO	0.25	Х		Х				231,647.	0.	4,752.	
(2) ALONSO VIVAS	40.00										
SENIOR VICE PRESIDENT						Х		113,948.	0.	4,880.	
(3) KAITLIN PHILIPS	40.00										
SENIOR VP - MEMBERSHIP & EVENTS						Х		109,851.	0.	4,151.	
(4) JUSTIN APGER	40.00								_		
CHIEF OPERATIONS OFFICER				Х				24,544.	0.	2,859.	
(5) SUMEET PAREKH	1.00									•	
CHAIRMAN		Х		Х				0.	0.	0.	
(6) CRAIG BENEDETTO	1.00									•	
IMMEDIATE PAST CHAIR		X		Х				0.	0.	0.	
(7) JAMES LAWSON	1.00								0	•	
1ST VICE CHAIR	1 00	X		Χ				0.	0.	0.	
(8) PHIL RATH	1.00			37				0	0	0	
TREASURER	1 0 0	X		Χ				0.	0.	0.	
(9) CHANELLE HAWKEN	1.00			v				0.	0.	0	
SECRETARY	1.00	Х		Х				0.	0.	0.	
(10) WILLIAM H. SAULS	1.00	x		х				0.	0.	0.	
CHIEF LEGAL OFFICER	1.00	^		~				0.	0.	0.	
(11) JESSICA ABBO DIRECTOR	1.00	x						0.	0.	0.	
(12) MICHAEL AKAVAN	1.00	~						0.	0.	0.	
DIRECTOR	1.00	x						0.	0.	0.	
(13) RUBEN ANDREWS	1.00	- 11						Ŭ•	••		
DIRECTOR	1.00	x						0.	0.	0.	
(14) TERRY ARNETT	1.00										
DIRECTOR		x						0.	0.	0.	
(15) MARY BALL	1.00										
DIRECTOR		x						0.	0.	0.	
(16) MADELEINE BAUDOIN	1.00										
DIRECTOR		х						0.	Ο.	0.	
(17) WHITNEY BENZIAN	1.00										
DIRECTOR		Х						0.	0.	0.	
932007 01-20-20										Form <b>990</b> (2019)	

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Form 990 (2019)	DOWNTOWN	SAN DI	EG	O I	PAF	RTI	NEI	RSI	HIP,	INC.	95-1'	<u>729</u>	734	Pa	.ge <b>8</b>
Part VII Section A. Officers	s, Directors, Trus	tees, Key Em	ploy	/ees	, and	d Hi	ighe	st C	Compen	sated Employe	es (continued)				
(A)		(B)				C)				(D)	(E)	(F)			
Name and title	e	Average		not c	heck	more	than		1	leportable	Reportable			imate	
		hours per week		, unle					COI	mpensation	compensatio			ount o	of
		(list any	<u> </u>				Γ	T I	1	from the	from related organization			other bensat	ion
		hours for	or director				_		or	ganization	(W-2/1099-MIS			om the	
		related	ee or	stee			nsate		1	2/1099-MISC)		50)		anizati	
		organizations	trust	al tru		yee	ompe		,	,			Ŭ,	relate	
		below	In divid ual trustee	Institutional trustee	Ser	Key employee	Highest compensated employee	ner					orga	nizatio	ns
		line)	Indi	Insti	Officer	Key	High	Former							
(18) ROBERT BETZ DIRECTOR		1.00	x							0.		0.			0.
(19) PHIL BLAIR		1.00		-		-	$\vdash$			0.		0.			0.
DIRECTOR		1.00	x							0.		0.			0.
(20) GREG BOWMAN		1.00		$\vdash$			$\vdash$	-		0.		0.			0.
DIRECTOR		1.00	x							0.		0.			0.
(21) CASEY BROWN		1.00		$\vdash$	-	-	$\vdash$			0.		0.			0.
DIRECTOR		1.00	x							0.		0.			0.
(22) STEPHANIE BROWN		1.00	123				$\vdash$			0.		••			
DIRECTOR			x							0.		0.			0.
(23) MARJORIE BURCHETT		1.00													
DIRECTOR			X							0.		0.			0.
(24) MICHAEL BURTON		1.00													
DIRECTOR			Х							0.		0.			0.
(25) FRANK BUSIC		1.00										_			_
DIRECTOR			Х							0.		0.			0.
(26) MELISSA CAMERON		1.00								0		•			~
DIRECTOR			X							0.		0.	1		0.
										479,990.		0.	(	5,64	
c Total from continuation										0.		0.	1/		0.
d Total (add lines 1b and 1										479,990.		0.	Ц	5,64	ŁΖ.
2 Total number of individua		iot limited to th	nose	liste	ed al	bove	e) wi	ho re	eceived	more than \$100	0,000 of reportab	le			-
compensation from the o														Yes	No
3 Did the organization list a	ny <b>former</b> officer	director trust	ee	kev (	mn	love		r hia	nhest co	mnensated emr	olovee on				110
line 1a? If "Yes," complete								-	-				3		Х
4 For any individual listed o													-		
and related organizations											the organization		4	х	
5 Did any person listed on I	•										idual for services				
rendered to the organizat													5		Х
Section B. Independent Cont	ractors														
1 Complete this table for yo	our five highest co	mpensated in	dep	ende	ent c	onti	racto	ors t	that rece	eived more than	\$100,000 of con	npens	ation fi	rom	
the organization. Report of	compensation for	the calendar y	/ear	endi	ng v	vith	or w	vithir	n the org	ganization's tax	year.				
Na	(A) ame and business	o d duo o o								(B)		~	(C		
ALLIED UNIVERSAI			TO	<b>.</b>		16	1	$\rightarrow$		Description of s	Services		omper	ISALIOI	
WASHINGTON STREE							Ŧ		GECIT	RITY SER	VICES	2	,139	ר ג ג	57
WADHINGION DIREE	I DOILD	000 110		1(	<i>J</i> <b>V I</b>	311		-		KIII DEK	VICED	2	, ± J.	, <u> </u>	,,,
								1							
								$ \rightarrow$							
								$\dashv$							
2 Total number of independ \$100,000 of compensation			not li	mite	d to	tho	se li: 2	sted	d above)	who received n	nore than				
SEE PART VII	, SECTIO	N A CON	TI	NUZ	AT ]	101	N S	SHI	EETS				Form <b>S</b>	<b>990</b> (2	019
														·	

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9 2019.05092 DOWNTOWN SAN DIEGO PARTNERS 10604_01 14510429 310575 10604.000

	SAN DI	EGO	D I	PAF	RTI	IEI	RSI	HIP, INC.	95-172	9734
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	byee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	I		Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	oly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				loyee		the	organizations	compensation from the
	(list any hours for	direct				d em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	related	e or	stee			nsate		(** 2/1000 10100)		and related
	organizations	trust	al tru		yee	ompe				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Jer			-
	line)	Indi	Insti	Officer	Key	High	Former			
(27) JEFF CAVIGNAC	1.00									
DIRECTOR		X						0.	0.	0.
(28) JIM CHATFIELD	1.00									
DIRECTOR		X						0.	0.	0.
(29) NIKKI CLAY	1.00									
DIRECTOR		X						0.	0.	0.
(30) STEVE CUSHMAN	1.00									
DIRECTOR		X						0.	0.	0.
(31) NATALIE DAHL	1.00									
DIRECTOR		X						0.	Ο.	0.
(32) BOB DAUGHERTY	1.00									
DIRECTOR		X						0.	0.	0.
(33) PERRY DEALY	1.00									
DIRECTOR		X						0.	0.	0.
(34) RODGER DOUGHERTY	1.00									
DIRECTOR		X						0.	0.	0.
(35) STEVE ESPINO	1.00									
DIRECTOR		X						0.	0.	0.
(36) JENNIFER FARNHAM	1.00									
DIRECTOR		X						0.	0.	0.
(37) TOD FIROTTO	1.00									
DIRECTOR		X						0.	0.	0.
(38) BRIAN FISH	1.00									
DIRECTOR		X						0.	0.	0.
(39) JEFF FORREST	1.00									
DIRECTOR		X						0.	0.	0.
(40) CHRIS FRAHM	1.00									
DIRECTOR		X						0.	0.	0.
(41) MICHAEL FRIEDMAN	1.00									
DIRECTOR		X						0.	0.	0.
(42) DARREL FULLBRIGHT	1.00									
DIRECTOR		X						0.	0.	0.
(43) PAMELA GABRIEL	1.00									
DIRECTOR		X						0.	0.	0.
(44) YEHUDI "GAF" GAFFEN	1.00									
DIRECTOR		X						0.	0.	0.
(45) JEFF GATTAS	1.00									
DIRECTOR		x						0.	Ο.	0.
(46) BILL GEPPERT	1.00									
DIRECTOR		Х						0.	0.	0.
Total to Part VII, Section A, line 1c										

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								HIP, INC.	95-172	9734
Part VII Section A. Officers, Directors, Tr	ustees, Key Ei	nplo	byee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	I		Reportable	Reportable	Estimated
	hours	(cl	heck				ly)	compensation	compensation	amount of
	per	<u> </u>						from	from related	other
	week					yee		the	organizations	compensation
	(list any	Individual trustee or director				Highest compensated employee		organization	(W-2/1099-MISC)	from the
	hours for	or din				ted e		(W-2/1099-MISC)		organization
	related	stee o	Institutional trustee			oen sa				and related
	organizations	al tru	inal t		Key employee	comp				organizations
	below	ividu	titutio	cer	emp	hest	Former			
	line)	Ind	Inst	Officer	Key	Hig	For			
(47) ASHLEY GOSAL	1.00									
DIRECTOR		X						0.	0.	0.
(48) HOWARD GREENBERG	1.00									
DIRECTOR		Х						0.	0.	0.
(49) JOHN GREENIP	1.00									
DIRECTOR		Х						0.	0.	0.
(50) WAYNE GUYMON	1.00									
DIRECTOR		Х						0.	0.	0.
(51) ALEX GUYOTT	1.00									
DIRECTOR		X						0.	0.	0.
(52) ERNIE HAHN	1.00									
DIRECTOR		X						0.	0.	0.
(53) ED HARTLESS	1.00									
DIRECTOR		X						0.	0.	0.
(54) DEREK HULSE	1.00									
DIRECTOR		X						0.	0.	0.
(55) KEITH B. JONES	1.00									
DIRECTOR		X						0.	0.	0.
(56) DOUG KERNER	1.00									
DIRECTOR		X						0.	0.	0.
(57) DANIEL KUPERSCHMID	1.00									
DIRECTOR		X						0.	0.	0.
(58) JAMES LANGLEY	1.00									
DIRECTOR		X						0.	0.	0.
(59) ROB LANKFORD	1.00									
DIRECTOR		X						0.	0.	0.
(60) STACEY LANKFORD PENNINGTON	1.00									
DIRECTOR		X						0.	0.	0.
(61) JOHN LARAIA	1.00									
DIRECTOR		X						0.	0.	0.
(62) KEVIN LEGGE	1.00									
DIRECTOR		x						0.	0.	0.
(63) MAELIN LEVINE	1.00									
DIRECTOR		x						0.	0.	0.
(64) JEFF LIGHT	1.00									
DIRECTOR		x						0.	0.	0.
(65) ROBIN MADAFFER	1.00									
DIRECTOR		x						0.	0.	0.
(66) SEAN MARCEL	1.00									
DIRECTOR		x						0.	0.	0.
		-								
Total to Part VII, Section A, line 1c										

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	SAN DI	EGO	D I	PAE	RTI	IEI	RSI	HIP, INC.	95-172	9734
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	oyee	es, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	I		Reportable	Reportable	Estimated
	hours	(cl			that		ly)	compensation	compensation	amount of
	per	È					<u>, , , , , , , , , , , , , , , , , , , </u>	from	from related	other
	week					yee		the	organizations	compensation
	(list any	Individual trustee or director				Highest compensated employee		organization	(W-2/1099-MISC)	from the
	hours for	or dire				ted e		(W-2/1099-MISC)		organization
	related	stee c	ustee			ien sa				and related
	organizations	al trus	Institutional trustee		Key employee	dmoc				organizations
	below	vidua	itutio	cer	emp	hest (	Former			
	line)	Ind	Inst	Officer	Key	Hig	Бп			
(67) MERO MARME	1.00									
DIRECTOR		X						0.	0.	0.
(68) AMBER MAUER	1.00									
DIRECTOR		x						0.	0.	0.
(69) JENNIFER MCCARTHY	1.00									
DIRECTOR	1.00	x						0.	0.	0.
(70) DAN MCCURDY	1.00			<u> </u>				0.	• 0	0.
	1.00	x						0.	0.	0
DIRECTOR	1 00			<u> </u>				0.	0.	0.
(71) DAN MICHAELS	1.00								0	0
DIRECTOR		X						0.	0.	0.
(72) HOWARD MILLS	1.00								_	
DIRECTOR		X						0.	0.	0.
(73) NEIL MOHR	1.00									
DIRECTOR		X						0.	0.	0.
(74) CYNTHIA MORGAN-REED	1.00									
DIRECTOR		X						0.	0.	0.
(75) MICHAEL NELSON	1.00									
DIRECTOR		x						0.	0.	0.
(76) JUSTINE NIELSEN	1.00									
DIRECTOR	1000	x						0.	0.	0.
(77) SAM PATELLA	1.00	122	-						•	
DIRECTOR	1.00	x						0.	0.	0.
	1.00			—				0.	0.	0.
(78) PHIL PETERSEN	1.00							0	0	0
DIRECTOR	1 0 0	X						0.	0.	0.
(79) RICHARD PORRAS	1.00									
DIRECTOR		X						0.	0.	0.
(80) MATTHEW PORRECA	1.00									
DIRECTOR		X						0.	0.	0.
(81) DAVID POTTER	1.00									
DIRECTOR		X						0.	0.	0.
(82) DIANA PUETZ	1.00									
DIRECTOR		x						0.	Ο.	0.
(83) GLENN QUIROGA	1.00									
DIRECTOR	1000	x						0.	0.	0.
(84) NICOLE RAMOS	1.00	- 23		-					• •	
	1.00	x						0.	0.	0
DIRECTOR	1 00		<u> </u>	<u> </u>			<u> </u>	0.	υ.	0.
(85) DANIEL REEVES	1.00							_	~	^
DIRECTOR		X	L	<u> </u>				0.	0.	0.
(86) PAUL ROBINSON	1.00	1								
DIRECTOR		Х						0.	0.	0.
Total to Part VII, Section A, line 1c										
. ,										

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And the second									HIP, INC.	95-172	9734	
Name and tile         Average per werk (let any below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below belo		1	nplo	oyee			ligh	est		ees (continued)		
hours proveski week (27) MANUEL BOREIGUEZ         hours (27) MANUEL BOREIGUEZ         (chock all that apply) built and below line)         componisation from related organizations (W2/1099-MISC)         and componisation (W2/1099-MISC)         and componisation from related organizations (W2/1099-MISC)         and componisation from relations (W2/1099-MISC)         and componisation from relations (W2/109-MISC)         and componisation from relations	(A)	(B)			(0	C)			(D)	(E)	(F)	
per (list ary related organizations below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below b	Name and title	Average			Pos	ition			Reportable	Reportable	Estimated	
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(ist ary bar of the second organization organizations (W-2/1099-MISC)         (W-2/109-MISC)         (W-2/109-MISC)         (W-2/109-MISC)         (W-2/109-MISC)         (W-2/109-MISC)         (W-2/109-MISC)         (W-2/109-MISC) <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>												
(87) MANUEL RORRIGUEZ       1.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0.       0         DIRECTOR       X       0.       0.       0.       0         DIRECTOR       X       0.       0.       0.       0         DIRECTOR       1.00       X       0.       0.       0         DIRECTOR       1.00       X       0.       0.       0         DIRECTOR       1.00       X       0.       0.       0         OBERCTOR       0.       0.       0.       0.       0         OUTRECTOR       0.       0.       0.       0.       0.       0         OUTRECTOR       0.       0.       0.       0.       0.       0         OUTRECTOR       1.00       X       0.       0.       0.       0         DIRECTOR       1.00       X       0.       0.       0.       0       0         DIRECTOR       1.00       X       0.       0.       0.       0       0       0       0       0       0       0       0       0       0       0       0       0 <td></td> <td></td> <td>5</td> <td></td> <td></td> <td></td> <td>loyee</td> <td></td> <td></td> <td></td> <td></td>			5				loyee					
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(87) MANUEL RODRIGUEZ         1.00         X         0.         0.         0           DIRECTOR         X         0.         0.         0.         0           DIRECTOR         X         0.         0.         0.         0           DIRECTOR         X         0.         0.         0.         0           DIRECTOR         1.00         X         0.         0.         0           DIRECTOR         1.00         X         0.         0.         0           DIRECTOR         1.00         X         0.         0.         0           ORGED SHIELDS         1.00         X         0.         0.         0           DIRECTOR         X         0.         0.         0.         0           (93) TITO TAINS         1.00         X         0.         0.         0           DIRECTOR         X         0.         0.         0         0         0           DIRECTOR         1.00         X         0.         0.         0         0           DIRECTOR         1.00         X         0.         0.         0         0           US12 FAIN VARELA         1.00         X			e or	stee			nsate		(** 2/1000 10100)		U U	
(87) MANUEL RODRIGUEZ         1.00         X         0.         0.         0           DIRECTOR         X         0.         0.         0.         0           DIRECTOR         X         0.         0.         0.         0           DIRECTOR         X         0.         0.         0.         0           DIRECTOR         1.00         X         0.         0.         0           DIRECTOR         1.00         X         0.         0.         0           DIRECTOR         1.00         X         0.         0.         0           ORGED SHIELDS         1.00         X         0.         0.         0           DIRECTOR         X         0.         0.         0.         0           (93) TITO TAINS         1.00         X         0.         0.         0           DIRECTOR         X         0.         0.         0         0         0           DIRECTOR         1.00         X         0.         0.         0         0           DIRECTOR         1.00         X         0.         0.         0         0           US12 FAIN VARELA         1.00         X			truste	al tru		yee	admo					
(87) MANUEL HORIGUEZ       1.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0.       0         DIRECTOR       X       0.       0.       0.       0         DIRECTOR       X       0.       0.       0.       0         DIRECTOR       1.00       X       0.       0.       0         DIRECTOR       1.00       X       0.       0.       0         DIRECTOR       1.00       X       0.       0.       0         (31) JENNEES SHIELDS       1.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0.       0       0         (31) JENNEE SHIELDS       1.00       X       0.       0.       0       0         DIRECTOR       X       0.       0.       0.       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0<		below	vidual	tution	er	emplo	est co	ler			-	
DIRECTOR         X         0.         0.         0.         0.           (68)         RANA SAMPSON         1.00         X         0.         0.         0           DIRECTOR         X         0.         0.         0.         0           (69)         GREG SHIELDS         1.00         X         0.         0.         0           DIRECTOR         X         0.         0.         0.         0         0           (92)         ERIC STENMAN         1.00         X         0.         0.         0         0           (93)         JERCTOR         X         0.         0.         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 </td <td></td> <td>line)</td> <td>Indiv</td> <td>Insti</td> <td>Offic</td> <td>Key</td> <td>High</td> <td>Form</td> <td></td> <td></td> <td></td>		line)	Indiv	Insti	Offic	Key	High	Form				
(88) RANA SAMPSON         1.00         X         0.0.0.0           DIRBCTOR         X         0.0.0.0         0           090 GREG SHIELDS         1.00         X         0.0.0.0         0           090 GREG SHIELDS         1.00         X         0.0.0.0         0           090 GREG SHIELDS         1.00         X         0.0.0.0         0           010 GREG SHIELDS         1.00         X         0.0.0.0         0           0110 JENNER MATTH         1.00         X         0.0.0.0         0           0120 GREG SHIELDS         1.00         X         0.0.0.0         0           0121 GETCR         X         0.0.0.0         0         0         0         0           0121 GETCR         X         0.0.0.0         0         0         0         0           0121 GETCR         X         0.0.0.0         0         0         0         0           0121 GETCR	(87) MANUEL RODRIGUEZ	1.00										
DIRECTOR         X         0.         0.         0.         0.           (89) KEN SAUDER         1.00         X         0.         0.         0.           URECTOR         X         0.         0.         0.         0.           URECTOR         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           URECTOR         X         0.         0.         0.         0.           URECTOR         X         0.         0.         0.         0.           URECTOR         X         0.         0.         0.         0.         0.           URECTOR         X         0.         0.         0.         0.         0.         0.           URECTOR         X         0.         0.         0.         0.         0.         0.           URECTOR         X         0. <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			Х						0.	0.	0.	
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(91) JENNER SMITH       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (92) ERIC STENMAN       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         01RECTOR       X       0.       0.       0.       0.       0.       0.         01RECTOR       X       0.       0.       0.       0.       0.       0.         01RECTOR       X       0.       0.       0.       0.       0.       0.       0.         01RECTOR       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(90) GREG SHIELDS	1.00										
DIRECTOR         X         0.         0.         0.         0.           (92) ERIC STEMMAN         1.00         X         0.         0.         0.           (93) TITO TAING         1.00         X         0.         0.         0.           (93) TITO TAING         1.00         X         0.         0.         0.           (94) CHRISTINE TAKARA         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           URECTOR         X         0.         0.         0.         0.           URECTOR         X         0.         0.         0.         0.           URECTOR         X         0.         0.         0.         0. <td>DIRECTOR</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	DIRECTOR		Х						0.	0.	0.	
(92) ERIC STENMAN       1.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0.       0         (93) THTO TAING       1.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0.       0         01RECTOR       X       0.       0.       0.       0       0         01RECTOR       X       0.       0.       0.       0       0       0         01RECTOR       X       0.       0.       0.       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	(91) JENNER SMITH	1.00										
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(97) FRANK URTASUN       1.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0.       0         (98) DEACON JIM VARGAS       1.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0.       0         (99) PEDRO VILLEGAS       1.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0.       0         (100) BESS WAKEMAN       1.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0.       0         (101) NICHOLAS WILSON       1.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0.       0         (102) TIM WINSLOW       1.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0.       0		1.00	v						0	0	0.	
DIRECTOR     X     0.     0.     0       (98) DEACON JIM VARGAS     1.00     X     0.     0.     0       DIRECTOR     X     0.     0.     0     0       (99) PEDRO VILLEGAS     1.00     X     0.     0.     0       DIRECTOR     X     0.     0.     0     0       (100) BESS WAREMAN     1.00     X     0.     0.     0       DIRECTOR     X     0.     0.     0     0		1.00							0.	0.	0.	
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DIRECTOR         X         0.         0.         0           (99) PEDRO VILLEGAS         1.00         X         0.         0.         0           DIRECTOR         X         0.         0.         0.         0           (100) BESS WAKEMAN         1.00         X         0.         0.         0           DIRECTOR         X         0.         0.         0.         0           (101) NICHOLAS WILSON         1.00         X         0.         0.         0           DIRECTOR         X         0.         0.         0.         0         0           (103) JOHNS YEADON         1.00         X         0.         0.         0         0           DIRECTOR         X         0.         0.         0.         0         0         0		1.00										
(99) PEDRO VILLEGAS       1.00       X       0.0.0.0         DIRECTOR       X       0.0.0.0       0.0.0         (100) BESS WAKEMAN       1.00       0.0.0.0       0.0.0         DIRECTOR       X       0.0.0.0       0.0.0         (101) NICHOLAS WILSON       1.00       0.0.0.0       0.0.0         DIRECTOR       X       0.0.0.0       0.0.0		1000	x						0.	0.	0.	
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(101) NICHOLAS WILSON       1.00       X       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00         (102) TIM WINSLOW       1.00       X       0.00       0.00         DIRECTOR       X       0.00       0.00	DIRECTOR		x						0.	0.	0.	
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(102) TIM WINSLOW       1.00       X       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00         (103) JOHNS YEADON       1.00       X       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00	DIRECTOR		x						0.	0.	0.	
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(103) JOHNS YEADON       1.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0       0         (104) CHRISTINE MOORE       1.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0       0	DIRECTOR		x						0.	0.	0.	
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(104) CHRISTINE MOORE     1.00     X     0.00     0.00       DIRECTOR     X     0.00     0.00	DIRECTOR		x						0.	0.	0.	
DIRECTOR X 0. 0. 0	(104) CHRISTINE MOORE	1.00										
	DIRECTOR		X						0.	0.	0.	
Total to Part VII. Section A line 1c.												
Total to Part VII. Section A line 1c.												
Total to Part VII. Section A line 1c.			-									
Total to Part VII. Section A line 1c		1	<u> </u>	<u> </u>			L	L				
	Total to Part VII, Section A, line 1c											

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						N	DIEGO	PA	RTNERSHIP,	INC.	95-1729	734	Page <b>9</b>
Pa	rt v	/111					or poto to c		a in this Dart VIII				
			Check if Schedule O	conta	ains a respo	onse	or note to a	any iir	(A)	(B)	(C)	(C	<u> רבו</u>
									Total revenue	Related or exempt		Revenue from tax	
										function revenue	business revenue	sections 5	
nts its	1	а	Federated campaigns		1a								
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues										
S, G			Fundraising events				581,	885.					
Sift: ar /			Related organizations										
s, ( imil			Government grants (cont										
tion S			All other contributions, gifts,										
ibut			similar amounts not included	l abov	/e   1f		15,	000.					
d O		g	Noncash contributions included in	n lines	1a-1f <b>1g</b>	5							
an Co		h	Total. Add lines 1a-1f						596,885.				
							Business C	Code					
e	2	а	PBID ASSESSMENT & P	ARKS	5		900099		7,935,807.	7,935,807.			
ervi		b	MEMBERSHIP DUES				900099		590,212.	590,212.			
n Se		с	BUSINESS IMPROVEMEN	T DI	ISTRICT		900099		147,923.	147,923.			
ran ?ev		d	OTHER PROGRAM SERVI	CES			900099		60,200.	60,200.			
Program Service Revenue		е	STREET BANNER PROGR	MA			900099		11,160.	11,160.			
đ			All other program service								ļ		
		g	Total. Add lines 2a-2f						8,745,302.				
	3		Investment income (inclue										
			other similar amounts)						804.		ļ	<b> </b>	804.
	4		Income from investment of		-						ļ	<b> </b>	
	5		Royalties										
					(i) Rea		(ii) Perso	nal					
			Gross rents	6a									
			Less: rental expenses	6b									
			Rental income or (loss)	6c									
	_		Net rental income or (loss	s)	(i) Coourit		1						
	7	а	Gross amount from sales of	_	(i) Securit	les	(ii) Othe	ər					
			assets other than inventory	7a									
e		D	Less: cost or other basis										
evenue		_	and sales expenses	7b 7c									
lev			Gain or (loss)					<b>—</b>					
er R	0		Net gain or (loss) Gross income from fundraisi			<b></b>	1						
Other	0	d	including \$	-									
Ŭ			contributions reported on										
			Part IV, line 18		-	8a	7	116.					
		h	Less: direct expenses			8b	· · ·						
			Net income or (loss) from						-197,702.			-19	97,702.
			Gross income from gamir					-	,				,
	-		Part IV, line 19			9a							
		b	Less: direct expenses			9b							
			Net income or (loss) from			s							
			Gross sales of inventory,	-	-								
			and allowances			10a	a						
		b	Less: cost of goods sold			10k	b						
			Net income or (loss) from			ry							
S							Business C	Code					
Miscellaneous Revenue	11	а											
enu		b											
Sev		С									ļ	<u> </u>	
Mis			All other revenue										
			Total. Add lines 11a-11d										
	12		Total revenue. See instruction	ons					9,145,289.	8,745,302.	0.	1	96,898.
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Form	990	(2019)
	330	120131

Part IX Statement of Functional Expenses

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

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

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	349,667.			
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)	2 271 200			
7	Other salaries and wages	3,271,399.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	694,495.			
10	Payroll taxes	240,992.			
11	Fees for services (nonemployees):				
	Management	10 067			
b	F	12,867. 26,202.			
c		20,202.			
d	, , , , , , , , , , , , , , , , , , ,				
e	ů í í				
f	Investment management fees				
g		2 542 611			
	column (A) amount, list line 11g expenses on Sch 0.)	2,542,611. 25,582.			
12	Advertising and promotion	27,525.			
13	Office expenses	21,323.			
14	Information technology				
15	Royalties	404,955.			
16		10,653.			
17	Travel	10,055.			
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20 21	Interest Payments to affiliates				
21	Depreciation, depletion, and amortization	99,281.			
22	Insurance	209,284.			
23 24	Other expenses. Itemize expenses not covered				
27	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	BUSINESS IMPROVEMENT DI	250,000.			
b	COMMERCIAL ENHANCEMENT	230,366.			
c	PROGRAM MANAGEMENT	224,168.			
d	CLEANING AND JANITORIAL	179,152.			
	All other expenses	522,501.			
25	Total functional expenses. Add lines 1 through 24e	9,321,700.			
26	Joint costs. Complete this line only if the organization	. , ,			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Check here for the contract of the				

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Form **990** (2019)

Form 990 (2019)

Part X Balance Sheet

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DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

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		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			240,588.		177,252.
	2	Savings and temporary cash investments			197,152.	2	234,150.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,067,874.	4	766,229.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	ion 4958(c)(3)(B)		6		
ţs	7	Notes and loans receivable, net	30,000.	7	12,000.		
ssets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			322,070.	9	24,053.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	693,087.			
	b	Less: accumulated depreciation	10b	464,222.	304,533.	10c	228,865.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			2,162,217.		1,442,549.
	17	Accounts payable and accrued expenses			1,017,316.	17 18	325,113.
	18		Grants payable				
	19	Deferred revenue			440,011.	19	170,479.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
-iat		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines			41,705.	0.5	153,882.
		of Schedule D			1,499,032.	25	649,474.
	26	Total liabilities. Add lines 17 through 25		N X	1,499,032.	26	049,474.
es		Organizations that follow FASB ASC 958, che	ck nere				
anc	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			663,185.	27	793,075.
Sal	28	Net assets with donor restrictions			00072000	28	19970191
nd	20	Organizations that do not follow FASB ASC 9				20	
Ъ		and complete lines 29 through 33.	56, cnet				
P C	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		F		31	
let	32	Total net assets or fund balances		E E E E E E E E E E E E E E E E E E E	663,185.	32	793,075.
~	33	Total liabilities and net assets/fund balances			2,162,217.		1,442,549.

Form **990** (2019)

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Part XI       Reconciliation of Net Assets         Check If Schedule O contains a response or note to any line in this Part XI         1       Total expenses (must equal Part VIII, column (A), line 25)         2       9,321,7000.         3       -176 (A), file 25)         2       9,321,7000.         3       -176 (A), file 12         4       663,185.         5       5         6       -7         7       Investment esse expenses. Subtract line 2 from line 1         8       -176 (A), file 1.1.         4       663,185.         5       5         6       -7         7       Investment expenses         7       -176 (A), file 3.2         9       0.1         9       0.1         9       0.1         9       0.2         10       793,075.         Part XII       -7         10       793,075.         Part XII       -7         11       Accounting method used to prepare the Form 990:       Cash       A Accrual       Other         11       Accounting method used to prepare the Form 990:       Cash       A Accrual       Other         <	Form	DOWNTOWN SAN DIEGO PARTNERSHIP, INC.	95-17	29734	Pag	ge <b>12</b>
1       Total revenue (must equal Part VIII, column (A), line 12)       1       9, 145, 289.         2       Total expenses (must equal Part IX, column (A), line 25)       2       9, 321, 700.         3       Revenue less expenses. Subtract line 2 from line 1       3       -176, 411.         4       4       663, 185.         5       Net unrealized gains (losses) on investments       6         6       6       7         7       7       7         8       Prior period adjustments       8       306, 301.         9       0.       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       793, 075.         Part XII       Financial Statements and Reporting       7       7         Check If Schedule O contains a response or note to any line in this Part XII       793, 075.         1       Accounting method used to prepare the Form 990:       Cash       Accrual       Other       2a       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:       2a       X       Z       X         If "Yes," check a box below to indicate whether the financial statements for the year were au	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       9, 321, 700.         3       Revenue less expenses. Subtract line 2 from line 1       3       -176, 411.         4       4       663, 185.         5       5       5         6       5         7       7         7       7         8       306, 301.         9       0.         10       Net assets or fund balances (explain on Schedule O)         9       0.         10       Net assets or fund balances (explain on Schedule O)         9       0.         10       Net assets or fund balances (explain on Schedule O)         10       Net assets or fund balances (explain on Schedule O)         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))         7       10       793, 075.         PartXII       Financial Statements and Reporting       10         Check if Schedule O contains a response or note to any line in this Part XII       10         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       ft "the organization's financial statements compiled or reviewed by an independent accountant?       <		Check if Schedule O contains a response or note to any line in this Part XI				
2       Total expenses (must equal Part IX, column (A), line 25)       2       9, 321, 700.         3       Revenue less expenses. Subtract line 2 from line 1       3       -176, 411.         4       4       663, 185.         5       5       5         6       5         7       7         7       7         8       306, 301.         9       0.         10       Net assets or fund balances (explain on Schedule O)         9       0.         10       Net assets or fund balances (explain on Schedule O)         9       0.         10       Net assets or fund balances (explain on Schedule O)         10       Net assets or fund balances (explain on Schedule O)         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))         7       10       793, 075.         PartXII       Financial Statements and Reporting       10         Check if Schedule O contains a response or note to any line in this Part XII       10         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       ft "the organization's financial statements compiled or reviewed by an independent accountant?       <						
2       Total expenses (must equal Part IX, column (A), line 25)       2       9,321,700.         3       Revenue less expenses. Subtract line 2 from line 1       3       -176,411.         4       663,185.         5       Solution (A)       4       663,185.         6       7       7         7       8       306,301.         9       0.       7         7       8       306,301.         9       0.       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       793,075.         Part XII       Financial Statements and Reporting       10       793,075.         Calumn (B)       Check if Schedule O contains a response or note to any line in this Part XII       Yes No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         16       Separate basis, consolidated basis, or both:       2a       X         17       Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2a       X         18       Yes, 'check a box	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       663,185.         5       Net unrealized gains (losses) on investments       5       6         6       0       7         7       8       306,301.         9       0.       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       793,075.         Part XII       Financial Statements and Reporting       7       7         Check if Schedule 0 contains a response or note to any line in this Part XII       7       7         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       7         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0.       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       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       Both consolidated and separate basis, consolidated basis, or bot	2		2	9,321	L,7	00.
4       663,185.         5       5         6       5         7       6         8       306,301.         9       0.         10       793,075.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       7         1       Accounting method used to prepare the Form 990:       Cash         1       Accounting method used to prepare the Form 990:       Cash         1       Accounting method used to prepare the Form 990:       Cash         2a       X       1         1       Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       2b         5       Were the organization's financial statements and separate basis       both consolidated basis.       both consolidated basis.         6       I*"ves," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       2b       X         16       "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 accountart?       2b       X         17       Yes to line 2a or 2b, does the organizatio	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities   7 Investment expenses   8 Prior period adjustments   9 0.   9 0.   10 Net assets or fund balances (explain on Schedule O)   9 0.   10 Net assets or fund balances (explain on Schedule O)   9 0.   10 793,075.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII    1 Accounting method used to prepare the Form 990:   1 Cash   1 Accounting method used to prepare the Form 990:   1 Cash   1 Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   1 Separate basis   2 Consolidated basis, or both:   2 Separate basis   2 Sconsolidated basis, or both:   3 Separate basis   2 Sconsolidated basis   5 Were the organization's financial statements and selection of an independent accountant?   1 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?   1 Yes'' to line 2a or 2b, does the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Cincular A-133?   5 If "Yes," did the orga	4		4	663	3,1	85.
6 Donated services and use of facilities   7 Investment expenses   8 Prior period adjustments   9 0.   9 0.   10 Net assets or fund balances (explain on Schedule O)   9 0.   10 Net assets or fund balances (explain on Schedule O)   9 0.   10 793,075.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII    1 Accounting method used to prepare the Form 990:   1 Cash   1 Accounting method used to prepare the Form 990:   1 Cash   1 Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   1 Separate basis   2 Consolidated basis, or both:   2 Separate basis   2 Sconsolidated basis, or both:   3 Separate basis   2 Sconsolidated basis   5 Were the organization's financial statements and selection of an independent accountant?   1 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?   1 Yes'' to line 2a or 2b, does the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Cincular A-133?   5 If "Yes," did the orga	5	Net unrealized gains (losses) on investments	5			
7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       793, 075.         Part XII       Financial Statements and Reporting       10       793, 075.         Check if Schedule O contains a response or note to any line in this Part XII       10       793, 075.         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X       2b       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:       2b       X       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud	6		6			
8       Prior period adjustments       8       306,301.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       793,075.         Part XII       Financial Statements and Reporting       10       793,075.         Check if Schedule O contains a response or note to any line in this Part XII       10       793,075.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       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:       2b       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:       2b       X         If "Yes," theck a box below to indicate whether the financial statements acountant?	7		7			
9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       793,075.         Part XII       Financial Statements and Reporting	8		8	306	5,3	01.
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).       10       793,075.         Part XII       Financial Statements and Reporting       Image: column (B)       Image: column (B)       10         Part XII       Financial Statements and Reporting       Image: column (B)       Image: column (B)       Image: column (B)       10       793,075.         Part XII       Financial Statements and Reporting       Image: column (B)       Image: column (B)       Image: column (B)       793,075.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Image: column (B)       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X       Image: column (B)       Image: column (B	9		9			0.
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1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       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:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       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:       2b       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:       2b       X         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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       X		Check if Schedule O contains a response or note to any line in this Part XII				
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2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements accountant?       2b       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:       2b       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:       2b       X         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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       X         If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       3a       X	1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🔲 Other				
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:       Image: Consolidated basis       Both consolidated and separate basis       Image: Consolidated bas		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
<ul> <li>separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>Separate basis</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li< th=""><th>2a</th><th>Were the organization's financial statements compiled or reviewed by an independent accountant?</th><th></th><th> 2a</th><th></th><th>X</th></li<></ul>	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated</li></ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
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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:       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:       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:       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       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:       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       If "Yes," audited basis, or both:       If "Yes," audited basis       If the organization for the audit, review, or compilation of its financial statements and selection of an independent accountant?       If "Yes," audited basis, and the organization required to undergo an audit or audits as set forth in the Single Audited Act and OMB Circular A-133?       If the organization undergo the required audit or audits? If the organization did not undergo the required audit       If "Yes," audited basis       If the organization did not undergo the required audit         If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       If "Yes," audited		Separate basis Consolidated basis Both consolidated and separate basis				
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<ul> <li>Separate basis X Consolidated basis Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>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?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
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or audits, explain why on Schedule O and describe any steps taken to undergo such audits	b		iired audit			
of addits, explain why on conclude of and describe any steps taken to undergo such addits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2019)

932012 01-20-20

## Schedule B

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

Name of the organization

#### ** PUBLIC DISCLOSURE COPY **

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

	DOWNTOWN SAN DIEGO PARTNERSHIP, INC.	95-1729734
Organization type(ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 6 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

**X** 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

J 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.

**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 99	0, 990-EZ,	or 990-PF)	(2019)
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Page 2

Employer identification number

95-1729734

#### DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

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		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
923452 11-06		\$7,500.	Person X Payroll (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)
JEUTUE 11-00		Schedule D (FORM	JJU, JJU-LL, UL JJU-PT/(2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2019)
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Page 2

Employer identification number

95-1729734

#### DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

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) (d) Total contributions Type of contribution
		\$       7,500.         \$       7,500.         \$       Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<u> </u>		\$\$       \$\$,500.       Person X         Payroll       D         Noncash       D         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9		\$       8,500.         \$       8,500.         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$     8,000.       \$     8,000.   Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$     9,500.       \$     9,500.   Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
923452 11-06-19		\$     11,250.       \$     Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2019)
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Page 2

Employer identification number

95-1729734

#### DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

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		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
923452 11-00		\$13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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X

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X

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X

X

Person Payroll

Noncash

(Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization Employer identification number 95-1729734 DOWNTOWN SAN DIEGO PARTNERSHIP, INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 Person Payroll 9,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 20 Person Payroll 13,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 21 Person Payroll 8,500. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 22 Person Payroll 5,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 23 Person Payroll 5,750. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No.

> noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

5,000.

923452 11-06-19

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\$

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2019)
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Page 2

Employer identification number

95-1729734

#### DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25		\$ <u>17,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	Name, audress, and Zir + 4	\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person       X         Payroll          Noncash          (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.		Total contributions	Type of contribution         Person       X         Payroll          Noncash          (Complete Part II for noncash contributions.)          (d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person       X         Payroll
<u>No.</u> 28 (a)	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person       X         Payroll          Noncash          (Complete Part II for noncash contributions.)          (d)
No. 28 (a) No. 29 (a)	Name, address, and ZIP + 4	Total contributions           \$         5,800.           (c)         Total contributions           \$         7,000.           (c)         (c)	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash         Noncash       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)       (Complete Part II for noncash contributions.)         (d)       Complete Part II for noncash contributions.)
No. 28 (a) No. 29	Name, address, and ZIP + 4	Total contributions         \$       5,800.         (c)       Total contributions         \$       7,000.	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash         Noncash       Image: Complete Part II for noncash contributions.)
No. 28 (a) No. 29 (a)	Name, address, and ZIP + 4           (b)           Name, address, and ZIP + 4           (b)           Name, address, and ZIP + 4	Total contributions         \$       5,800.         (c)       Total contributions         \$       7,000.         (c)       Total contributions         \$       5,750.	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash         Noncash       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)       (Complete Part II for noncash contributions.)         (d)       Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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2019.05092 DOWNTOWN SAN DIEGO PARTNERS 10604_01

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2019)
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X

Employer identification number

(d)

(d)

95-1729734

Person Payroll

Noncash

#### DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 31 5,500. \$ (Complete Part II for noncash contributions.) (a) (b) (c) No Name address and 7IP + 4 Total contributions

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
32		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>36</u> 923452 11-0		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

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Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2019)
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Employer identification number

95-1729734

#### DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

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

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$9,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-00	0-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

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2019.05092 DOWNTOWN SAN DIEGO PARTNERS 10604_01

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2019)
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Page 2

Employer identification number

(d)

95-1729734

#### DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

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

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
43		\$13,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$ <u>21,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$ <u>12,500.</u>	Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$ <u>5,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>48</u> 923452 11-00		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

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Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2019)
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Page 2

Employer identification number

#### DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

95-1729734

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ <u>15,250.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$ <u>7,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		. \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
923452 11-06		\$ \$ Schedule B /Form	Person Payroll Occupied Payroll Payroll Occupied Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Employer identification number

95-1729734

#### DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

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

	Noncash Property (see instructions). Use duplicate copies of Part		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		—	
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a)		(c)	
No. from Part I	(b) Description of noncash property given	<b>FMV (or estimate)</b> (See instructions.)	(d) Date received
1			

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2019.05092 DOWNTOWN SAN DIEGO PARTNERS 10604_01

	anization			Employer identification nu			
	WN SAN DIEGO PARTNERSH			95-1729734			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, lange during and part III is det deliving and	<ul> <li>through (e) and the following line charitable, etc., contributions of \$1,000</li> </ul>	entry For organ	nizations			
a) No.	Use duplicate copies of Part III if additional						
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
  -		(e) Transfer of					
	Transferee's name, address, a			ionship of transferor to transferee			
-							
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
-		(e) Transfer of	 gift				
-	Transferee's name, address, a	nd ZIP + 4	Relat	ionship of transferor to transferee			
-							
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
[ . 							
	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relat	ionship of transferor to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
[ - 							
	Transferee's name, address, a	(e) Transfer of nd ZIP + 4		ionship of transferor to transferee			
-							
	9			Schedule B (Form 990, 990-EZ, or 990-P			

SCHEDULE C Political Campaign and Lobbying Activities					OMB No. 1545-0047				
(Form 990 or 990-EZ)	(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527								
		if the organization is described				Open to Public			
Department of the Treasury Internal Revenue Service	asury								
If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then									
-		plete Parts I-A and B. Do not com		,					
<ul> <li>Section 501(c) (other</li> </ul>	r than section 50	D1(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Pa	art I-B.				
<ul> <li>Section 527 organization</li> </ul>	ations: Complete	e Part I-A only.							
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, lin	e 47 (Lobbying Ac	tivities), t	then			
<ul> <li>Section 501(c)(3) org</li> </ul>	ganizations that	have filed Form 5768 (election unc	ler section 501(h)): Co	mplete Part II-A. Do	not com	plete Part II-B.			
<ul> <li>Section 501(c)(3) org</li> </ul>	ganizations that	have NOT filed Form 5768 (election	n under section 501(h)	)): Complete Part II-	B. Do not	complete Part II-A.			
If the organization answ Tax) (see separate inst		n Form 990, Part IV, line 5 (Proxy	Tax) (see separate in	structions) or Form	n 990-EZ	Z, Part V, line 35c (Proxy			
	), or (6) organiza	tions: Complete Part III.							
Name of organization						er identification number			
		N SAN DIEGO PARTN				95-1729734			
Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c) o	or is a section :	527 org	anization.			
		ation's direct and indirect political							
		ures			► \$				
3 Volunteer hours for	political campai	gn activities							
Part I-B Comple	ete if the ord	anization is exempt unde	r section 501(c)(3	3).					
	-	incurred by the organization unde			▶ \$				
		incurred by organization managers							
		n 4955 tax, did it file Form 4720 fo							
		·							
<b>b</b> If "Yes," describe ir	n Part IV.	anization is exempt unde							
-		d by the filing organization for sect		-		(-)-			
		ization's funds contributed to othe							
					▶\$				
		. Add lines 1 and 2. Enter here and							
line 17b					► \$				
		1120-POL for this year?				Yes No			
5 Enter the names, a	ddresses and er	nployer identification number (EIN)	of all section 527 poli	tical organizations t	o which t	he filing organization			
contributions receiv	ved that were pr	tion listed, enter the amount paid omptly and directly delivered to a s	separate political orga	nization, such as a					
· · ·	. ,	additional space is needed, provid		1					
(a) Name	•	(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, ent	on's C	(e) Amount of political ontributions 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. LHA

Schedule C (Form 990 or 990-EZ) 2019

932041 11-26-19

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2019.05092 DOWNTOWN SAN DIEGO PARTNERS 10604_01

Schedule C (Form 990 or 990-EZ) 2019 DC					729734 Page 2
Part II-A Complete if the organ section 501(h)).	ization is exe	mpt under sectio	on 501(c)(3) and fil	ed Form 5768 (e	lection under
			· Doubly/ opening officiate of		
A Check ► if the filing organization	0		n Part IV each affiliated	group member's nan	ne, address, EIN,
B Check ►	, ,	. ,	ovisiona analy		
	I Checked Dox A al	na inflitea control pr	ovisions apply.	(a) Filing	(b) Affiliated group
Limits o (The term "expenditu	on Lobbying Expe res" means amou		.)	organization's totals	totals
1a Total lobbying expenditures to influen	ce public opinion (	grassroots lobbying)			
b Total lobbying expenditures to influen	ce a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add lines	and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a	add lines 1c and 1c	(k			
f_Lobbying nontaxable amount. Enter t					
If the amount on line 1e, column (a) or (b		bying nontaxable am			
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,0	00 \$100,00	0 plus 15% of the exe	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500		0 plus 10% of the exe			
Over \$1,500,000 but not over \$17,00		0 plus 5% of the exce			
Over \$17,000,000	\$1,000,	•			
	• • • • •				
g Grassroots nontaxable amount (enter	25% of line 1f)				
h Subtract line 1g from line 1a. If zero o					
i Subtract line 1f from line 1c. If zero or					
j If there is an amount other than zero o					•
reporting section 4911 tax for this yea	-			[	Yes No
		eraging Period Under			
(Some organizations that		01(h) election do not ate instructions for li		of the five columns b	elow.
	-	nditures During 4-Ye			
	Loppying Exper				1
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

932042 11-26-19

# Schedule C (Form 990 or 990 EZ) 2019 DOWNTOWN SAN DIEGO PARTNERSHIP, INC. 95-1729734 Page 3 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)).

	and "Man" was an incented to the such the law and side in Dart II (a datailed dependentian	(;	2)	(b	<u>\</u>
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description e lobbying activity.	Yes	No	Amo	-
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		Х
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t			Х	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	• • •			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OF	R (b) Part	III-A, lin	e 3, is
	answered "Yes."			FOO	212
1	Dues, assessments and similar amounts from members		1	590	,212.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	cal			
	expenses for which the section 527(f) tax was paid).			5	666
	Current year				,666.
	Carryover from last year				,529.
С	Total				,195.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	29	,510.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical			
_	expenditure next year?		4	2.2	,315.
5	Taxable amount of lobbying and political expenditures (see instructions)		5	- 4 4	, 313.
	t IV Supplemental Information				
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part I	I-A, lines 1 a	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAI	RT I-A, LINE 1:				
TH	E PARTNERSHIP FORMED THE DOWNTOWN SAN DIEGO PARTNER	SHIP P	PAC, A		
voi	LUNTARY NON-PARTISAN POLITICAL ACTION COMMITTEE, WH	ICH EN	IDORSE	D	
CAI	NDIDATES AND INITIATIVES THAT FURTHER THE PARTNERSH	IP'S N	IISSIO	Ν.	
SEI	PARATELY, THE PARTNERSHIP HOSTED EVENTS FOR CANDIDA	TES WE	HERE T	HEY	
<u>C01</u>	JLD COLLECT DONATIONS.				

932043 11-26-19

2019.05092 DOWNTOWN SAN DIEGO PARTNERS 10604_01

SCHEDULE D

Department of the Treasury

(Form 990)	
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Part I

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

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



Employer identification number 95-1729734

Internal Revenue Service Name of the organization

> DOWNTOWN SAN DIEGO PARTNERSHIP, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, lin				
		(a) Donor advised funds	(b)	Funds and other acc	ounts
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 v	writing that the assets held in donor advise	d funds	S	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes	No No
;	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	ised onl	ly	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose c	onferrin	ig	
	impermissible private benefit?				No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Pa	art IV, lir	ne 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recreation	tion or education)	1 historic	cally important land a	rea
	Protection of natural habitat	Preservation of a	certifie	d historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	f a cons	servation easement o	n the last
	day of the tax year.			Held at the End of	f the Tax Year
а	Total number of conservation easements		2	2a	
	Total acreage restricted by conservation easements			2b	
с	Number of conservation easements on a certified historic stru	ucture included in (a)	2	2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re		
	listed in the National Register		2	2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organiza	ation during the tax	
	year 🕨				
1	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it	holds?		Yes	No No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation	easements during th	ie year
	▶				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on ease	ements during the yea	ar
	▶\$				
В	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h	n)(4)(B)(i)	)	
	and section 170(h)(4)(B)(ii)?			Yes	🗌 No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	stateme	ent and	
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial stateme	nts that	describes the	
	organization's accounting for conservation easements.				
<b>a</b> r	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	her Si	milar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
la	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement ar	nd balan	nce sheet works	
	of art, historical treasures, or other similar assets held for pub	blic exhibition, education, or research in fur	theranc	e of public	
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items	S.		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance s	sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance c	of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		1	\$	
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial	gain, pr	ovide	
	the following amounts required to be reported under FASB A	SC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1	-		\$	
	Assets included in Form 990, Part X			\$	
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (For	m 990) 201۹
	10-02-19			•	,
		33			
10	429 310575 10604.000 2019.0	5092 DOWNTOWN SAN DIE	GO E	PARTNERS 10	604 01

	dule D (Form 990) 2019 DOWNTOW	N SAN DIEG			-			95-17 ar Asse			age <b>2</b>
3	Using the organization's acquisition, accessi									lucu)	
5	collection items (check all that apply):		13, 011001	k any of the		at make 5	ignineant	036 01 113			
а	Public exhibition		. —		hange progr	am					
a b	Scholarly research	e			nange progr						
	Preservation for future generations	e	;								
C A	-	alloctions and avala	n how th	ov furthor t	ho organizat	ion's over	mot ouro	noo in Dor			
4	Provide a description of the organization's c							ose in Par			
5	During the year, did the organization solicit of								Vee		] N
Da	to be sold to raise funds rather than to be m t IV Escrow and Custodial Arran								Yes		No
Iu	reported an amount on Form 990, Pa			organizatio	in answered	res on	F0111 990	, Fait IV,	iii le 9, 0i		
12	Is the organization an agent, trustee, custod		diary for	contribution	s or other as	seate not	included				
Ia									Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							······ └──		L	
b		and complete the id	nowing t	lable.					Amoun		
~	Reginning balance						1c		Amoun		
	Beginning balance										
	Additions during the year										
e f	Distributions during the year										
f 2a	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										]
	rt V Endowment Funds. Complete i										
		(a) Current year		rior year	(c) Two yea			ears hack	(e) Four	vears	hack
10	Beginning of year balance	(a) Ourient year		nor year	<b>(c)</b> 100 you		<b>(d)</b> 11100 y	ouro buon		youro	buok
b											
c	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
4	and programs										
1	Administrative expenses										
g	End of year balance Provide the estimated percentage of the cur										
2		rent year end baland		g, column (a	a)) neiù as.						
a	6	0/	_%								
b	Permanent endowment	%									
С		%									
0-	The percentages on lines 2a, 2b, and 2c sho		- 41 41								
за	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are neid a	ind administe	erea for tr	ne organiz	ation	ſ	Vee	N
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		owment	tunas.							
га	Complete if the organization answere			/ line 11e C	Soo Earm 00	0 Dort V	line 10				
		1	<u></u>	,		<u>, , ,</u>					
	Description of property	(a) Cost or c basis (investr		. ,	or other (other)		cumulate	iu	(d) Boo	value	5
1a	Land										
	Buildings										
	Leasehold improvements				6,956.		92,8			4,0	
d	Equipment				4,774.		322,5:			2,2	
	Other			13	1,357.		48,8	40.		2,5	
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	10c.)				22	8,8	65.

Schedule D (Form 990) 2019

932052 10-02-19

	le D (Form 990) 2019	DOWNTOWN SA	N DIEGO	PARTN	ERSHIP,	INC.	95-1729734 Page <b>3</b>
Part V	VII Investments -	Other Securities.					
		anization answered "Yes"	on Form 990, F	Part IV, line	11b. See Forn	n 990, Part X, line	9 12.
<b>(a)</b> Des	scription of security or categ	JOIY (including name of security)	(b) Book	value	(c) Metho	od of valuation: C	ost or end-of-year market value
(1) Fina	ancial derivatives						
(2) Clos	sely held equity interests						
(3) Oth	er						
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
		), Part X, col. (B) line 12.)					
Part	VIII Investments -	-					
		anization answered "Yes"					
	(a) Description of	investment	(b) Book	value	(c) Metho	od of valuation: C	ost or end-of-year market value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Part I		), Part X, col. (B) line 13.) 🕨					
Fart					11 - 0 5		45
	Complete if the org	anization answered "Yes"	Description	Part IV, line	TTd. See Form	1 990, Part X, line	(b) Book value
(4)		(a)	Description				(b) BOOK Value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
<u>(7)</u> (8)							
(9)							
	Column (b) must equal E	orm 990, Part X, col. (B) lin	0 15 )				
Part			c 10.)				
		anization answered "Yes"	on Form 990	Part IV line	11e or 11f Se	e Form 990 Part	X line 25
1.		escription of liability	0.11 0.11 000,1	arerv, mio	110 01 111.00	<u>e i en 1000, i ait</u>	(b) Book value
	Federal income taxes	, ,					
	DEFERRED REN	T					21,158.
(-)		FROM CITY OF	SAN				
(-)	DIEGO		A				132,724.
(5)							
(6)							
(7)							
(8)							
(9)							
	Column (b) must equal Fr	orm 990, Part X, col. (B) lin	e 25)				153,882.
		sitions. In Part XIII, provide					
	•				-		s been provided in Part XIII X

95-1729734 Page 3

932053 10-02-19

Sche	dule D (Form 990) 2019 DOWNTOWN SAN DIEGO PARTNERS	HIP,	INC.	95-	1729734 Page 4		
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts Wit					
	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	9,568,559.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a					
b	Donated services and use of facilities	2b					
с	Recoveries of prior year grants	Recoveries of prior year grants 2c					
d	Other (Describe in Part XIII.)	2d	423,270.				
е	Add lines 2a through 2d			2e	423,270.		
3	Subtract line 2e from line 1			3	9,145,289.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b			_		
с				4c	0.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,145,289.		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts Wi	th Expenses per	Retu	irn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements			1	9,744,970.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
		20					
С	Other losses	2c					
c d	Other losses		423,270.				
	Other losses	2c 2d		2e	423,270.		
	Other losses Other (Describe in Part XIII.)	2c 2d		2e 3	423,270. 9,321,700.		
е	Other losses	2c 2d					
е 3	Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	2c 2d					
е 3 4 а	Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2c 2d					
e 3 4 a b	Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2c 2d 4a 4b		3 4c	9,321,700.		
e 3 4 a b c 5	Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2c 2d 2d 4a 4b		3			

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:

FOR THE YEARS ENDED JUNE 30, 2020 AND 2019, MANAGEMENT OF THE PARTNERSHIP	P
BELIEVES THERE HAS BEEN NO ACTIVITY THAT WOULD JEOPARDIZE THE TAX	
POSITION, BEING A TAX EXEMPT ORGANIZATION, AND THAT IT IS MORE LIKELY THAT	AN
NOT, BASED ON THE TECHNICAL MERITS, THAT THIS POSITION WOULD BE SUSTAINED	D
UPON EXAMINATION. THE PARTNERSHIP RECOGNIZES INTEREST AND PENALTIES, IF	
ANY, RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE. THERE WER	E
NONE FOR THE YEARS ENDED JUNE 30, 2020 AND 2019.	

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES NETTED WITH REVENUE

#### SELF-CHARGED MANAGEMENT FEES

932054 10-02-19

204,818.

Schedule D (Form 990) 2019 DOWNTO	WN SAN DIEGO PART	NERSHIP, INC.	95-1729734 Page 5
TOTAL TO SCHEDULE D, PART			423,270.
PART XII, LINE 2D - OTHER	ADJUSTMENTS:		
SPECIAL EVENT EXPENSES NET	TED WITH REVENUE		204,818.
SELF-CHARGED MANAGEMENT FE	ES		218,452.
TOTAL TO SCHEDULE D, PART	XII, LINE 2D		423,270.
			Schedule D (Form 990) 2019
932055 10-02-19 510429 310575 10604.000	37 2019.05092 DOWNI	'OWN SAN DIEGO	PARTNERS 10604_01

SCHEDULE G	Suppleme	ntal Information	Regarding	J Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answe rganization entered					or 19,	, or if the	2019
Department of the Treasury	0	-	n to Form 990						Open to Public
Internal Revenue Service		to www.irs.gov/Forr	n990 for instr	uction	s and	the latest informat	ion.		Inspection
Name of the organization	DOWNTOW	N SAN DIEGO						95-1729	
	complete this part	Complete if the organt.	nization answe	ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
c Phone solici d In-person so 2 a Did the organization key employees list	tions email solicitations tations blicitations on have a written o red in Form 990, Pa ) highest paid indiv	or oral agreement with art VII) or entity in con viduals or entities (fun	Solicita Solicita Solicita Special any individua nection with p	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru: fundraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activi	ty	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
				Yes	No	•			
				-					
Total									
3 List all states in wh or licensing.		n is registered or licer			outions	I s or has been notified	d it is	exempt from r	l egistration
LHA For Paperwork R	eduction Act Noti	ce, see the Instructi	ons for Form	990 or	990-I	EZ. S	Sche	dule G (Form 9	990 or 990-EZ) 2019

932081 09-11-19

Schedule G (Form 990 or 990 EZ) 2019 DOWNTOWN SAN DIEGO PARTNERSHIP, INC. 95-1729734 Page 2 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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ALONZO INSTALLATION (add col. (a) through 3 AWARDS DINNEDINNER col. (c)) (event type) (event type) (total number) Revenue 307,836. 256,065. 25,100. 589,001. Gross receipts 1 300,720 256,065 25,100 581,885. 2 Less: Contributions 7,116. 7,116. Gross income (line 1 minus line 2) 3 4 Cash prizes 5 Noncash prizes Direct Expenses 65,516. 65,516. 6 Rent/facility costs 5,112. 1,382. 13,074. 19,568. 7 Food and beverages 58,975. 11,702. 6,682. 77,359. 8 Entertainment 28,917. 8,832. 4,626. 42,375. 9 Other direct expenses 204,818. 10 Direct expense summary. Add lines 4 through 9 in column (d) -197,702. 11 Net income summary. Subtract line 10 from line 3, column (d)

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			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 G	Gross revenue				
es		Cash prizes				
xpens	3 N	Noncash prizes				
Direct Expenses	4 F	Rent/facility costs				
	<b>5</b> C	Other direct expenses				
		Volunteer labor	└── Yes % └── No	Yes%	Yes%	
	<b>7</b> D	Direct expense summary. Add lines 2 through	15 in column (d)		►	
	<b>8</b> N	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Enter	r the state(s) in which the organization condu	cts gaming activities:			
		e organization licensed to conduct gaming ac o," explain:				Yes No
		e any of the organization's gaming licenses re es," explain:				Yes No
	. <u> </u>					
9320	32 09-1	11-19			Schedule G (For	rm 990 or 990-EZ) 20

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2019.05092 DOWNTOWN SAN DIEGO PARTNERS 10604_01

Sche	dule G (Form 990 or 990-EZ) 2019 DOWNTOWN SAN DIEGO PARTNERSHIP, INC. 95-	<u>172973</u> 4	Page
	Does the organization conduct gaming activities with nonmembers?	Yes	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
t	to administer charitable gaming?	Yes	
I3 I	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	
	An outside facility		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	<u> </u>	
1	Name 🕨		
/	Address		
15a [	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
	of gaming revenue retained by the third party $ ightarrow $ \$		
сI	If "Yes," enter name and address of the third party:		
I	Name		
	Address		
16 (	Gaming manager information:		
1	Name		
(	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17 1	Mandatory distributions:		
a l	s the organization required under state law to make charitable distributions from the gaming proceeds to		
r	retain the state gaming license?	Yes	
	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 <b>&gt;</b> \$		
Par	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9,	9b, 1
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
32083	s 09-11-19 Schedule G (For	m 990 or 990	)-EZ) :
	40	ng 100	0 4
	429 310575 10604.000 2019.05092 DOWNTOWN SAN DIEGO PARTNE	RS 106	04

Schedule G	i (Form 990 or 990-EZ) Supplemental Infor	DOWNTOWN SAN	DIEGO	PARTNERSHIP,	INC.	95-1729734 _{Pa}	age <b>4</b>
Part IV	Supplemental Infor	mation (continued)					
						Schedule G (Form 990 or 99	90-EZ
932084 04-01-	19			4.4			
-10400	210575 10604	0.0.0 0.0.1.0	05000	41 Doubleoutri (1991	DIDGO		0.4

14510429 310575 10604.000 2019.05092 DOWNTOWN SAN DIEGO PARTNERS 10604_01

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	F	20	19	
•		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IJ	)
Dena	tment of the Treasury	Attach to Form 990.		Open to		
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	e of the organizatio		Employer i			mber
		DOWNTOWN SAN DIEGO PARTNERSHIP, INC.	95-1	L72973	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o					
	Travel for com	panions Payments for business use of personal re cation and gross-up payments I Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffer				
h	If any of the hoves	on line 1a are checked, did the organization follow a written policy regarding payment or				
		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization'	S			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation	n committee X Written employment contract				
		compensation consultant I Compensation survey or study				
	X Form 990 of o	ther organizations	committee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					v
a		e payment or change-of-control payment?				X X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
С		ceive payment from, an equity-based compensation arrangement?		4c		
	If "Yes" to any of III	nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
5	contingent on the r					
а	-			5a		
		ation?				
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а		-		6a		
		ation?				
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				
		nes 5 and 6? If "Yes," describe in Part III		7		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forr	n 990)	) 2019

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Schedule J (Form 990) 2019 DOWNTOWN	MO	N SAN DIEGO	D PARTNERSHIP,	HIP, INC.	95-1729734	734		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	mplc	oyees, and Highest C	compensated Emp	loyees. Use duplicat	e copies if additional s	pace 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.	oe re orm	sported on Schedule . 990, Part VII.	J, report compensat	ion from the organiz	ation on row (i) and fro	m related organization	ns, described in the ins	tructions, on row (ii).
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	ed in	dividual must equal th	ne total amount of F	orm 990, Part VII, S	ection A, line 1a, applic	able column (D) and (	(E) amounts for that ind	ividual.
		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	Denerits	(a)-(i)(a)	In column (b) reported as deferred on prior Form 990
(1) BETSY BRENNAN	Ξ	231,647.	• 0	• 0	• 0	4,752.	236,399.	0
PRESIDENT & CEO		•0	.0	• 0	•0	•0	0	.0
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Page <b>3</b>											90) 2019
95-1729734	complete this part for any additional information.										Schedule J (Form 990) 2019
Schedule J (Form 990) 2019 DOWNTOWN SAN DIEGO PARTNERSHIP, INC.	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.										

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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service Name of the organization 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. ► Go to www.irs.gov/Form990 for the latest information.



DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

Employer identification number 95 - 1729734

FORM 990, PART VI, SECTION A, LINE 2:

ROB LANKFORD AND STACEY LANKFORD PENNINGTON HAVE A FAMILY RELATIONSHIP.

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:

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. THE BOARD OF DIRECTORS ARE PROVIDED WITH A REVIEW COPY OF THE 990 BEFORE IT IS FILED.

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

 DSDP
 MEMBERS
 EXPECT
 HIGH
 STANDARDS
 OF
 INTEGRITY
 OF
 THEMSELVES
 AND
 OF
 OTHER

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19

14510429 310575 10604.000

604.000 2019.05092 DOWNTOWN SAN DIEGO PARTNERS 10604_01

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization DOWNTOWN SAN DIEGO PARTNERSHIP, INC.	Employer identification number 95-1729734
MEMBERS. BOARD MEMBERS ARE EXPECTED TO DISCLOSE ANY CONFL	ICT OF INTEREST AT
THE INITIATION OF DISCUSSION OF THAT MATTER AT EITHER THE	BOARD OR
COMMITTEE MEETING, AND TO ABSTAIN FROM VOTING ON THE MATT	ER.
AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD	OR COMMITTEE
MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE T	HE MEETING DURING
THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR AR	RANGEMENT
INVOLVING THE POSSIBLE CONFLICT OF INTEREST. THE CHAIRPER	SON OF THE BOARD
OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTEREST	ED PERSON OR
COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRA	NSACTION OR
ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR	COMMITTEE SHALL
DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASON	ABLE EFFORTS A
MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSO	N OR ENTITY THAT
WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE	ADVANTAGEOUS
TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UND	ER CIRCUMSTANCES
NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD OR COMMIT	TEE SHALL
DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTO	RS WHETHER THE
TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST	INTEREST, FOR ITS
OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CO	NFORMITY WITH THE
ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO WHET	HER TO ENTER THE
TRANSACTION OR ARRANGEMENT. IF THE BOARD OR COMMITTEE HAS	REASONABLE CAUSE
TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSS	IBLE CONFLICTS OF
INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUC	H BELIEF AND
AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED F	AILURE TO
DISCLOSE. IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFT	ER MAKING FURTHER
INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE BOAR	D OR COMMITTEE
DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR	POSSIBLE CONFLICT
OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND C	ORRECTIVE ACTION.

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	Page : Employer identification number
Name of the organization DOWNTOWN SAN DIEGO PARTNERSHIP, INC.	95-1729734
FORM 990, PART VI, SECTION B, LINE 15:	
THE OFFICERS OF THE BOARD MEMBERS REVIEW AND CONDUCT AN A	ANNUAL REVIEW FOR
THE CEO AND IS RESPONSIBLE FOR DETERMINING COMPENSATION B	FOR THE CEO. THE
CEO AND COO PRESENT RECOMMENDATIONS TO THE OFFICER'S FOR	THE TOP MANAGEMEN
OFFICIALS WITHIN THE ORGANIZATION AND THE RECOMMENDATION	IS REVIEW AND
REQUESTED TO BE ACCEPTED BY THE OFFICERS. WE ALSO CONDUCT	AN ANNUAL
COMPENSATION ANALYSIS TO COMPARE OTHER NON-PROFITS IN SOU	JTHERN CALIFORNIA
COMPENSATION RANGES FOR ALL STAFF.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, ANI	O THE FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTUAL SERVICES-PBID	2,542,611
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	
	2/012/011
332212 09-06-19 Sche	dule O (Form 990 or 990-EZ) (2019

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	<ul> <li>Related Organizations and Unrelated Partnerships</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.</li> <li>▶ Attach to Form 990.</li> <li>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>	tions and Unrelated Pa vered "Yes" on Form 990, Part IV, ► Attach to Form 990. m990 for instructions and the late	rtnerships line 33, 34, 35b, 3 st information.	36, or 37.		OMB No. 1545-0047 2019 Open to Public Inspection	
ation DOWNTOWN SAN	DIEGO PARTNERSHIP,	INC.			Employer identification number 95-1729734	ication numbe 7 3 4	e
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	te if the organization answered "Yes"	on Form 990, Part IV, line 3	B				
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me 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.	ations. Complete if the organization a	answered "Yes" on Form 990	), Part IV, line 34,	because it had one	or more related tax-exe	empt	
(a)	(q)	(c)	(q)	(e)	(f)	(g) Section 512/hV13	13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	controlled controlled entity?	
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	-	
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	×	
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)(3)	LINE 7	N/A	×	
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	I
For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CON	ns for Form 990. II FOR CONTINUATIONS	S			Schedule R	Schedule R (Form 990) 2019	019

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Schedule R (Form 990) DOWNTOWN SAN D	DOWNTOWN SAN DIEGO PARTNERSHIP,	INC.			95-1729734	34	
of Iden	xempt 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	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	2(b)(13) lled tion?
				501(c)(3))		Yes	٩
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		×

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932222 04-01-19

Schedule R (Form 990) 2019 DOWNTOWN	SAN DI	DIEGO PI	PARTNERSHIP	<b>P</b> , <b>INC</b> .	INERSHIP, INC. 95–1729734 In Commilere if the organization answered "Yes" on Form 990 Part IV line 34 because if had one or more related	as" on Form 90	ant IV line	34 heralis	95–17	1729734 or more related	E Page 2
organizations treated as a partnership during the tax year.	p during the ta	x year.		נוופ טו למוודמ			ο, Γαιτιν, ⊪ισ	04, Decaus		וחם ובומום.	<u>,</u>
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income e	<b>(g)</b> Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(j) (k) General or Percentage managing ownership Ves No
Identification of Belated Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990. Part IV, line 34, because if had one or more related	ons Taxable a	s a Corpo	ration or Trust. Co	omplete if the	e organization ans	wered "Yes" on	Form 990. P.	IT V	4. because it had		nore relate
organizations treated as a corporation or trust during the tax year.	n or trust durin	g the tax y	ear.								
(a) Name, address, and EIN of related organization		Prima	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp, S corp, C corp, or trust)	y Share of total p, income		(g) Share of P end-of-year c assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
				50					Schedu	Schedule R (Form 990) 2019	m 990) 2

INC.	
PARTNERSHIP,	
DIEGO	
SAN	
DOWNTOWN	
Schedule R (Form 990) 2019	

95-1729734 Page3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

<b>Note:</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	°
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?	ons with one or more re	elated organizations listed	l in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ity			<b>1</b> a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)				1c		×
				1d	×	
e Loans or loan guarantees by related organization(s)				1e		×
f Dividends from related organization(s)				1f		×
g Sale of assets to related organization(s)				<b>1</b> g		X
h Purchase of assets from related organization(s)				ЧL		X
i Exchange of assets with related organization(s)				1		×
0				1j		×
k Lease of facilities, equipment, or other assets from related organization(s)				ŧ		×
<ol> <li>Performance of services or membership or fundraising solicitations for related org</li> </ol>	r related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related org	related organization(s)			13		×
	ation(s)			1n	X	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10	×	
p Reimbursement paid to related organization(s) for expenses				<del>6</del>	×	
Reimbursement paid by related organization(s) for expenses				19	X	
. Other transfer of second or accordent to valated executivation(e)				÷		×
				=		
				IS		4
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.	who must complete th	is line, including coverec	I relationships and transaction thresholds.			
<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	volved		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
932163 09-10-19	51		Schedule R (Form 990) 2019	R (Forn	066 u	) 2019

Page 4		venue)	(k) ² ercentage ownership					Schedule R (Form 990) 2019
34		ss re	Der?					-orm
297		or gro	(j) General or managing partner?					B (F
95-1729734		y total assets o	(i) (j) (k) Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) ves No					Schedul
		easured b	(h) Dispropor- tionate allocations?					
	37.	nt of its activities (me	(g) Share of end-of-year assets					
	ו 1990, Part IV, line	e than five percen	(f) Share of total income					
	on Form	cted more	(e) Are all 501(c)(3) orgs.?	 				
HIP, INC.	the organization answered "Yes" on Form 990, Part IV, line 37.	he organization condu estment partnerships.	(related, unrelated, excluded from tax under sections 512-514)					
DARTNERSHIP	mplete if the organi	hip through which t ision for certain inve	(c) Legal domicile (state or foreign country)					
WN SAN DIEGO	o <b>le as a Partnership.</b> Co	ntity taxed as a partners tructions regarding exclu	<b>(b)</b> Primary activity					
Schedule R (Form 990) 2019 DOWNTOWN	Part VI Unrelated Organizations Taxable as a Partnership. Complete if	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					

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# 95-1729734

Schedule R (Form 990) 2019 DOWNTOWN SAN DIEGO PARTNERSHIP, INC. 95-1729734 Page 5

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

14510429 310575 10604.000

932165 09-10-19