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Depa	rtment of	f the Treasury				enter so			-						-		-	ic.			to Put	
Interr	al Rever	nue Service				o www.ir												20	<u></u>	Ins	spectio	n
_		e 2021 calend			year be	eginning	JL	JUL	т,	20	21	ć	and	ending	J							
B C a	heck if pplicable	e: C Name o	of orgar	nization												D Em	nploye	er ide	ntificati	on numb	ber	
	Addres	es DOWN	NTOW	N SAI	N DI	EGO I	PAR	TNE	RSF	ΗIΡ	,]	INC.										
	Name change															ł	**_*	* * *	9734			
	Initial return		er and s	treet (or	P.O. box	if mail is	not d	elivered	d to st	reet ac	ddres	s)		Room/s	uite	E Tel	lephor	ne nui	mber			
	Final return/		ΒS	TREE	г									100		6	619-	-23	4-02	01		
	termin- ated	City or t	town, s	tate or p		, country		d ZIP c	or fore	ign p	ostal	l code				G Gros	ss receip	ots \$		12,3	<u>25,1</u>	08.
	Ameno return	SAN		GO, (<u>9210</u> :										H(a) ∣:	s this a	a groi	up retur	n		
	Application	F Name a				l officer:	ELJ	IZAI	BETI	HВ	BRE	NNAN	1			f	or sub	ordin	ates?	ים	∕es X	No
	pendin									<u> </u>						H(b) ∧	Are all su	bordina	ates includ	ed?	/es	No
_		empt status: [)1(c)(3)) 🖌 (insert	no.) [4947(a))(1) (or 📃	527	l II	f "No,"	' atta	ch a list	. See inst	ruction	S
		te: 🕨 WWW 🛛				DIEG														umber 🕨		
		organization:		orporation		Trust	A	Associa	ition		Othe	er 🕨		L١	Year o	of forma	tion:	195	2 M St	ate of lega	al domici	le: CA
Pa	rt I	Summary	<u> </u>												~ .							
e		Briefly describ																	MIC			
Governance		PROSPER																				
erné	2	Check this bo	ox 🕨	if t	the orga	inization	disco	ontinu	ed its	opera	ation	is or dis	spos	sed of m	nore	than 25	5% of i	ts ne	1 1			• -
٥ ٥		Number of vo	•		•	•				,									3			97
ۍ م		Number of inc																	4			96
es		Total number																	5			109
iviti		Total number																	6			55
Activities &	7 a `	Total unrelate	ed busi	ness reve	enue fro	m Part V	/III, co	olumn	(C), li	ne 12	2								7a			0.
	b	Net unrelated	d busine	ess taxat	ole incor	me from	Form	ו 990-1	T, Par	t I, lin	e 11				 T				7b			0.
																	or Yea		_		nt Year	
e		Contributions	-	-													360,				$\frac{44,7}{2}$	
ent		Program servi				0,										9,1	764,			11,5		
Revenue		Investment in															111	34		1		57.
_		Other revenue															2 <u>11</u> , 913,			12,0	<u>95,5</u>	
		Total revenue														9,5	9 <u>1</u> 3,			12,0	45,5	-
		Grants and si								3)									0.			0.
		Benefits paid														1 3	330,			F 2	65,7	
ses	15	Salaries, othe														4,3	550,		0.	5,5	05,1	00.
Expenses	16a	Professional f									•••••			0.					••			0.
<u> </u>	0	Total fundrais								-						5 7	708,	00	0	6 5	25,1	0.0
-	17	Other expense														10,0				11,8		
		Total expense				-											125,				54,7	
<u>ي</u> ب		Revenue less	s expen	562. 20D	uract IIN		II IINE	512.		<u></u>					Par	ginning					of Year	
ts o	00	Total acceta ((Dout V	line 16)											Dei	ynnnny כר	005,	86	6		90,4	
t Assets or d Balances	20 21	Total assets (F Total liabilities													<u> </u>		233,				63,7	
Net /		Net assets or													<u> </u>		772,				26,7	
	rt II	Signature			Sublia		1 110/1		20						I		, , , ,		J•		/	13.
		Ities of perjury,			ave exam	ined this	returr	n, inclu	dina a	ccomr	Janvii	na scher	dules	s and sta	teme	nts and	to the	best o	of mv kno	wledge ar	nd helief	it is
		t, and complete							-		-	-							si niy kill	ugo ai	ia bonol,	
,	301100					salor unu										uny						

Sign	Signature of officer ULIENI 5 UUPY		Date
Here	ELIZABETH BRENNAN, PRES. & CEO		
	Type or print name and title		
	Print/Type preparer's name Preparer's signature	Date	Check PTIN
Paid	DANIEL P. SCHREIBER	6/1/23	self-employed P00089202
Preparer	Firm's name 🕨 JGD & ASSOCIATES LLP		Firm's EIN 🕨 **-**2551
Use Only	Firm's address > 9191 TOWNE CENTRE DRIVE #340		
	SAN DIEGO, CA 92122-1274		Phone no. 858 - 587 - 1000
May the IF	RS discuss this return with the preparer shown above? See instructions		X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2021)

	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?										
	If "Yes," describe these changes on Schedule O.										
ŀ	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.										
la	(Code:) (Expenses \$ including grants of \$) (Revenue \$										
	FORMED IN 2010, THE DOWNTOWN PARTNERSHIP CLEAN & SAFE PROGRAM WORKS										
	HARD TO KEEP DOWNTOWN LOOKING ITS BEST THROUGH ENHANCED MAINTENANCE,										
	SAFETY, UNHOUSED CARE, AND BEAUTIFICATION SERVICES ON BEHALF OF THOSE										
	WHO LIVE, WORK, AND PLAY WITHIN THE 275 BLOCKS THAT MAKE UP THE PBID.										
	RESIDENTS, BUSINESSES, AND PROPERTY OWNERS CAN HAVE CONFIDENCE IN										
	DOWNTOWN BECAUSE OF THE BEST PRACTICES, CONTINUOUS IMPROVEMENT, AND										
	RECOGNIZED EXCELLENCE THAT THE CLEAN & SAFE TEAM BRINGS TO THE										
	RESPONSIBILITY OF SERVING DOWNTOWN'S URBAN NEIGHBORHOODS. FUNDED BY										
	DOWNTOWN PROPERTY OWNERS, THE CLEAN & SAFE SERVICES PROVIDED WITHIN THE										
	NEIGHBORHOODS OF CITY CENTER, COLUMBIA, CORTEZ HILL, EAST VILLAGE,										
	GASLAMP QUARTER, AND MARINA ARE ABOVE AND BEYOND THOSE OTHERWISE										
	AVAILABLE THROUGH ANY EXISTING GOVERNMENT ENTITY.										
lh											
rij -	(Code:) (Expenses \$ including grants of \$) (Revenue \$) THE CITY CENTER BID REPRESENTS THE 53 BLOCKS OF BUSINESSES THAT MAKE UP										
	DOWNTOWN SAN DIEGO'S CITY CENTER NEIGHBORHOOD. THE CITY CENTER BID										
	PROVIDES THE RESOURCES NECESSARY TO IMPROVE THE QUALITY OF LIFE, CREATE										
	A VIBRANT DESTINATION FOR SHOPPING, DINING, NIGHTLIFE AND TOURISM, AND										
	PROMOTE EVERYTHING THE BID HAS TO OFFER POTENTIAL VISITORS AND										
	RESIDENTS. TO SUPPORT ITS ACTIVITIES THE CITY CENTER BID RECEIVES										
	FUNDING FROM BOTH BUSINESS ASSESSMENTS AND PARKING DISTRICT FUNDS.										
	PARKING DISTRICT FUNDS ARE USED FOR WAYFINDING AND MOBILITY										
	IMPROVEMENTS WITHIN THE DISTRICT.										
	IMPROVEMENTS WITHIN THE DISTRICT.										
۱c	(Code:) (Expenses \$ including grants of \$) (Revenue \$										
	THROUGH ITS MEMBERSHIP AND EVENTS DEPARTMENT, THE DSDP PROVIDES										
	CONNECTIONS, RESOURCES, AND SUPPORT AT VARYING LEVELS DEPENDING ON										
	MEMBERS' NEEDS. MEMBERS OF THE DSDP INCLUDE COMMUNITY LEADERS, REGIONAL										
łc	DECISION-MAKERS, BUSINESS LEADERS, INDUSTRY PROFESSIONALS, DOWNTOWN										
	ADVOCATES, AND ENGAGED RESIDENTS WHO ARE ALL COMMITTED TO THE ECONOMIC										
	PROSPERITY AND CULTURAL VITALITY OF SAN DIEGO'S URBAN CENTER. THE DSDP										
	PROVIDES A FULL CALENDAR OF PUBLIC AND EXCLUSIVE EVENTS FOR ITS NEARLY										
	300 MEMBERS FOCUSED ON PROFESSIONAL DEVELOPMENT, NETWORKING, AND										
	CONNECTIONS.										
ld	Other program services (Describe on Schedule O.)										
	(Expenses \$ including grants of \$) (Revenue \$)										
le	Total program service expenses										
	Form 990 (20)										

Form 990 (2021)			 PARTNERSHIP,	INC
Part IV Checkli	st of Required Sched	lules		

			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? See instructions	2	X	<u> </u>
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	X	<u> </u>
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			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	x	
h	Part VI			
D		11b		x
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			-
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		_	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	900	
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			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 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		
d	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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	20a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		- 23
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		x
00	"Yes," complete Schedule L, Part IV	28c		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			v
•	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	Ι.		
	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?			
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 32			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	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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021)				PARTNERSHIP,	
Statemer	nts Regarding Othe	er IRS	Filings ar	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	109			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	l l	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e - <i>file</i> . See instructions.		0.		v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a oh		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
ła	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		x
h	If "Yes," enter the name of the foreign country		4 a		- 23
5	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FB.	4R)			
a		u ij.	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	ſ	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	r	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?		6b		
	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provide	to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	[7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fo	rm 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
)	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		
	Section 501(c)(7) organizations. Enter:				
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				
	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	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				
	Did the organization receive any payments for indoor tanning services during the tax year?	r	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
;	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, Schedule O.				
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form 990 (2021)

Part V

Form 990	(2021)
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DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

-9734 Page 6

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

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		97			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		96			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, trustees, or key employees to a management company or other person?		•		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			1	5		X
6	Did the organization have members or stockholders?				6	Х	
	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
74	more members of the governing body?				7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				74		
D					76		x
~	persons other than the governing body?				7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	5	0		•	v	
	The governing body?				8a	X	
	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (Code.)				
				,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters,	affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		-				
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$				12.0		
C		· ·			12c	х	
40	on Schedule O how this was done			I	13	X	
13	Did the organization have a written whistleblower policy?					X	
14	Did the organization have a written document retention and destruction policy?				14		
15	Did the process for determining compensation of the following persons include a review and approval	l by ind	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					77	
	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent wit	ha				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its pa	rticipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization'	s				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-	T (section 50	1(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.		. (.(0)(0)0	o,))		
	X Own website Another's website X Upon request Other (explain	on Sci	adula O				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, col		,	hae vo	finan	rial	
19			merest poli	cy, and	man	JIAI	
00	statements available to the public during the tax year.	ko '	*****				
20	State the name, address, and telephone number of the person who possesses the organization's boo THE ORGANIZATION $- 619-234-0201$	iks and	records 🕨				
	401 B STREET, 100, SAN DIEGO, CA 92101						
	3 12-09-21				-	990	

Form 990 (2021)	DOWNTOWN SAN	DIEGO .	PARTNERSHIP,	INC.	**-***9734	Page 7
Part VII Compensation	on of Officers, Directo	ors, Trustee	es, Key Employee:	s, Highest C	compensated	
Employees, a	and Independent Con	tractors		_	-	
Check if Schedu	le O contains a response or	note to any lin	ne in this Part VII			
Section A. Officers, Direct	ors, Trustees, Key Employ	ees, and Higl	hest Compensated Em	ployees		
1a Complete this table for al	I persons required to be list	ed. Report cor	mpensation for the caler	ndar year ending	g with or within the organization's	s tax year.
 List all of the organizati 	on's current officers, direct	ors, trustees ((whether individuals or o	organizations), r	egardless of amount of compens	ation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the 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.

Name and title Average hours per veck (gl any hours for below line) Description and related organization below line) Description and related organization (W2/1098-NEC) Reportable compension from traited organization (W2/1098-NEC) Estimated and organization (W2/1098-NEC) (1) ELizabeth BRENNAN 40.00 X 231,109 0. 16,864. (2) USEN X 153,318 0. 5,129. (3) Katrelin Particle (G) X 128,010. 0. 4,689. (4) ALONO X X 0. 0. 0. (4) ALONO X X 0. 0. 0. 0. (2) USEN X X 0. 0. 0. 0. (3) Katrelin Particle (G) Intervent State X X 0. 0. 0. (4) ALONO X X 0. 0. 0. 0. (3) RATELIN PATNE 40.00 X X 0. 0. 0. (4)	(A)	(B)			(0	C)			(D)	(E)	(F)
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(10) MICHAEL AKAVAN 1.00 X 0.0.0.0. DIRECTOR X 0.0.0.0. 0.0.0. (11) CHRIS AMBLE 1.00 0.0.0.0. 0.0.0. DIRECTOR X 0.0.0.0. 0.0.0. (12) RUBEN ANDREWS 1.00 0.0.0.0. 0.0.0. DIRECTOR X 0.0.0.0. 0.0.0. (13) MIKE ANNUNZIATA 1.00 0.0.0.0. 0.0.0. DIRECTOR X 0.0.0.0.0. 0.0.0. (14) CODY BARBO 1.00 0.0.0.0. 0.0.0. DIRECTOR X 0.0.0.0.0. 0.0.0. (15) CRAIG BENEDETTO 1.00 0.0.0.0. 0.0.0. DIRECTOR X 0.0.0.0. 0.0.0. (16) MIKE BERRYHILL 1.00 0.0.0.0. 0.0.0. DIRECTOR X 0.0.0.0. 0.0.0. (17) ROBERT BETZ 1.00 0.0.0.0. 0.0.0. DIRECTOR X 0.0.0.0. 0.0.0.	(9) MICHELE VIVES	1.00									
DIRECTOR X 0 0. <th< td=""><td>SECRETARY</td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>	SECRETARY		Х		Х				0.	0.	0.
(11) CHRIS AMBLE 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (12) RUBEN ANDREWS 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (13) MIKE ANNUNZIATA 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (14) CODY BARBO 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (15) CRAIG BENEDETTO 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (16) MIKE BERRYHILL 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0IRECTOR X 0. 0. 0. 0. 0. 0.	(10) MICHAEL AKAVAN	1.00									
DIRECTOR X 0. <t< td=""><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></t<>	DIRECTOR		Х						0.	0.	0.
(12) RUBEN ANDREWS 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (13) MIKE ANNUNZIATA 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (14) CODY BARBO 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (15) CRAIG BENEDETTO 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (16) MIKE BERRYHILL 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (17) ROBERT BETZ 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0.		1.00									
DIRECTOR X 0. <t< td=""><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></t<>	DIRECTOR		Х						0.	0.	0.
(13) MIKE ANNUNZIATA 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (14) CODY BARBO 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (15) CRAIG BENEDETTO 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (16) MIKE BERRYHILL 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0.	(12) RUBEN ANDREWS	1.00									
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(14) CODY BARBO 1.00 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (15) CRAIG BENEDETTO 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (16) MIKE BERRYHILL 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0.	(13) MIKE ANNUNZIATA	1.00									
DIRECTOR X 0. <t< td=""><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></t<>			Х						0.	0.	0.
(15) CRAIG BENEDETTO 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (16) MIKE BERRYHILL 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (17) ROBERT BETZ 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0.	(14) CODY BARBO	1.00									
DIRECTOR X 0. 0. 0. (16) MIKE BERRYHILL 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (17) ROBERT BETZ 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0.			Х						0.	0.	0.
(16) MIKE BERRYHILL 1.00 X 0.	(15) CRAIG BENEDETTO	1.00									
DIRECTOR X 0. <t< td=""><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></t<>			Х						0.	0.	0.
(17) ROBERT BETZ 1.00 X 0.		1.00							_		
DIRECTOR X 0. 0. 0.			Х						0.	0.	0.
		1.00									-
	DIRECTOR		Х						0.	0.	

132007 12-09-21

Form 990 (2021)

13290601 756516 2326

2021.05080 DOWNTOWN SAN DIEGO PARTNE 2326___1

Form 990 (2021) DOWNTOWN	SAN DIE	IGC) P	AR	TN	IER	SE	HIP, INC.	**_***	9734	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)				C)	•		(D)	(E)		(F)
Name and title	Average			Pos	ition			Reportable	Reportable		imated
Name and the	hours per		not ch , unles					compensation	compensation		ount of
	week		cer an					from	from related		other
	(list any	or						the	organizations		pensation
	hours for	lirect						organization	(W-2/1099-MISC)		om the
	related	9 O C	tee			satec		(W-2/1099-MISC/	1099-NEC)		inization
	organizations	uster	trus		æ	Den		1099-NEC)	1099-NEO)	j v	related
	below	ual tr	ional		ploy	t con		1033-1120)			nizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			lorga	IIZalions
	1.00	-	=	of	Ϋ́	포뇽	윤			<u> </u>	
(18) PATTI BOEKAMP	1.00								•		0
DIRECTOR		Х						0.	0	••	0.
(19) PATRICK BOUTELLER	1.00										
DIRECTOR		Х						0.	0	•	0.
(20) JASON BOWSER	1.00										
DIRECTOR		x						0.	0		0.
(21) MICHAEL BURTON	1.00							•••		-	
DIRECTOR	1.00	х						0.	0		0.
	1 00	<u> </u>				-		0.	0	•	0.
(22) MELISSA CAMERON	1.00										•
DIRECTOR		Х						0.	0	•	0.
(23) RICARDO CAMPOS	1.00										
DIRECTOR		Х						0.	0).	Ο.
(24) JEFF CAVIGNAC	1.00										
DIRECTOR		х						0.	0		0.
(25) ASHLEY CHAMBERLAYNE	1.00									-	
DIRECTOR	1.00	х						0.	0		0.
	1 00	^				-		0.	U	•	0.
(26) NIKKI CLAY	1.00										•
DIRECTOR		Х						0.).	0.
1b Subtotal								640,580.			,380.
c Total from continuation sheets to Part VI	I, Section A							0.	0		0.
d Total (add lines 1b and 1c)								640,580.	0	. 29	,380.
2 Total number of individuals (including but n							o re	eceived more than \$100	000 of reportable	•	-
compensation from the organization						,		, , , , , , , , , , , , , , , , , , ,			4
											Yes No
• Did the survey institute list and former officer											
3 Did the organization list any former officer,				•	-						v
line 1a? If "Yes," complete Schedule J for s										3	X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		. 4	X
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," com	plete Schedule	ə.Jfa	or su	ich r	oers	on .				. 5	X
Section B. Independent Contractors	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		01 00	<u></u>	2010						
1 Complete this table for your five highest con	mpensated inc	lene	nder	nt co	ontra	acto	rs th	nat received more than \$	100 000 of comper	sation from	m
the organization. Report compensation for t										Sucon no	
	ine calendar ye			ig w	iun c						<u></u>
(A) Name and business	address							(B) Description of s	ervices	(C) Compen	
	2001033						_	Description of s		Compen	541011
ALLIED UNIVERSAL		~ 4		~	~ ~			~		4 800	
PO BOX 31001-2374, PASADE		91	11	0	23	74		SAFETY		1,729	9,774.
SOUTHBAY PRESSURE WASHING											
2131 A AVE, NATIONAL CITY	', CA 91	95	0					POWERWASHING		327	795.
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	l to 1	thos	se lis	ted	above) who received mo	ore than		
\$100,000 of compensation from the organiz					2	2					
SEE PART VII, SECTION	I A CONT	IN	UA'	TI	ON	S	HE	ETS		Form 9	990 (2021)

132008 12-09-21

Part VII Section A. Officers, Directors, T	<u>rustees, K</u> ey Er	<u>np</u> lc	yee	<u>s, a</u> ı	<u>nd</u> H	lighe	<u>est</u> (<u>Compensated</u> Employe	es (continued)	
(A)	(B)		-		C)			(D)	(E)	(F)
Name and title	Average hours per	(c	heck T	Pos	ition		ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) SCOTT CRIDER DIRECTOR	1.00	x						0.	0.	0
(28) STEVE CUSHMAN	1.00									
DIRECTOR 29) NATALIE DAHL	1.00	Х	-					0.	0.	0
DIRECTOR		x						0.	0.	0
30) DEREK DANZIGER DIRECTOR	1.00	x						0.	0.	0
31) PERRY DEALY DIRECTOR	1.00	x						0.	0.	0
32) LEO DIVINSKY DIRECTOR	1.00							0.		0
33) CHANNEY DOUD	1.00	X							0.	
IRECTOR 34) RODGER DOUGHERTY	1.00	Х						0.	0.	0
DIRECTOR		х						0.	0.	0
35) PETER DOWLEY DIRECTOR	1.00	x						0.	0.	0
36) STEVE ESPINO	1.00									
DIRECTOR 37) ROBERT FAGNANT	1.00	X						0.	0.	0
IRECTOR	1 0 0	Х						0.	0.	0
38) BRIAN FISH IRECTOR	1.00	x						0.	0.	0
39) JEFF FORREST DIRECTOR	1.00	x						0.	0.	0
40) MICHAEL FRIEDMAN	1.00									
IRECTOR 41) DARREL FULLBRIGHT	1.00	X						0.	0.	0
DIRECTOR		x						0.	0.	0
42) PAMELA GABRIEL DIRECTOR	1.00	x						0.	0.	0
43) YEHUDI "GAF" GAFFEN DIRECTOR	1.00	x						0.	0.	0
44) JEFF GATTAS	1.00									
45) BILL GEPPERT	1.00	X						0.	0.	0
IRECTOR		x						0.	0.	0
46) MARIN GERTLER DIRECTOR	1.00	x						0.	0.	0

132201 04-01-21

Part VII Section A. Officers, Directo	ors, Trustees, Key Ei	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per	(c		Posi all t	ition		ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
47) HOWARD GREENBERG DIRECTOR	1.00	x						0.	0.	0
48) WAYNE GUYMON	1.00								0.	
DIRECTOR	1 00	X						0.	0.	0
(49) ALEX GUYOTT DIRECTOR	1.00	x						0.	0.	0
50) DEREK HULSE DIRECTOR	1.00	x						0.	0.	0
51) KEITH B. JONES DIRECTOR	1.00	x						0.	0.	0
52) DOUG KERNER DIRECTOR	1.00	x						0.	0.	C
53) CECILIA KUCHARSKI DIRECTOR	1.00	x						0.	0.	C
54) JOHN LARAIA	1.00								Ŭ.	
DIRECTOR	1 00	Х						0.	0.	C
55) CARYN LAVEMAN DIRECTOR	1.00	x						0.	0.	C
56) FIONA LEUNG	1.00									
DIRECTOR 57) MAELIN LEVINE	1.00	X						0.	0.	0
DIRECTOR	1.00	Х						0.	0.	(
58) LUCAS MALLORY DIRECTOR	1.00	x						0.	0.	C
59) MERO MARM DIRECTOR	1.00	x						0.	0.	C
60) AMBER MAUER	1.00									
0IRECTOR 61) JENNIFER MCCARTHY	1.00	X	-					0.	0.	
DIRECTOR		x						0.	0.	C
62) JIM MCLAMB DIRECTOR	1.00	x						0.	0.	C
63) MIKE MCNERNEY	1.00							0.	0.	
DIRECTOR	1 0 0	X						0.	0.	C
64) ANGELA MERRILL YON DIRECTOR	1.00	x						0.	0.	C
65) HOWARD MILLS	1.00									
DIRECTOR 66) NEIL MOHR	1.00	Х						0.	0.	(
DIRECTOR	1.00	x						0.	0.	(

Part VII Section A. Officers, Director	rs, Trustees, Key Ei	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(((D)	(E)	(F)
Name and title	Average hours per	(c		Pos all t			y)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
67) MONICA MONTANO DIRECTOR	1.00	x						0.	0.	0
68) CHRISTINE MOORE	1.00									
IRECTOR	1 0 0	Х						0.	0.	0
69) JOSH MUSE DIRECTOR	1.00	x						0.	0.	0
70) MARGIE NEWMAN DIRECTOR	1.00	x						0.	0.	0
71) JUSTINE NIELSEN DIRECTOR	1.00	x						0.	0.	C
72) MARY PAMPUCH DIRECTOR	1.00	x						0.	0.	C
73) SUMEET PAREKH IRECTOR	1.00	x						0.	0.	C
74) SAM PATELLA	1.00								Ŭ.	
DIRECTOR	1 00	Х						0.	0.	C
75) STACEY PENNINGTON DIRECTOR	1.00	x						0.	0.	C
76) RYAN PERRY DIRECTOR	1.00	x						0.	0.	(
77) DAVID POTTER	1.00									
DIRECTOR 78) DANIEL REEVES	1.00	X						0.	0.	(
DIRECTOR		x						0.	0.	(
79) HEATHER RILEY DIRECTOR	1.00	x						0.	0.	C
80) PAUL ROBINSON	1.00									
DIRECTOR 81) MANUEL RODRIGUEZ	1.00	X						0.	0.	(
DIRECTOR	1 00	X						0.	0.	(
82) KEN SAUDER DIRECTOR	1.00	x						0.	0.	(
83) BRENT SCHERTZER	1.00									
SIRECTOR 84) CLAUDINE SCOTT	1.00	X	-					0.	0.	(
IRECTOR		x						0.	0.	(
85) GREG SHIELDS DIRECTOR	1.00	x						0.	0.	(
86) BILL SHRADER	1.00									
DIRECTOR		Х						0.	0.	(

Form 990 DOWNTOWN									**_***	9734
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl		all t			ly)	compensation	compensation	amount of
	per	· ·						from	from related	other
	week					/ee		the	organizations	compensation
	(list any	ctor				lploy		organization	(W-2/1099-MISC)	from the
	hours for	rdire				ed en		(W-2/1099-MISC)		organization
	related	tee or	istee			en sat				and related
	organizations	Individual trustee or director	Institutional trustee		o yee	Highest com pen sated em ployee				organizations
	below	idual	utior	er	Key employee	est ci	er			-
	line)	Indiv	Instit	Officer	Key e	High	Former			
(87) JENNER SMITH	1.00									
DIRECTOR		X						0.	Ο.	0.
(88) JEFF STOKE	1.00									
DIRECTOR		х						0.	0.	0.
(89) TITO TAING	1.00									
DIRECTOR		x						0.	Ο.	0.
(90) RAY VARELA	1.00							``	0.	
DIRECTOR	1.00	x						0.	0.	0.
	1 00	Δ						0.	0.	0.
	1.00								•	•
DIRECTOR		Х						0.	0.	0.
(92) BESS WAKEMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(93) DANIEL WALKER	1.00									
DIRECTOR		Х						0.	0.	0.
(94) MARK WEBER	1.00									
DIRECTOR		x						0.	0.	0.
(95) TIM WINSLOW	1.00								• •	• •
DIRECTOR		x						0.	0.	0.
(96) MATTHEW WINTER	1.00	Δ						0.	0.	0.
	1.00								0	0
DIRECTOR	1 00	Х						0.	0.	0.
(97) JASON WOOD	1.00								•	
DIRECTOR		Х						0.	0.	0.
(98) MELANIE WOODS	1.00									
DIRECTOR		Х						0.	0.	0.
(99) TONY YOUNG	1.00									
DIRECTOR		x						0.	0.	0.
(100) MARTINE ZETTLE	1.00								••	
DIRECTOR		x						0.	Ο.	0.
								``		
		L								
]								
		1								
		1								
		1								
Total to Part VII, Section A, line 1c										

132201 04-01-21

<u>m 99</u>			DIEGO P.	ARTNERSHIP,	INC.	**_***9	734 Page 9
art V	VIII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any	line in this Part VIII (A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue		Revenue excluded from tax under sections 512 - 514
<u>ທ</u> 1	а	Federated campaigns 1a					
and Other Similar Amounts L		Membership dues 1b					
ğ	с	Fundraising events 1c	613,035	5.			
ar A		Related organizations 1d					
mil		Government grants (contributions) 1e					
้ง		All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	31,663	7.			
0	g	Noncash contributions included in lines 1a-1f					
an	h	Total. Add lines 1a-1f	🕨	644,702.			
			Business Cod				
2	a	PBID ASSESSMENT	900099	10,185,110.			
e	b	MEMBERSHIP DUES	900099	684,536.	· · · · ·		
enu	с	MANAGEMENT SERVICE FEES	900099	279,540.	· · · · · · · · · · · · · · · · · · ·		
Sev	d	OTHER PROGRAM SERVICES	900099	268,012.	· · · · ·		
8 Revenue	е	PARKING DISTRICT	900099	179,050.	179,050.		
		All other program service revenue		11 506 040			
-		Total. Add lines 2a-2f		11,596,248.			
3	5	Investment income (including dividends, intere		157.			157
		other similar amounts)		157.			157
4		Income from investment of tax-exempt bond p					
5)	Royalties	(ii) Personal				
6				<u> </u>			
0		Gross rents 6a Less: rental expenses 6b		-			
		Rental income or (loss) 6c		-			
		Net rental income or (loss)	L				
7		Gross amount from sales of (i) Securities	(ii) Other				
1.	u	assets other than inventory 7a	()	-			
	b	Less: cost or other basis		-			
2		and sales expenses					
	с	Gain or (loss) 7c		-			
		Net gain or (loss)		•			
8		Gross income from fundraising events (not					
		including \$ 613,035. of					
		contributions reported on line 1c). See					
		Part IV, line 18	84,001	L.			
	b	Less: direct expenses 8b	279,540) .			
	с	Net income or (loss) from fundraising events	<u> </u>	-195,539.			-195,539
9	a	Gross income from gaming activities. See					
		Part IV, line 19	1				
	b	Less: direct expenses9b	1				
		Net income or (loss) from gaming activities	🕨	•			
10	a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold					
	С	Net income or (loss) from sales of inventory					
			Business Cod				
9 ¹¹							
11 Bevenue	b						
Be	C L						
		All other revenue	L				
12		Total Add lines 11a-11d		12,045,568.	11596248.	0.	-195,382
12		Total revenue. See instructions			1 11070240.	J	Form 990 (202

14

Form	990	(2021)
	330	(2021)

DOWNTOWN SAN DIEGO PARTNERSHIP, INC. **-**9734 Page 10 Functional Expenses Part IX Statement of Functional Expenses

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

	Charle if Schedule O contains a reason		his Dort IV		
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
		Total expenses	Program service	Management and	Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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				
	Compensation of current officers, directors,				
5		640,580.			
	trustees, and key employees	040,300.			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,926,647.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	578,308.			
10	Payroll taxes	220,171.			
11	Fees for services (nonemployees):	·			
	Management				
		241,291.			
		60,964.			
	Accounting	00,004.			
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	33,089.			
13	Office expenses	85,361.			
14	Information technology				
15	Royalties				
16	Occupancy	268,424.			
17	Travel	48,645.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
20 21	Payments to affiliates				
21	Depreciation, depletion, and amortization	134,867.			
		262,572.			
23	Insurance	202,312.			
24	Other expenses. Itemize expenses not covered 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.)	0.405.055			
а	REPAIRS AND MAINTENANCE	2,486,062.			
b	CONTRACTUAL SERVICES	1,947,699.			
с	BEAUTIFICATION AND PLAC	316,395.			
d	MIDBLOCK LIGHTING	250,000.			
е	All other expenses	389,731.			
25	Total functional expenses. Add lines 1 through 24e	11,890,806.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
				ı	E 000 (000)

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15 2021.05080 DOWNTOWN SAN DIEGO PARTNE 2326___1

Form **990** (2021)

33

Total liabilities and net assets/fund balances

Form 990 (2021)

Assets

Liabilities

Net Assets or Fund Balances

16 2021.05080 DOWNTOWN SAN DIEGO PARTNE 2326___1

3,005,866.

33

2,790,487.

Form 990 (2021)

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 608,123. 2,091,478. 1 1 Cash - non-interest-bearing 169,517. 10,034. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 1,744,868. 172,119. 4 4 Accounts receivable, net 5 Loans and other receivables from 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 5 6 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 70,326. 73,147. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 1,177,567. basis. Complete Part VI of Schedule D _____ 10a 763,168. 413,032. 414,399. b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 29,310. 0. 15 15 Other assets. See Part IV, line 11 3,005,866. 2,790,487. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 1,375,326. 1,113,665. Accounts payable and accrued expenses 17 17 18 18 Grants payable 140,200. 76,325. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other 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 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 718,327. 25 673,722. of Schedule D 2,233,853. 1,863,712. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 770,246. 27 926,775. 27 Net assets without donor restrictions Net assets with donor restrictions 1,767. 0. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 926,775. Total net assets or fund balances 772,013. 32 32

	1990 (2021) DOWNTOWN SAN DIEGO PARTNERSHIP, INC.	**_*	**9734	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,045		
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,890		
3	Revenue less expenses. Subtract line 2 from line 1	3			62.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	772	2,0:	13.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	926	5,7	75.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		T		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2021)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

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	DOWNTOWN SAN DIEGO PARTNERSHIP, INC.	**-***9734
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(6) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

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	N/A	\$10,890.	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	<u>N/A</u>	\$9,050.	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	<u>N/A</u>	\$ <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			
4	<u>N/A</u>	\$6,800.	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			
5	<u>N/A</u>	\$ <u>11,595.</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			
6	<u>N/A</u>	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Employer identification number

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	(6)	(a)	(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	<u>N/A</u>	\$ <u>5,900.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10	<u>N/A</u>	\$ <u>5,725.</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
11	<u>N/A</u>	\$ <u>7,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	<u>N/A</u>	\$ <u>9,950.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)
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DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

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

(b)

Name, address, and ZIP + 4

7	<u>N/A</u>	\$9,450.	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	<u>N/A</u>	\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	<u>N/A</u>	\$ <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
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
<u>No.</u> <u>10</u> (a)	Name, address, and ZIP + 4 N/A	Total contributions \$5,725. (c)	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 10 (a) No.	Name, address, and ZIP + 4 N/A	Total contributions \$5,725. (c) Total contributions	Type of contribution Person X Payroll Image: Complete Part II for Noncash Image: Complete Part II for (Complete Part II for Complete Part II for Operation X Person X Payroll Image: Complete Part II for Noncash Image: Complete Part II for

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Name of organization

Part I

(a)

No.

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(c)

Total contributions

Employer identification number

(d)

Type of contribution

Schedule B (Form 990) (2021)

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DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 N/A X Person Payroll 9,065. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 14 N/A X Person Payroll 10,700. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 N/A X Person Payroll 8,850. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 N/A Person X Payroll 28,900. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 N/A X Person Payroll 9,400. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 18 X N/A Person Payroll 13,750. Noncash \$ (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

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
19	N/A	\$ <u>6,850.</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
20	N/A	\$12,300.	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
21	N/A	\$ <u>11,200.</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
22	N/A	\$ <u>11,000.</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
23	N/A	\$7,050.	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
24	<u>N/A</u>	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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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
25	<u>N/A</u>	\$6,920.	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	N/A	\$ <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
27	N/A	\$5,330.	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
28	N/A	\$8,650.	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
29	N/A	\$7,300.	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
30	N/A	\$ <u>16,350.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

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DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 31 N/A X Person Payroll 7,050. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 32 N/A X Person Payroll 12,750. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 33 N/A X Person Payroll 10,190. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 34 N/A Person X Payroll 6,050. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 35 N/A X Person Payroll 13,750. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 36 X N/A Person Payroll 9,550. Noncash \$ (Complete Part II for noncash contributions.)

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Name of organization

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Schedule B (Form 990) (2021)

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 37 N/A X Person Payroll 7,800. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 38 N/A X Person Payroll 6,880. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 39 N/A X Person Payroll 10,500. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 40 N/A Person X Payroll 33,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 41 N/A X Person Payroll 7,420. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 42 X N/A Person Payroll 5,300. Noncash \$ (Complete Part II for noncash contributions.)

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			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	N/A	\$10,900.	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>N/A</u>	\$9,050.	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>N/A</u>	\$19,100.	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
48	<u>N/A</u>	\$9,625.	Person X Payroll Noncash (Complete Part II for

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			
43	<u>N/A</u>	\$7,050.	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			
44_	<u>N/A</u>	\$7,340.	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>45</u>	<u>N/A</u>	\$10,900.	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>N/A</u>	\$9,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
		(-)	()			

Name of organization

Part I

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noncash contributions.)

Schedule B (Form 990) (2021)

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DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 49 N/A X Person Payroll 12,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

Name of organization

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

Dort II Noncash Property (see instructions) Lise duplicate copies of Part II if additional space is

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
-		\$				
(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) 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			
		\$				

-*9734

Employer identification number

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Schedule E	B (Form 990) (2021)		Page			
Name of or	rganization		Employer identification number			
DOWNTO	OWN SAN DIEGO PARTNERSHI	IP. INC.	**-***9734			
Part III		ions to organizations described in sec	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	less for the year. (Enter this info. once.) \$			
(a) No.	Use duplicate copies of Part III if additional	space is needed. I				
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		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
			<u> </u>			
	(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relationship 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, and ZIP + 4		Relationship of transferor to transferee			
(a) No		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
ŀ		(e) Transfer of gift				
	Transferee's name, address, a		Relationship of transferor to transferee			
-						
123454 11-11	-21	I	Schedule B (Form 990) (202			

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SCHEDULE C	Po	olitical Campaign a	and Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)	For Organizations Exempt From Income Tax Under section 501(c) and section 527					2021
Department of the Treasury						
Internal Revenue Service		Go to www.irs.gov/Form990 for				Inspection
•		Form 990, Part IV, line 3, or Fol plete Parts I-A and B. Do not con		ne 46 (Political Camp	aign Ac	tivities), then
	•)1(c)(3)) organizations: Complete F	•	Do not complete Part	I-B.	
 Section 527 organization 						
•	•	Form 990, Part IV, line 4, or Fo	rm 990-EZ, Part VI, li	ne 47 (Lobbying Activ	vities), t	hen
 Section 501(c)(3) org 	ganizations that h	nave filed Form 5768 (election und	der section 501(h)): Co	omplete Part II-A. Do n	ot comp	olete Part II-B.
 Section 501(c)(3) org 	ganizations that h	nave NOT filed Form 5768 (electio	on under section 501(h)): Complete Part II-B.	Do not	complete Part II-A.
If the organization answ Tax) (See separate inst		Form 990, Part IV, line 5 (Proxy	r Tax) (See separate i	nstructions) or Form	990-EZ	Z, Part V, line 35c (Proxy
), or (6) organizat	ions: Complete Part III.				
Name of organization					Employ	er identification number
		N SAN DIEGO PARTN				**-**9734
Part I-A Compl	ete if the org	anization is exempt unde	r section 501(c) (or is a section 52	/ orga	anization.
		ation's direct and indirect politica				35,773.
2 Political campaign					▶\$_	55,775.
3 Volunteer hours for	political campai	gri activities			_	
Part I-B Compl	ete if the org	anization is exempt unde	r section 501(c)(3).		
1 Enter the amount o	f any excise tax	incurred by the organization unde	er section 4955		▶\$	
2 Enter the amount o	f any excise tax	incurred by organization manager				
		n 4955 tax, did it file Form 4720 f				
4a Was a correction m						Yes No
b If "Yes," describe in	n Part IV.				04(-)/	0)
-		anization is exempt unde		-		3).
		by the filing organization for sec			▶\$_	
		ization's funds contributed to oth				
exempt function ac		. Add lines 1 and 2. Enter here an			▶\$_	
	-				▶\$	
					· · -	Yes No
		ployer identification number (EIN				he filing organization
contributions receiv	ved that were pro	tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provid	separate political orga	anization, such as a se		
			1			
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's o	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2021

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		SAN DIEGO PAR			***9734 Page 2
Part II-A Complete if the org section 501(h)).	anization is	exempt under section	n 501(c)(3) and file	d Form 5768 (el	ection under
	tion belonas to	an affiliated group (and list ir	Part IV each affiliated o	proup member's nam	ne. address. EIN.
		oying expenditures).		·····	,,,
		ox A and "limited control" pro	ovisions apply.		
Limi	ts on Lobbying	·		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opi	nion (grassroots lobbying)			
b Total lobbying expenditures to influ	uence a legislati [,]	ve body (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure	s (add lines 1c a	nd 1d)			
f Lobbying nontaxable amount. Ente	er the amount fro	om the following table in bot	h columns.		
If the amount on line 1e, column (a) o	r(b)is: T	he lobbying nontaxable am	ount is:		
Not over \$500,000	20	0% of the amount on line 1e.			
Over \$500,000 but not over \$1,000		100,000 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5		175,000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,		225,000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$	1,000,000.			
 g Grassroots nontaxable amount (en h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zero j If there is an amount other than ze reporting section 4911 tax for this 	o or less, enter - o or less, enter -0 ro on either line year?).	ation file Form 4720		Yes No
(Some organizations t		tion 501(h) election do not separate instructions for li	•	f the five columns b	elow.
	Lobbying	Expenditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(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					
				Scher	lule C (Form 990) 2021

C (Form 990) 2

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DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

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)).

Fore	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k)
	lobbying activity.	Yes	No	Amo	
1 a	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?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 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				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5),	or sec	tion	
				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		X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th		3	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 '' answered "Yes."			II-A, line	
1	Dues, assessments and similar amounts from members		1	730),153.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	al			
а	Current year		2a	54	.,024.
	Carryover from last year		2b		
с	Total		2c		.,024.
3			3	18	3,161.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4	35	5 <u>,863.</u>
	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
instru	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information. TI-A, LINE 1:	list); Part II-A, I	ines 1 a	nd 2 (See	
THE	DOWNTOWN PARTNERSHIP FORMED THE DOWNTOWN SAN DIEGO	PARTNE	RSHI	P PAC,	
<u>a v</u>	OLUNTARY NON-PARTISAN POLITICAL ACTION COMMITTEE, W	HICH EN	DORS	ED	
CAN	IDIDATES AND INITIATIVES THAT FURTHER THE DOWNTOWN P	ARTNERS	HIP'	S	
MIS	SION.				

Schedule C (Form 990) 2021

SCHEDULE	D
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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.



Department of the Treasury Internal Revenue Service

Nam	e of the organization DOWNTOWN SAN DIEGO PARTNERSHIP, INC.	Employer identification number **-**9734
Par		
I ai	organization answered "Yes" on Form 990, Part IV, line 6.	Complete li trie
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised f	
•	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose continuous importance benefit?	
Par	impermissible private benefit? trill Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	isteriasly important land area
		istorically important land area
		ertified historic structure
•	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a day of the tax year.	Held at the End of the Tax Year
	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
с.	Number of conservation easements on a certified historic structure included in (a)	<u>2c</u>
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
•	listed in the National Register	_ [2d]
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	anization during the tax
	year ▶	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
-	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations	ation easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
•		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	
-	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stat	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements	that describes the
Da	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Accoto
Fai		Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and I	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and bala	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	nce of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	N A
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gai	n, provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1	• · ·
	Assets included in Form 990, Part X	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 202 ⁻
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		N SAN DIEG					-	**_**			_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	or Othe	r Simi	lar Assets	contir	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	following tha	t make s	ignificar	nt use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 I	Loan or exc	hange progr	am					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	ne organizati	on's exer	mpt pur	pose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, his	torical treas	sures, or oth	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran								line 9, or		
	reported an amount on Form 990, Pa			-							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	ontribution	s or other as	sets not	include	d			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						. 10	>			
d	Additions during the year						. 10	1			
е	Distributions during the year						. 16	•			
f	Ending balance						[11	F			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	ustodial acco	ount liabil	lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i				1				()5		
		(a) Current year	(b) P	rior year	(C) Two yea	ars dack	(a) me	e years back	(e) Four	years	раск
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr			, column (a)) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с		%									
0-	The percentages on lines 2a, 2b, and 2c sho	•									
Ja	Are there endowment funds not in the posse	ssion of the organiza	ation that	are neid ar	nd administe	red for tr	ie orgar	lization	l	Yes	No
	by:								2-(1)	165	NU
	(i) Unrelated organizations								3a(i)		
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza	tiona listad os raquir							3a(ii)		
U A	Describe in Part XIII the intended uses of the								3b		
Par	t VI Land, Buildings, and Equipm		witterit it	unus.							
	Complete if the organization answere). Part IV	. line 11a. S	See Form 990). Part X.	line 10.				
	Description of property	(a) Cost or c			t or other	1	ccumul		(d) Boo	k valu	e
	Description of property	basis (investr		• •	(other)	1	preciati		(u) Boo	valu	C
1a	Land	· · ·	,		. ,						
	Buildings										
	Leasehold improvements			18	6,956.		121,	164.	6	5,7	92.
	Equipment				1,660.			350.		1 ,3:	
	Other				8,951.		<u>394,</u>			<u>,</u> 2	
	. Add lines 1a through 1e. (Column (d) must e		X. colum		-					1 ,3	

Schedule D (Form 990) 2021

	N DIEGO PARTN	ERSHIP, INC.	**-**9734 Page 3
Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 000, Part IV, line	11b Soo Form 000 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	
(1)	()		,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.		11d Cas Faure 000 Dart V line 15	
Complete if the organization answered "Yes"	Description	TId. See Form 990, Part X, line 15.	. (b) Book value
· · · · · · · · · · · · · · · · · · ·	Description		
<u>(1)</u>			
(2) (3)			
(3)(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)		🕨
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, I	ine 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			26.200
(2) DEFERRED RENT	1 51500		36,392.
(3) PBID ADVANCE - CITY OF SAM	N DIEGO		637,330.
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
 Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		▶ 673,722.
2. Liability for uncertain tax positions. In Part XIII, provide	,		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 🛄 🔀

Schedule D (Form 990) 2021

_	edule D (Form 990) 2021 DOWNTOWN SAN DIEGO PARTNERS rt XI Reconciliation of Revenue per Audited Financial Statemer				***9734 Page 4
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		n Revenue per Re	turn.	
1	Takel was a series and all sub-series and a sub-series and the series of			1	13,514,396.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b					
c	Recoveries of prior year grants				
d			1,468,828.		
е				2e	1,468,828.
3	Subtract line 2e from line 1			3	12,045,568.
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.)				
				4c	0.
С	Add lines 4a and 4b			τu	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	12,045,568.
5				5	12,045,568.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	12,045,568. n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents Wi	th Expenses per F	5	12,045,568.
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents Wi	th Expenses per F	5 Retur	12,045,568. n.
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents Wi	th Expenses per F	5 Retur	12,045,568. n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wi	th Expenses per F	5 Retur	12,045,568. n.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) TANDE Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	th Expenses per F	5 Retur	12,045,568. n.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statemee Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	th Expenses per F	5 Retur	12,045,568. n. 13,651,777.
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per F	5 letur 1 2e	12,045,568. n. 13,651,777. 1,760,971.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statemee Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per F	5 letur 1	12,045,568. n. 13,651,777.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per F	5 letur 1 2e	12,045,568. n. 13,651,777. 1,760,971.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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	2a 2b 2c 2d	th Expenses per F	5 letur 1 2e	12,045,568. n. 13,651,777. 1,760,971.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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	2a 2b 2c 2d	th Expenses per F	5 letur 1 2e	12,045,568. n. 13,651,777. 1,760,971. 11,890,806.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statemene Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other of Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	th Expenses per F	5 letur 1 2e 3 4c	12,045,568. n. 13,651,777. 1,760,971. 11,890,806. 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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.)	2a 2b 2c 2d 4a 4b	th Expenses per F	5 Retur 1 2e 3	12,045,568. n. 13,651,777. 1,760,971. 11,890,806.

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 YEAR ENDED JUNE 30, 2022, MANAGEMENT OF THE ORGANIZATION BELIEVES
THERE HAS BEEN NO ACTIVITY WHICH WOULD JEOPARDIZE THE TAX POSITION, BEING
A TAX-EXEMPT ORGANIZATION, AND THAT IT IS MORE LIKELY THAN NOT, BASED ON
THE TECHNICAL MERITS, THAT THIS POSITION WOULD BE SUSTAINED UPON
EXAMINATION. THE ORGANIZATION RECOGNIZES INTEREST AND PENALTIES ASSOCIATED
WITH TAX MATTERS AS PART OF OPERATING EXPENSES AND INCLUDES ACCRUED
INTEREST AND PENALTIES WITH THE RELATED TAX LIABILITY IN THE CONSOLIDATED
STATEMENTS OF FINANCIAL POSITION. NO SUCH AMOUNTS ARE INCLUDED IN THE
CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEARS ENDED JUNE 30, 2022 AND
2021.

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Schedule D (Form 990) 2021 DOWNTOWN SAN DIEGO PARTNERSHIP, INC. Part XIII Supplemental Information (continued)	**-** 9734 Page 5
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
REVENUES FROM RELATED ORGANIZATION PER CONSOLIDATED GAAP	
STATEMENT	1,468,828.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES FROM RELATED ORGANIZATION PER CONSOLIDATED GAAP	
STATEMENT	1,760,971.
	Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ntal Info	rmation I	Regarding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)							Part IV, line 17, 18, o rm 990-EZ, line 6a.	r 19,	or if the	2021
	0	rganizatio		to Form 990						Open to Public
Department of the Treasury Internal Revenue Service	► Go	to www.ir	•				the latest informati	on.		Inspection
Name of the organization										entification number
Dort L Eundroid	DOWNTOWI								**_***9	-
	complete this part		if the organ	lization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-E	Z filers are not
c X Phone solici d X In-person so 2 a Did the organization	tions email solicitations tations licitations on have a written of ed in Form 990, Pa highest paid indiv	r oral agree art VII) or e iduals or e	e f g ement with a ntity in conr ntities (fund	X Solicita X Solicita X Special any individual nection with p	tion of tion of fundra (includ rofessio	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
(i) Name and addres or entity (fund			(ii) Activit	у	(iii) fundr have cr or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
					Yes	No				
3 List all states in whi or licensing.	ich the organizatior	n is registe	red or licens	sed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	egistration
LHA For Paperwork Re	eduction Act Notio	ce, see the	e Instructio	ns for Form 9	990 or 9	990-E	Ζ.		Schedul	e G (Form 990) 2021

132081 10-21-21

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 INSTALLATION	(b) Event #2 CREATE THE	(c) Other events	(d) Total events (add col. (a) through
				FUTURE AWARD		col. (c)
e			(event type)	(event type)	(total number)	(-)/
Revenue	1	Gross receipts	333,770.	230,286.	132,980.	697,036
	2	Less: Contributions	292,470.	214,475.	106,090.	613,035
	3	Gross income (line 1 minus line 2)	41,300.	15,811.	26,890.	84,001
	4	Cash prizes			1,481.	1,481
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	71,558.	60,963.	46,635.	179,156.
ect Ex	7	Food and beverages		5,042.	11,995.	17,037.
ā	8	Entertainment	9,397.	28,661.	2,145.	
	9	Other direct expenses	18,381.	28,661. 12,713.	10,569.	41,663
	9 10	Other direct expenses Direct expense summary. Add lines 4 throu		28,661. 12,713.	10,569.	41,663 279,540
	9 10	Other direct expenses Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from	18,381. ugh 9 in column (d) n line 3, column (d)	12,713.	10,569.	41,663 279,540
Pa	9 10 11	Other direct expenses Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from II Gaming. Complete if the organization	18,381. ugh 9 in column (d) n line 3, column (d)	12,713.	10,569.	41,663 279,540 -195,539 (d) Total gaming (add
Pa	9 10 11	Other direct expenses Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from II Gaming. Complete if the organization	<u>18,381.</u> ugh 9 in column (d) <u> </u>	12,713.	10,569.	41,663 279,540 -195,539 (d) Total gaming (add
Pane	9 10 11 rt I	Other direct expenses Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	(a) Bingo	12,713.	10,569.	40,203 41,663 279,540 -195,539 (d) Total gaming (add col. (a) through col. (c
Pa	9 10 11 rt I	Other direct expenses Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	(a) Bingo	12,713.	10,569.	41,663 279,540 -195,539 (d) Total gaming (add
Pa	9 10 11 rt I 2 3	Other direct expenses Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.	(a) Bingo	12,713.	10,569.	41,663 279,540 -195,539 (d) Total gaming (add
Pal	9 10 11 rt I 2 3 4	Other direct expenses Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	12,713.	10,569.	41,663 279,540 -195,539 (d) Total gaming (add
Pa	9 10 11 rt I 2 3	Other direct expenses Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	(a) Bingo	12,713.	10,569.	41,663 279,540 -195,539 (d) Total gaming (add

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

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain: ______

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Schedule G (Form 990) 2021

Yes

No

No

Sch	edule G (Form 990) 2021 DOWNTOWN SAN DIEGO PARTNERSHIP, INC. **-*	**9734	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
Ŀ			
D	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
_	of gaming revenue retained by the third party \$		
C	If "Yes," enter name and address of the third party:		
	Namo		
	Address		
16	Gaming manager information:		
10			
	Name		
	Gaming manager compensation 🕨 💲		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 💲		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	t III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
13208	33 10-21-21 Sched	ule G (Form	990) 2021

Schedule G	a (Form 990)	DOWNTOWN SAN	DIEGO	PARTNERSHIP,	INC.	**-***9734	Page 4
Part IV	Supplemental Int	formation (continued)					
						Schedule G (F	orm 990)

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SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	n 1	
•	-	Compensated Employees		20		
Dene	terrant of the Treesury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization		Employer i			mber
_		DOWNTOWN SAN DIEGO PARTNERSHIP, INC.	**_*	***973	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross up payments Health or social club dues or initiation fee				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
-						
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
				<u>1b</u>		<u> </u>
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
-						
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensatior					
		compensation consultant X Compensation survey or study				
	X Form 990 of o	ther organizations X Approval by the board or compensation of	ommittee			
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	-	eive payment from a supplemental nonqualified retirement plan?				X
С	-	eive payment from an equity-based compensation arrangement?		4c		
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only costion E011	(2) 501(c)(4) and 501(c)(20) organizations must complete lines 5.0				
F		(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	лт			
-	contingent on the r			F -		
		ation?				├──
a		ation? or 5b, describe in Part III.		<u>5b</u>		
~		or 5D, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
6	-		11			
-	contingent on the r	-		6-		
		ation?				<u> </u>
U		ation?		<u>6b</u>		
7		or 6b, describe in Part III.				
'		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		
0		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 the strength described in Description association 52 (058 4(s)/2)2 [f "Ves " describe in Dest III.				
~				8		-
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?			- 000	
гна	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	1 990	12021

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ELIZABETH BRENNAN	(i)	231,109.	0.	0.	0.	16,864.	247,973.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JUSTIN APGER	(i)	153,318.	0.	0.	0.	5,129.	158,447.	0.
CHIEF OPERATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

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.

Schedule J (Form 990) 2021	
Schedule J (Form 990) 2021	
	Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

Employer identification number **-**9734

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 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:

DIRECTORS, OFFICERS AND COMMITTEE MEMBERS REVIEW AND SIGN A COPY OF THE ORGANIZATION'S CONFLICT OF INTEREST AGREEMENT ANNUALLY. IF A PROPOSED TRANSACTION OR ARRANGEMENT INVOLVES A POSSIBLE CONFLICT, THE PARTY TO THE CONFLICT WILL REMOVE THEMSELVES FROM THE MEETING, WHILE THE BOARD OR COMMITTEE DISCUSSES THE ARRANGEMENT. THE BOARD OR COMMITTEE SHALL EXERCISE DUE DILIGENCE IN EVALUATING WHETHER THE ORGANIZATION IS RECEIVING FAIR VALUE AND WHETHER OTHER PROPOSALS SHOULD BE OBTAINED. THE BOARD SHALL DETERMINE BY A MAJORITY VOTE WHETHER THE ORGANIZATION SHALL ENTER INTO THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021	Page 2
Name of the organization DOWNTOWN SAN DIEGO PARTNERSHIP, INC.	Employer identification number * * - * * * 9 7 3 4
PROPOSED ARRANGEMENT OR AGREEMENT.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE OFFICERS OF THE BOARD REVIEW AND CONDUCT AN ANNUAL REV	IEW FOR THE CEO
AND IS RESPONSIBLE FOR DETERMINING COMPENSATION FOR THE CE	O. THE CEO AND
COO PRESENT RECOMMENDATIONS TO THE OFFICER'S FOR THE TOP M	ANAGEMENT

OFFICIALS WITHIN THE ORGANIZATION AND THE RECOMMENDATION IS REVIEWED AND

REQUESTED TO BE ACCEPTED BY THE OFFICERS.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED.

Schedule O (Form 990) 2021

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SCH	EDULE	R
	1	

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number

-*9734

Department of the Treasury Internal Revenue Service

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

Name of the organization

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
COLUMBIA COMMUNITY FOUNDATION INC -	PROMOTE COMMUNITY						
82-1220459, 401 B STREET, #100, SAN DIEGO,	IMPROVEMENT WITHIN						
CA 92101	COLUMBIA NEIGHBORHOOD OF	CALIFORNIA	501(C)(3)	LINE 7	N/A		х
DOWNTOWN SAN DIEGO BUSINESS IMPROVEMENT	PROMOTE COMMON BUSINESS						
DISTRICT INC - 47-2821411, 401 B STREET,	INTERESTS AND IMPROVE						
#100, SAN DIEGO, CA 92101	ECONOMIC ACTIVITY	CALIFORNIA	501(C)(6)		N/A		х
DOWNTOWN SAN DIEGO CLEAN AND SAFE -	PROMOTE SOCIAL WELFARE AND						
47-4102695, 401 B STREET, #100, SAN DIEGO,	BRING ABOUT CIVIC						
CA 92101	BETTERMENT	CALIFORNIA	501(C)(4)	LINE 7	N/A		х
DOWNTOWN SAN DIEGO PARTNERSHIP FOUNDATION -	SUPPORT AND PROMOTE						
33-0961464, 401 B STREET, #100, SAN DIEGO,	COMMUNITY IMPROVEMENT						1
CA 92101	WITHIN DOWNTOWN SAN DIEGO	CALIFORNIA	501(C)(3)	LINE 10	N/A		х

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2021

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr organiz	g) 512(b)(13) rolled zation?
DOWNTOWN SAN DIEGO PARTNERSHIP POLITICAL	ENDORSES CANDIDATES AND			301(0)(3))		Yes	No
ACTION COMMITTEE - 84-2632776, 374 N. COAST	INITIATIVES THAT FURTHER						
HWY 101 STE. 2, ENCINITAS, CA 92024	THE PARTNERSHIP'S MISSION.		527		N/A		x
DOWNTOWN SAN DIEGO PARTNERSHIP PUBLIC SPACES	PROMOTE PARKS AND OPEN	CALIFORNIA	527		N/A		
FOUNDATION - 46-2438392, 401 B STREET, #100,	SPACES IN DOWNTOWN SAN		501 (3) (3)				37
SAN DIEGO, CA 92101	DIEGO	CALIFORNIA	501(C)(3)	LINE 7	N/A		X
	-						
	-						
							
	_						
	_						
							
	_						
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	7						
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	7						
	-						
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	1						1
	4						1
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	-						1
	-						1
	1						L

Schedule R (Form 990) 2021 DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

-*9734 Page 2

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

		-								Γ.		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)		j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	ralor	Percentage ownership
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		iner?	ownership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
											\vdash	
	-											
	-											
	1											
	1											
	4											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
									<u> </u>
									<u> </u>
								'	

Schedule R (Form 990) 2021 DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X			
	Gift, grant, or capital contribution to related organization(s)	1b		X			
	Gift, grant, or capital contribution from related organization(s)	1c		X			
	Loans or loan guarantees to or for related organization(s)	1d	Х				
е	Loans or loan guarantees by related organization(s)	1e		X			
f	Dividends from related organization(s)	1f		Х			
	Sale of assets to related organization(s)	1g		X			
	Purchase of assets from related organization(s)	1h		X			
i	Exchange of assets with related organization(s)	1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X			
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X				
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X			
o	Sharing of paid employees with related organization(s)	10	X				
р	Reimbursement paid to related organization(s) for expenses	1p	X				
	Reimbursement paid by related organization(s) for expenses	1q	X				
r	Other transfer of cash or property to related organization(s)	1r	X	L			
S	Other transfer of cash or property from related organization(s)	1s	X				

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COLUMBIA COMMUNITY FOUNDATION	D	4,500.	FMV
(2) DOWNTOWN SAN DIEGO PARTNERSHIP FOUNDATION	P	20,822.	FMV
(3) DOWNTOWN SAN DIEGO PARTNERSHIP FOUNDATION	0	66,412.	FMV
(4) DOWNTOWN SAN DIEGO PARTNERSHIP FOUNDATION	Q	88,981.	FMV
(5) COLUMBIA COMMUNITY FOUNDATION	0	5,900.	FMV
(6) COLUMBIA COMMUNITY FOUNDATION	Q	7,788.	FMV

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
DOWNTOWN SAN DIEGO PUBLIC SPACES (7) FOUNDATION	Q	2,177.	FM17
DOWNTOWN SAN DIEGO PARTNERSHIP	<u>×</u>	2,111	
(8) FOUNDATION	R	91,156.	FMV
DOWNTOWN SAN DIEGO PARTNERSHIP POLITICAL		51,1500	
(9) ACTION COMMITTEE	R	18,161.	FMV
DOWNTOWN SAN DIEGO PARTNERSHIP			
(10) FOUNDATION	s	1,555.	FMV
DOWNTOWN SAN DIEGO PUBLIC SPACES		,	
(11) FOUNDATION	S	5,000.	FMV
DOWNTOWN SAN DIEGO PARTNERSHIP			
(12) FOUNDATION	L	240,958.	FMV
(13) COLUMBIA COMMUNITY FOUNDATION	L	68,927.	FMV
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(00)			
(22)			
(02)			
(23)			
_ (24)			
(24)			

Schedule R (Form 990) 2021 DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

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

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

(a)	(b)	(c)	(d)	((e) e all	(f)	(g)	()	ı)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are partne 501(org	e all rs sec.			Dispr tior alloca	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	l or Percentage
of entity		(state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	0100 010					tions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes I	10

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 DOWNTOWN SAN DIEGO PARTNERSHIP, INC. **-**9734 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

Schedule R (Form 990) 2021

132165 11-17-21

TAXABLE				128941 12-29-21 FORM
202	1 Annual Information Return			199
	2021 or fiscal year beginning (mm/dd/yyyy) $07/01/2021$, and ending (mm/d			30/2022 .
Corporation/Org	anization name	California cor	poration num	lber
	WN SAN DIEGO PARTNERSHIP, INC.	0265	535	
Additional mon			**97	34
Street address (suite or room)	PMB no		-
401 B	STREET, NO. 100			
City	State	ZIP cod		
SAN DI				
Foreign country	name Poreign province/state/county	Foreign	postal code	
D Final info ← □ Enter date: E Check act F Federal r (4) X G Is this a f H Is this or If "Yes," v		nstructions 23701d, has See instructi der R&TC Sec ts from nonm bility compar 100 or Form by the IRS o hding?	the organions. tion 2370 [°] ember sou ly? 109 to r has the	
Part I (omplete Part I unless not required to file this form. See General Information B and C.			
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		1	11,680,406 00
	2 Gross dues and assessments from members and affiliates	• MT 1 •	2	644,702 ₀₀
	 Gross contributions, gifts, grants, and similar amounts received STI Total gross receipts for filing requirement test. Add line 1 through line 3. 		3	044,702 00
Receipts	This line must be completed. If the result is less than \$50,000, see General Information B	•	4	12,325,108 00
and	5 Cost of goods sold 5	00	<u></u>	
Revenues	6 Cost or other basis, and sales expenses of assets sold 6	00		
	7 Total costs. Add line 5 and line 6		7	00
	8 Total gross income. Subtract line 7 from line 4	•	8	12,325,108 ₀₀ 12,170,346 ₀₀
Expenses	 9 Total expenses and disbursements. From Side 2, Part II, line 18 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 		9 10	154,762 00
	11 Total payments		11	00
	12 Use tax. See General Information K		12	00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	•	13	00
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12		14	00
	15 Penalties and interest. See General Information J		15	00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has	to the best of i	16	e and belief
Sign Here		is any knowledg Date) Telephone
	Date	Check if	•	PTIN
	Preparer's signature 6/1/23	self-employed		00089202
Paid	Firm's name			Firm's FEIN
Preparer's	(or yours, if self-			<u>*-***2551</u>
Use Only	employed) 9191 TOWNE CENTRE DRIVE #340			Telephone
	And address SAN DIEGO, CA 92122-1274		8 Ves	58-587-1000
	May the FTB discuss this return with the preparer shown above? See instructions	• 4	Yes	No

3651214

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

128951 01-19-22

		1	Gross sales or receipts from all b	usiness activities. See instruc	ictions		•	1		84,001 o	0
		2	Interest				•	2		157 o	0
		3	Dividends					3		0	0
Receip	ots	4	Gross rents					4		0	0
from		5	Gross royalties					5		0	0
Other		6	Gross amount received from sale	of assets (See instructions)			•	6		0	0
Source	es	7	Other income			SEE STA	TEMENT 2 •	7		1,596,248 o	0
		8	Total gross sales or receipts from	n other sources. Add line 1 th	hrough lin	e 7. Enter here and o	n Side 1, Part I, line 1	8	1:	1,680,406 o	0
		9	Contributions, gifts, grants, and s	imilar amounts paid			•	9		0	0
		10	Disbursements to or for members					10		0	0
		11	Compensation of officers, directo	rs, and trustees			•	11		640,580 o	0
		12	Other salaries and wages					12		3,926,647 o	0
Expens	ses	13	Interest					13		0	0
and		14	Taxes					14		220,171 o	0
Disbur	rse-	15	Rents				•	15		268,424 0	0
ments		16	Depreciation and depletion (See i	nstructions)			•	16		134,867 o	
		17	Other expenses and disbursemen	ts		SEE STA	TEMENT 3 •	17		6,979,657 o	
			Total expenses and disbursemen	ts. Add line 9 through line 17	7. Enter he	ere and on Side 1, Pa	rt I, line 9	18		2,170,346 o	0
Sche	edul	e L	Balance Sheet	Beginning of	f taxable y	/ear	End	of tax	kable y	ear	_
Assets				(a)		(b)	(C)			(d)	_
			·····			777,640			•	2,101,512	
			s receivable			1,744,868			•	172,119	<u>)</u>
			ceivable						•		
									•		_
			state government obligations						•		_
			in other bonds						•		_
			in stock						•		
	ortgag	-							•		
9 Ot	ther in	ivestr	nents	1 000 000			1 100 5	<u> </u>	•		-
10 a	Depre	eciab	le assets	1,076,786		412 020	1,177,5			414 200	_
			mulated depreciation	(663,754))	413,032	(763,16	8)		414,399	<u>,</u>
11 La	and .				-	70 200			•	100 451	_
12 01	ther as	ssets	STMT 4			70,326			•	102,457	/ -
						3,005,866				2,790,487	<u>/</u>
			et worth			1 275 226		_		1,113,665	_
			yable			1,375,326			•	1,113,001	<u>_</u>
			s, gifts, or grants payable						-		—
			otes payable						•		-
1/ IVI	ongag	jes p	ayable			858,527			<u> </u>	750,047	7
10 01		adiiiti	es STMT 5			030,327			•	/30,04	<u>′</u>
			or principal fund						•		—
			nings or income fund			772,013			•	926,775	5
			ies and net worth			3,005,866				2,790,487	7
Sche				er books with income per re							_
				ule if the amount on Schedul		13, column (d), is less	s than \$50,000.				
1 Ne	et inco	ome p	per books	• 154,	762	7 Income recorded	on books this year				
			me tax			not included in th	is return. Attach schedul	е	•		_
			pital losses over capital gains			8 Deductions in this	s return not charged				
4 In	come	not r	ecorded on books this year.			against book inco	me this year.				
At	ttach s	sched	lule			Attach schedule			•		
5 E>	kpense	es rec	corded on books this year not			9 Total. Add line 7 a	and line 8				_
			this return. Attach schedule			0 Net income per re				4 5 4 5 5	
6 To	otal. A	dd lir	ne 1 through line 5	154,	762	Subtract line 9 fro	om line 6			154,762	2

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CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT AMOUNT
ACE PARKING	645 ASH STREET SAN DIEGO, CA 92101	10,890.
ALLIED UNIVERSAL	10680 TREENA STREET SUITE 450 SAN DIEGO, CA 92131	9,050.
ASSOCIATED BUILDERS AND CONTRACTORS	13825 KIRKHAM WAY POWAY, CA 92064	5,500.
BANK OF AMERICA	701 B STREET SUITE 1600 SAN DIEGO, CA 92101	6,800.
BANNER BANK	5901 PRIESTLY DRIVE SUITE 160 CARLSBAD, CA 92008	11,595.
BERGELECTRIC CORP.	2210 MEYERS AVE. ESCONDIDO, CA 92029	10,000.
BUCHALTER	655 W. BROADWAY, SUITE 1625 SAN DIEGO, CA 92101	9,450.
CALIFORNIA APARTMENT ASSOCIATION	980 NINTH STREET, SUITE 1430 SACRAMENTO, CA 95814	8,500.
CALIFORNIA STRATEGIES	530 B STREET SUITE 920 SAN DIEGO, CA 92101	5,900.
CARLETON MANAGEMENT, INC. TOTAL	11440 WEST BERNARDO COURT, SUITE 390 SAN DIEGO, CA 92127	5,725.
CARRIER JOHNSON	185 W. F STREET, SUITE 500 SAN DIEGO, CA 92101	7,000.
CAVIGNAC	451 A STREET SUITE 1800 SAN DIEGO, CA 92101	9,950.
CBRE CLARK CONSTRUCTION	4301 LA JOLLA VILLAGE DRIVE, SUITE 3000 SAN DIEGO, CA 92122 525 B STREET, SUITE 250 SAN DIEGO, CA 92101	9,065. 10,700.
290601 756516 2326	3 2021.05080 downtown si	STATEMENT(S) AN DIEGO PARTNE 2326

CLEARWAY COMMUNITY ENERGY	ONE EAST WASHINGTON STREET,	
COY COMMINICATIONS	SUITE 440 PHOENIX, AZ 85004 5887 COPLEY DRIVE SAN DIEGO,	8,850.
	CA 92111	28,900.
DENTONS US LLP	4655 EXECUTIVE DRIVE, SUITE	-
	700 SAN DIEGO, CA 92121	9,400.
DYNALECTRIC COMPANY	1111 PIONEER WAY EL CAJON, CA 92020	13,750.
	92020 9404 GENESEE AVENUE, STE 140	13,750.
	LA JOLLA, CA 92037	6,850.
HOLLAND PARTNER GROUP	5000 E. SPRING STREET, SUITE	
	500 LONG BEACH, CA 90815	12,300.
	2550 FIFTH AVENUE SUITE 725 SAN DIEGO, CA 92103	11,200.
	674 VIA DE LA VALLE SUITE 206	11,200.
	SOLANA BEACH, CA 92075	11,000.
	4747 EXECUTIVE DRIVE SUITE 400	
	SAN DIEGO, CA 92121	7,050.
KAISER PERMANENTE	4511 ORCUTT AVENUE SAN DIEGO, CA 92120	17,600.
LATTTIDE 33 PLANNING AND	9968 HIBERT STREET 2ND FLOOR	17,000.
ENGINEERING	SAN DIEGO, CA 92131	6,920.
MANPOWER TEMPORARY	1855 1ST AVENUE, SUITE 300 SAN DIEGO, CA 92101	-
SERVICE	DIEGO, CA 92101	7,000.
	9275 SKY PARK CT. SUITE 200	F 220
COMPANIES INC	4373 VIEWRDIGE AVENUE SUITE B	5,330.
NOVA BERVICED	SAN DIEGO, CA 92123	8,650.
OUTFRONT MEDIA	1731 WORKMAN STREET LOS	· • • • •
	ANGELES, CA 90031	7,300.
	4350 EXECUTIVE DRIVE, SUITE	16 250
	270 SAN DIEGO, CA 92121 427 C STREET, SUITE 210 SAN	16,350.
GROUP	DIEGO, CA 92101	7,050.
	1155 S. SANTA FE AVE. SUITE A	,
	VISTA, CA 92083	12,750.
PROCOPIO, CORY,	525 B STREET, SUITE 2200 SAN	10 100
HARGREAVES & SAVITCH RATH MILLER	525 B STREET, SUITE 1410 SAN	10,190.
KAIII MIDDEK	DIEGO, CA 92101	6,050.
REPUBLIC SERVICES	8514 MAST BLVD SANTEE, CA	.,
	92071	13,750.
RUDOLPH & SLETTEN, INC	7584 METROPOLITAN DR #100 SAN	0 550
CAN DIECO COUNTY DECIONAL	DIEGO, CA 92108 PO BOX 82776 SAN DIEGO, CA	9,550.
	92138	7,800.
	1122 BROADWAY, SUITE 500 SAN	,,
COMMISSION	DIEGO, CA 92101	6,880.
	5500 CAMPANILE DRIVE SAN	
UNIVERSITY	DIEGO, CA 92119	10,500.
SDG&E	488 8TH AVENUE, HQ08S2 SAN DIEGO, CA 92101	33,000.
SHARP HEALTHCARE	8695 SPECTRUM CENTER COURT SAN	55,000.
	DIEGO, CA 92123	7,420.
SOUTHWEST STRATEGIES LLC	401 B STREET SUITE 150 SAN	
CITEROT & CONCEPTION ON	DIEGO, CA 92101	5,300.
SUFFOLK CONSTRUCTION	1615 MURRAY CANYON ROAD SUITE 1000 SAN DIEGO, CA 92108	7,050.
		7,000.

DOWNTOWN SAN DIEGO PARTNE	ERSHIP, INC.	**-***9734
SWINERTON BUILDERS	16798 WEST BERNARDO DRIVE SAN	F 240
SYCUAN BAND OF THE	DIEGO, CA 92127 1 KWAAYPAAY CT. EL CAJON, CA	7,340.
KUMEYAAY NATION	92019	10,900.
SYSKA HENNESSY GROUP	401 WEST A STREET, SUITE 1850	0 0 0 0
LIGHTING DESIGN TURNER CONSTRUCTION	SAN DIEGO, CA 92101 15378 AVENUE OF SCIENCE SUITE	9,050.
TOWER CONSTRUCTION	100 SAN DIEGO, CA 92128	19,100.
UC SAN DIEGO	9500 GILMAN DR. #0005 LA	
US BANK	JOLLA, CA 92093 4747 EXECUTIVE DRIVE, 3RD	9,625.
US BAIK	FLOOR SAN DIEGO, CA 92121	12,000.
TOTAL INCLUDED ON LINE 3		503,880.

CA 199	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
MEMBERSHIP DUES PBID ASSESSMENT MANAGEMENT SERVICE FEES PARKING DISTRICT OTHER PROGRAM SERVICES		684,536. 10,185,110. 279,540. 179,050. 268,012.
TOTAL TO FORM 199, PART II, LINE	7	11,596,248.

CA 199	OTHER EXPENSES	STATEMENT 3
DESCRIPTION		AMOUNT
REPAIRS AND MAINTENANCE CONTRACTUAL SERVICES BEAUTIFICATION AND PLAC MIDBLOCK LIGHTING DIRECT EXPENSES OF FUNDRAISI OTHER EMPLOYEE BENEFITS LEGAL FEES ACCOUNTING FEES ADVERTISING AND PROMOTION OFFICE EXPENSES TRAVEL INSURANCE ALL OTHER EXPENSES	NG EVENTS	2,486,062. 1,947,699. 316,395. 250,000. 279,540. 578,308. 241,291. 60,964. 33,089. 85,361. 48,645. 262,572. 389,731.
TOTAL TO FORM 199, PART II,	LINE 17	6,979,657.

CA 199 OTHER ASSETS		STATEMENT 4	
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES AND DEFERRED CHARGES INTERCOMPANY FUNDS	70,326. 0.	73,147. 29,310.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	70,326.	102,457.	

CA 199	OTHER LIABILITIES	5	STATEMENT 5
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEFERRED RENT PBID ADVANCE - CITY OF SAN DIEGO DEFERRED REVENUE)	36,392. 681,935. 140,200.	•
TOTAL TO FORM 199, SCHEDULE L, I	LINE 18	858,527.	750,047.
CA 199	FUND BALANCES		STATEMENT 6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS NET ASSETS WITH DONOR RESTRICTIONS		770,246. 1,767.	926,775. 0.
TOTAL TO FORM 199, SCHEDULE L, LINE 21		772,013.	926,775.

STATE OF CALIFORNIA RRF-1 (Rev. 02/2021) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities	S 1 Failure to s organizatio minimum tax	NUAL REGISTRATION RENEW TO ATTORNEY GENERAL OF ections 12586 and 12587, California 11 Cal. Code Regs. sections 301-306, ubmit this report annually no later than four months a on's accounting period may result in the loss of tax ex of \$800, plus interest, and/or fines or filing penalties 23703; Government Code section 12586.1. IRS exter	CALIFO Governme 309, 311, nd fifteen days comption and the s. Revenue & Ta	RNIA nt Code and 312 after the end of the he assessment of a axation Code section	DEPARTMENT (For Registry Use Only)		JSTICE GE 1 of 5
DOWNTOWN SAN DIE Name of Organization		INERSHIP, INC.		ange of address nended report			
401 B STREET, NO			State Ch	arity Registration Nun	nber ст<u>0265535</u>		
Address (Number and Street) SAN DIEGO, CA 9 City or Town, State, and ZIP Code 619-234-0201	_			ion or Organization N Employer ID No. <u>95</u>			
Telephone Number	E-mail Addres	RENEWAL FEE SCHEDULE (11 Cal.)	Code Rea	s. sections 301-307.	311. and 312)		
		Make Check Payable to Departn	nent of Jus	stice	,		
<u>Total Revenue</u> Less than \$50,000 Between \$50,000 and \$100,00 Between \$100,001 and \$250,0		Total Revenue Between \$250,001 and \$1 million Between \$1,000,001 and \$5 million Between \$5,000,001 and \$20 millio	•		001 and \$100 million),001 and \$500 million • million	\$1	<u>e</u> 00 ,000 ,200
PART A - ACTIVITIES		period (beginning $07/01/20$	0.1				
Total Revenue (including noncash contributions) \$1 Program Expens	.2,045, es \$	568 Noncash Contributions \$	Total Exp	0 Total Asse enses \$1		0,4	87
		GANIZATION DURING THE PERIOD C					
		you answer "yes" to any of the ques ils for each "yes" response. Please re				Yes	No
		any contracts, loans, leases or other fin oof, either directly or with an entity in wh			-		x
2. During this reporting period or funds?	2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property					x	
 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? 				x			
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?				x			
5. During this reporting period	d, did the org	anization receive any governmental fun	nding?				x
6. During this reporting period	d, did the org	anization hold a raffle for charitable pu	rposes?				x
7. Does the organization con-	duct a vehicle	e donation program?					x
0		ndent audit and prepare audited financ as for this reporting period?	ial stateme	ents in accordance wit	th	х	
9. At the end of this reporting	period, did t	he organization hold restricted net asse	ets, while r	eporting negative unre	estricted net assets?		x
and belief, the content is true,	correct and	ve examined this report, including ac complete, and I am authorized to sig	yn.	-		vledg	
CLIENT'S COPY Signature of Authorized Agent		IZABETH BRENNAN		PRES. & CEO	Date		