

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2024

Open to Public Inspection

**A** For the 2024 calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>DOWNTOWN SAN DIEGO PARTNERSHIP, INC.</b>		<b>D</b> Employer identification number <b>95-1729734</b>
	Doing business as		<b>E</b> Telephone number <b>619-234-0201</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>15,895,820.</b>
	<b>401 B STREET</b>	<b>100</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>SAN DIEGO, CA 92101</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>ELIZABETH BRENNAN</b> <b>SAME AS C ABOVE</b>			<b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.DOWNTOWNSANDIEGO.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1952</b> <b>M</b> State of legal domicile: <b>CA</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ADVANCING THE ECONOMIC PROSPERITY AND CULTURAL VITALITY OF DOWNTOWN SAN DIEGO.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>35</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>35</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>178</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>50</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 580,288.	<b>Current Year</b> 144,448.
	<b>9</b> Program service revenue (Part VIII, line 2g)	15,435,540.	15,650,658.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	258.	1,561.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-189,188.	48,553.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,826,898.	15,845,220.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,900,620.	9,767,353.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		0.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,338,439.	5,898,114.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,239,059.	15,665,467.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-412,161.	179,753.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 2,707,785.	<b>End of Year</b> 3,851,522.
	<b>21</b> Total liabilities (Part X, line 26)	2,584,628.	3,550,125.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	123,157.	301,397.

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer <b>ELIZABETH BRENNAN, PRES. &amp; CEO</b>		Date
	Type or print name and title		
<b>Paid Preparer Use Only</b>	Preparer's name <b>MATTHEW C. LARSON</b>	Preparer's signature <i>Matthew Larson</i>	Date
	Firm's name <b>JGD &amp; ASSOCIATES LLP</b>	Firm's EIN <b>95-3132551</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01431105</b>
	Firm's address <b>9191 TOWNE CENTRE DRIVE #340 SAN DIEGO, CA 92122-1274</b>	Phone no. <b>858-587-1000</b>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE DOWNTOWN SAN DIEGO PARTNERSHIP SERVES AS THE PRINCIPAL VOICE AND DRIVING FORCE BEHIND THE ECONOMIC PROSPERITY AND CULTURAL VITALITY OF DOWNTOWN SAN DIEGO THROUGH MEMBERSHIP, ADVOCACY, ENHANCED SERVICES, AND COMMUNITY INVESTMENT.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) 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 OVER AND ABOVE THOSE OTHERWISE AVAILABLE THROUGH ANY EXISTING GOVERNMENT ENTITY.

4b (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.

4c (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 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.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks indicate 'Yes' responses for questions 1, 2, 3, 5, 6, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, 12b, 13, 14a, 14b, 15, 16, 17, 18, 19, 20a, 20b, and 21.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (35), 1b (35), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - 619-234-0201
401 B STREET, 100, SAN DIEGO, CA 92101

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See 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, box 6 of 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH BRENNAN PRESIDENT & CEO	40.00 12.25			X				326,046.	0.	18,638.
(2) JUSTIN APGER CHIEF OPERATIONS OFFICER	40.00 12.00			X				235,204.	0.	6,669.
(3) ALONSO VIVAS SVP & EXECUTIVE DIRECTOR,	40.00					X		158,081.	0.	3,396.
(4) JOSHUA CALLERY-COYNE CHIEF OF STAFF	40.00					X		136,271.	0.	6,285.
(5) SARAH BROTHERS VP, MARKETING AND COMMUNIC	40.00					X		135,943.	0.	6,270.
(6) APRIL HILL VP, PEOPLE AND CULTURE	40.00					X		134,323.	0.	6,225.
(7) ERNESTO ROMO DIRECTOR OF CLEAN SERVICES, CLEAN AN	40.00					X		111,442.	0.	9,852.
(8) PHIL RATH CHAIR	1.00 1.00	X						0.	0.	0.
(9) DIANA PUETZ VICE CHAIR	1.00 1.00	X						0.	0.	0.
(10) MICHELE VIVES TREASURER	1.00 1.00	X						0.	0.	0.
(11) PAMELA GABRIEL SECRETARY	1.00	X						0.	0.	0.
(12) CHANELLE HAWKEN IMMEDIATE PAST CHAIR	1.00 1.00	X						0.	0.	0.
(13) AIMEE FAUCETT DIRECTOR	1.00	X						0.	0.	0.
(14) JAMES LAWSON DIRECTOR	1.00 1.25	X						0.	0.	0.
(15) MICHAEL BURTON DIRECTOR	1.00	X						0.	0.	0.
(16) ASHLEY CHAMBERLAYNE DIRECTOR	1.00	X						0.	0.	0.
(17) SCOTT CRIDER DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEVE CUSHMAN DIRECTOR	1.00	X					0.	0.	0.	
(19) PERRY DEALY DIRECTOR	1.00	X					0.	0.	0.	
(20) BRIAN FISH DIRECTOR	1.00	X					0.	0.	0.	
(21) JEFF FORREST DIRECTOR	1.00	X					0.	0.	0.	
(22) JUSTINE NIELSEN DIRECTOR	1.00	X					0.	0.	0.	
(23) HOWARD GREENBERG DIRECTOR	1.00 2.00	X					0.	0.	0.	
(24) ALEX GUYOTT DIRECTOR	1.00	X					0.	0.	0.	
(25) KEITH B. JONES DIRECTOR	1.00	X					0.	0.	0.	
(26) DOUG KORN DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Subtotal</b>							1,237,310.	0.	57,335.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							1,237,310.	0.	57,335.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
AZTEC LANDSCAPING, INC. 7980 LEMON GROVE WAY, LEMON GROVE, CA 91945	POWERWASHING	1,169,427.
SOUTHBAY PRESSURE WASHING 2131 A AVE, NATIONAL CITY, CA 91950	POWERWASHING	416,024.

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

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>	114,349.				
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	30,099.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....			144,448.			
Program Service Revenue	<b>2 a</b>	PBID ASSESSMENT	Business Code	900099	11,826,596.	11826596.		
	<b>b</b>	MANAGEMENT SERVICE FEES	Business Code	900099	2,962,462.	2,962,462.		
	<b>c</b>	MEMBERSHIP DUES	Business Code	900099	740,229.	740,229.		
	<b>d</b>	OTHER PROGRAM SERVICES	Business Code	900099	121,371.	121,371.		
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			15,650,658.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			1,561.		1,561.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
				(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b>	Gain or (loss) .....	<b>7c</b>					
<b>d</b>	Net gain or (loss) .....							
<b>8 a</b>	Gross income from fundraising events (not including \$ 114,349. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		1,465.				
				50,600.				
<b>b</b>	Less: direct expenses .....	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events .....			-49,135.		-49,135.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b>	Less: direct expenses .....	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b>	OTHER INCOME	Business Code	900099	97,688.	97,688.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			97,688.			
<b>12</b>	<b>Total revenue.</b> See instructions .....			15,845,220.	15748346.	0.	-47,574.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	1,237,311.			
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 .....	7,033,678.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits .....	1,496,364.			
10 Payroll taxes .....				
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	150,799.			
c Accounting .....	22,390.			
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion .....	32,963.			
13 Office expenses .....	111,034.			
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	463,102.			
17 Travel .....	37,400.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	113,210.			
23 Insurance .....	355,444.			
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 O.)				
a <b>CONTRACTUAL SERVICES</b>	1,608,365.			
b <b>REPAIRS AND MAINTENANCE</b>	1,581,810.			
c <b>PROGRAM MANAGEMENT</b>	926,915.			
d <b>UTILITIES</b>	208,423.			
e All other expenses .....	286,259.			
25 <b>Total functional expenses.</b> Add lines 1 through 24e	15,665,467.			
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	283,712.	<b>1</b>	608,341.
	<b>2</b> Savings and temporary cash investments .....	9,909.	<b>2</b>	10,282.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	578,482.	<b>4</b>	357,354.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	181,765.	<b>9</b>	174,494.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,473,590.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,110,522.	197,665.	<b>10c</b> 363,068.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,456,252.	<b>15</b>	2,337,983.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	2,707,785.	<b>16</b>	3,851,522.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	839,217.	<b>17</b>	753,342.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	30,750.	<b>19</b>	4,019.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,714,661.	<b>25</b>	2,792,764.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,584,628.	<b>26</b>	3,550,125.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	123,157.	<b>27</b>	301,397.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	123,157.	<b>32</b>	301,397.
	<b>33</b> Total liabilities and net assets/fund balances .....	2,707,785.	<b>33</b>	3,851,522.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,845,220.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,665,467.
3	Revenue less expenses. Subtract line 2 from line 1	3	179,753.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	123,157.
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	-1,513.
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	301,397.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2024)

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

Employer identification number

95-1729734

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 6 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 ..... \$ \_\_\_\_\_

**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).

Name of organization  <b>DOWNTOWN SAN DIEGO PARTNERSHIP, INC.</b>	Employer identification number  <b>95-1729734</b>
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**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	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>DOWNTOWN SAN DIEGO PARTNERSHIP, INC.</b>	Employer identification number  <b>95-1729734</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>DOWNTOWN SAN DIEGO PARTNERSHIP, INC.</b>	Employer identification number  <b>95-1729734</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2024**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990) 2024

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?

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

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

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

Table with 3 columns: Question, (a) Yes, (a) No. Rows include: 1 Dues, assessments, and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid): 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions

Part IV Supplemental Information

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

PART I-A, LINE 1:

THE DOWNTOWN PARTNERSHIP FORMED THE DOWNTOWN SAN DIEGO PARTNERSHIP PAC, A VOLUNTARY NON-PARTISAN POLITICAL ACTION COMMITTEE, WHICH ENDORSED CANDIDATES AND INITIATIVES THAT FURTHER THE DOWNTOWN PARTNERSHIP'S MISSION.

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

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

Employer identification number

95-1729734

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

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

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

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

Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes     No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes     No

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

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

Complete if the organization answered "Yes" 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

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

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

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

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment \_\_\_\_\_%
- b** Permanent endowment \_\_\_\_\_%
- c** Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations?   | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations?  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		292,234.	220,232.	72,002.
<b>d</b> Equipment		618,466.	466,087.	152,379.
<b>e</b> Other		562,890.	424,203.	138,687.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				363,068.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) <b>RIGHT OF USE ASSETS</b>	2,235,030.
(2) <b>INTERCOMPANY FUNDS</b>	102,953.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,337,983.

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>PBID ADVANCE - CITY OF SAN DIEGO</b>	49,414.
(3) <b>LEASE LIABILITY</b>	2,341,799.
(4) <b>LINE OF CREDIT</b>	400,000.
(5) <b>INTERCOMPANY FUNDS</b>	1,551.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,792,764.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	19,670,527.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	3,825,307.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	3,825,307.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	15,845,220.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	15,845,220.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	19,385,064.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	3,719,597.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	3,719,597.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	15,665,467.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	15,665,467.

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

FOR THE YEAR ENDED JUNE 30, 2025, 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, 2025 AND 2024.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

REVENUES FROM RELATED ORGANIZATION PER CONSOLIDATED GAAP STATEMENT 3,825,307.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

EXPENSES FROM RELATED ORGANIZATION PER CONSOLIDATED GAAP STATEMENT 3,719,597.





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF 2025 (event type)	MEMBER HOLIDAY CELE (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	114,560.	700.	554.	115,814.
	2	114,245.		104.	114,349.
	3	315.	700.	450.	1,465.
Direct Expenses	4				
	5				
	6	17,870.			17,870.
	7	11,185.		986.	12,171.
	8				
	9	18,758.		1,801.	20,559.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-49,135.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1					
	2					
Direct Expenses	3					
	4					
	5					
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_



**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

**DOWNTOWN SAN DIEGO PARTNERSHIP, INC.**

Employer identification number

**95-1729734**

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ELIZABETH BRENNAN PRESIDENT & CEO	(i)	326,046.	0.	0.	0.	18,638.	344,684.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JUSTIN APGER CHIEF OPERATIONS OFFICER	(i)	235,204.	0.	0.	0.	6,669.	241,873.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALONSO VIVAS SVP & EXECUTIVE DIRECTOR,	(i)	158,081.	0.	0.	0.	3,396.	161,477.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

Employer identification number

95-1729734

FORM 990, PART VI, SECTION A, LINE 6:

THERE SHALL BE ONE CLASS OF MEMBERS OF THE CORPORATION, AND EACH MEMBER SHALL HAVE EQUAL VOTING RIGHTS. MEMBERS SHALL ANNUALLY ELECT AN EXECUTIVE BOARD OF DIRECTORS WHO ARE AUTHORIZED TO MAKE DECISIONS ON OPERATIONS AND GOVERNANCE ON BEHALF OF THE ORGANIZATION

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 PROPOSED ARRANGEMENT OR AGREEMENT.

FORM 990, PART VI, SECTION B, LINE 15:

THE OFFICERS OF THE BOARD REVIEW AND CONDUCT AN ANNUAL REVIEW FOR THE CEO AND IS RESPONSIBLE FOR DETERMINING COMPENSATION FOR THE CEO. THE CEO AND COO PRESENT RECOMMENDATIONS TO THE OFFICER'S FOR THE TOP MANAGEMENT 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 R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

OMB No. 1545-0047

**Open to Public  
Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) (Rev. 1-2025)

**SEE PART VII FOR CONTINUATIONS**



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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COLUMBIA COMMUNITY FOUNDATION	D	238,463.	FMV
(2) COLUMBIA COMMUNITY FOUNDATION	O	7,689.	FMV
(3) DOWNTOWN SAN DIEGO PARTNERSHIP FOUNDATION	D	151,300.	FMV
(4) DOWNTOWN SAN DIEGO PARTNERSHIP FOUNDATION	P	27,880.	FMV
(5) DOWNTOWN SAN DIEGO PARTNERSHIP FOUNDATION	O	424,600.	FMV
(6) DOWNTOWN SAN DIEGO PARTNERSHIP FOUNDATION	Q	155,988.	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
(7) DOWNTOWN SAN DIEGO PARTNERSHIP FOUNDATION	R	114,925.	FMV
(8) DOWNTOWN SAN DIEGO PARTNERSHIP POLITICAL ACTION COMMITTEE	R	14,297.	FMV
(9) DOWNTOWN SAN DIEGO PUBLIC SPACES FOUNDATION	Q	58,270.	FMV
(10) DOWNTOWN SAN DIEGO PUBLIC SPACES FOUNDATION	R	17,450.	FMV
(11) DOWNTOWN SAN DIEGO PUBLIC SPACES FOUNDATION	L	3,158.	FMV
(12) COLUMBIA COMMUNITY FOUNDATION	Q	10,483.	FMV
(13) COLUMBIA COMMUNITY FOUNDATION	P	4,898.	FMV
(14) COLUMBIA COMMUNITY FOUNDATION	L	15,728.	FMV
(15) DOWNTOWN SAN DIEGO PARTNERSHIP FOUNDATION	S	2,784.	FMV
(16) DOWNTOWN SAN DIEGO PARTNERSHIP FOUNDATION	L	362,169.	FMV
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



**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

# California Exempt Organization Annual Information Return

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) **07/01/2024**, and ending (mm/dd/yyyy) **06/30/2025**

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

Additional information. See instructions. FEIN **95-1729734**

Street address (suite or room) **401 B STREET, 100** PMB no.

City **SAN DIEGO** State **CA** ZIP code **92101**

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

**A** First return  Yes  No

**B** Amended return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final information return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy)

**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed? (1)  990T (2)  990PF  
 (3)  Sch H (990) (4)  Other 990 series

**G** Is this a group filing? See instructions  Yes  No

**H** Is this organization in a group exemption  Yes  No  
 If "Yes," what is the parent's name?

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
 If "Yes," enter the gross receipts from nonmember sources \$

**L** Is the organization a limited liability company?  Yes  No

**M** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**N** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**O** Is federal Form 1023/1024 pending?  Yes  No  
 Date filed with IRS

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

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	15,751,372	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	144,448	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	4	15,895,820	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	15,895,820	00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	15,716,067	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	179,753	00
<b>Payments</b>	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
	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	<b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	16		00

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

**Sign Here** Signature of officer **CLIENT'S COPY** Title **PRES. & CEO** Date  Telephone

**Paid Preparer's Use Only** Preparer's signature **Matthew Larso** Date Check if self-employed  **P01431105**  PTIN

Firm's name (or yours, if self-employed) and address **JGD & ASSOCIATES LLP**  
**9191 TOWNE CENTRE DRIVE #340**  
**SAN DIEGO, CA 92122-1274** Firm's FEIN **95-3132551**  
Telephone **858-587-1000**

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

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

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	1,465	00		
	2	Interest	•	2	1,561	00		
	3	Dividends	•	3		00		
	4	Gross rents	•	4		00		
	5	Gross royalties	•	5		00		
	6	Gross amount received from sale of assets (See instructions)	•	6		00		
	7	Other income. Attach schedule	•	7	SEE STATEMENT 2	15,748,346	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8		15,751,372	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9			00	
	10	Disbursements to or for members.	•	10			00	
	11	Compensation of officers, directors, and trustees. Attach schedule	•	11	SEE STATEMENT 3	1,237,310	00	
	12	Other salaries and wages	•	12		7,033,678	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13		00	
		14	Taxes	•	14		00	
		15	Rents	•	15		463,102	00
		16	Depreciation and depletion (See instructions)	•	16			00
		17	Other expenses and disbursements. Attach schedule	•	17	SEE STATEMENT 4	6,981,977	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18		15,716,067	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		293,621	•	618,623
2 Net accounts receivable		578,482	•	357,354
3 Net notes receivable			•	
4 Inventories			•	
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock			•	
8 Mortgage loans			•	
9 Other investments. Attach schedule			•	
10 a Depreciable assets	1,210,306		1,473,590	
b Less accumulated depreciation	1,012,641	197,665	1,110,522	363,068
11 Land			•	
12 Other assets. Attach schedule <b>STMT 5</b>		1,638,017	•	2,512,477
13 <b>Total assets</b>		2,707,785		3,851,522
<b>Liabilities and net worth</b>				
14 Accounts payable		839,217	•	753,342
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities. Attach schedule <b>STMT 6</b>		1,745,411		2,796,783
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		123,157	•	301,397
22 <b>Total liabilities and net worth</b>		2,707,785		3,851,522

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

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	•	179,753	7 Income recorded on books this year not included in this return. Attach schedule	•	
2 Federal income tax	•		8 Deductions in this return not charged against book income this year. Attach schedule	•	
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8		
4 Income not recorded on books this year. Attach schedule	•		10 Net income per return. Subtract line 9 from line 6		179,753
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•				
6 Total. Add line 1 through line 5		179,753			

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
CORDIA LLC	ONE EAST WASHINGTON STREET, SUITE 440 PHOENIX, AZ 85004	06/30/25	10,000.
DYNALECTRIC COMPANY	1111 PIONEER WAY, EL CAJON, CA 92020	06/30/25	5,250.
OUTFRONT MEDIA	1731 WORKMAN STREET LOS ANGELES, CA 90031	06/30/25	5,000.
TOTAL INCLUDED ON LINE 3			20,250.

CA 199

OTHER INCOME

STATEMENT 2

DESCRIPTION	AMOUNT
OTHER INCOME	97,688.
PBID ASSESSMENT	11,826,596.
MANAGEMENT SERVICE FEES	2,962,462.
MEMBERSHIP DUES	740,229.
OTHER PROGRAM SERVICES	121,371.
TOTAL TO FORM 199, PART II, LINE 7	15,748,346.

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CA 199                    COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                    STATEMENT 3

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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ELIZABETH BRENNAN 401 B STREET, 100 SAN DIEGO, CA 92101	PRESIDENT & CEO 40.00	326,046.
JUSTIN APGER 401 B STREET, 100 SAN DIEGO, CA 92101	CHIEF OPERATIONS OFFICER 40.00	235,204.
ALONSO VIVAS 401 B STREET, 100 SAN DIEGO, CA 92101	SVP & EXECUTIVE DIRECTOR, 40.00	158,081.
JOSHUA CALLERY-COYNE 401 B STREET, 100 SAN DIEGO, CA 92101	CHIEF OF STAFF 40.00	136,271.
SARAH BROTHERS 401 B STREET, 100 SAN DIEGO, CA 92101	VP, MARKETING AND COMMUNIC 40.00	135,943.
APRIL HILL 401 B STREET, 100 SAN DIEGO, CA 92101	VP, PEOPLE AND CULTURE 40.00	134,323.
ERNESTO ROMO 401 B STREET, 100 SAN DIEGO, CA 92101	DIRECTOR OF CLEAN SERVICES 40.00	111,442.
PHIL RATH 401 B STREET, 100 SAN DIEGO, CA 92101	CHAIR 1.00	0.

DIANA PUETZ 401 B STREET, 100 SAN DIEGO, CA 92101	VICE CHAIR 1.00	0.
MICHELE VIVES 401 B STREET, 100 SAN DIEGO, CA 92101	TREASURER 1.00	0.
PAMELA GABRIEL 401 B STREET, 100 SAN DIEGO, CA 92101	SECRETARY 1.00	0.
CHANELLE HAWKEN 401 B STREET, 100 SAN DIEGO, CA 92101	IMMEDIATE PAST CHAIR 1.00	0.
AIMEE FAUCETT 401 B STREET, 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
JAMES LAWSON 401 B STREET, 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
MICHAEL BURTON 401 B STREET, 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
ASHLEY CHAMBERLAYNE 401 B STREET, 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
SCOTT CRIDER 401 B STREET, 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
STEVE CUSHMAN 401 B STREET, 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
PERRY DEALY 401 B STREET, 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
BRIAN FISH 401 B STREET, 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

95-1729734

JEFF FORREST 401 B STREET, 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
JUSTINE NIELSEN 401 B STREET, 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
HOWARD GREENBERG 401 B STREET, 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
ALEX GUYOTT 401 B STREET, 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
KEITH B. JONES 401 B STREET, 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
DOUG KORN 401 B STREET, 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
MERO MARME 401 B STREET, 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
MONICA MONTANO 401 B STREET, 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
SUMEET PAREKH 401 B STREET, 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
DANIEL REEVES 401 B STREET, 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
BRENT SCHERTZER 401 B STREET, 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
MARGIE NEWMAN TSAY 401 B STREET, 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.

DOWNTOWN SAN DIEGO PARTNERSHIP, INC.

95-1729734

RAY VARELA 401 B STREET, 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
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CHUCK REITER 401 B STREET, 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
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MARSHALL ANDERSON 401 B STREET, 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
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MARTINE SANDERS 401 B STREET, 100 SAN DIEGO, CA 92101	DIRECTOR 1.00	0.
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TOTAL TO FORM 199, PART II, LINE 11		<u>1,237,310.</u>
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<u>CA 199</u>	<u>OTHER EXPENSES</u>	<u>STATEMENT 4</u>
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
DEPRECIATION EXPENSE	113,211.
CONTRACTUAL SERVICES	1,608,365.
REPAIRS AND MAINTENANCE	1,581,810.
PROGRAM MANAGEMENT	926,915.
UTILITIES	208,423.
DIRECT EXPENSES OF FUNDRAISING EVENTS	50,600.
OTHER EMPLOYEE BENEFITS	1,496,364.
LEGAL FEES	150,799.
ACCOUNTING FEES	22,390.
ADVERTISING AND PROMOTION	32,963.
OFFICE EXPENSES	111,034.
TRAVEL	37,400.
INSURANCE	355,444.
ALL OTHER EXPENSES	286,259.
TOTAL TO FORM 199, PART II, LINE 17	<u>6,981,977.</u>

CA 199	OTHER ASSETS	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	181,765.	174,494.
RIGHT OF USE ASSETS	810,009.	2,235,030.
INTERCOMPANY FUNDS	646,243.	102,953.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,638,017.	2,512,477.

CA 199	OTHER LIABILITIES	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PBID ADVANCE - CITY OF SAN DIEGO	215,149.	49,414.
LEASE LIABILITY	917,950.	2,341,799.
LINE OF CREDIT	400,000.	400,000.
INTERCOMPANY FUNDS	181,562.	1,551.
DEFERRED REVENUE	30,750.	4,019.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	1,745,411.	2,796,783.

TAXABLE YEAR  
**2024**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name <b>DOWNTOWN SAN DIEGO PARTNERSHIP, INC.</b>	Identifying number <b>95-1729734</b>
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**Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5) .....	1	<b>15,895,820</b>
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14) .....	2	<b>15,895,820</b>
3 Refund (Form 109, line 26) .....	3	
4 Balance due or Total amount due (Form 199, line 16 or Form 109, line 29) .....	4	

**Part II Settle Your Account Electronically for Taxable Year 2024**

5  Direct deposit of refund (Form 109 only.)

6  Electronic funds withdrawal      **6a** Amount      **6b** Withdrawal date (mm/dd/yyyy)

**Part III Schedule of Estimated Tax Payments for Taxable Year 2025** (These are **not** installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 Withdrawal Date				

**Part IV Banking Information** (Have you verified the exempt organization's banking information?)

9 Routing number \_\_\_\_\_

10 Account number \_\_\_\_\_      11 Type of account:  Checking     Savings

**Part V Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2024 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

**Sign Here**    **CLIENT'S COPY**      \_\_\_\_\_      **PRES. & CEO**

Signature of officer      Date      Title

**Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b>	ERO's signature	Date _____	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P01431105</b>
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address	<b>JGD &amp; ASSOCIATES LLP</b> <b>9191 TOWNE CENTRE DRIVE #340</b> <b>SAN DIEGO, CA</b>			Firm's FEIN <b>95-3132551</b>  ZIP code <b>92122-1274</b>

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

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