

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

**A** For the 2010 calendar year, or tax year beginning **07/01/10**, and ending **06/30/11**

- B Check if applicable:
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C** Name of organization **SAN DIEGO TOURISM MARKETING DISTRICT**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) **8880 RIO SAN DIEGO DR, 8TH FLOOR** Room/suite  
 City or town, state or country, and ZIP + 4  
**SAN DIEGO CA 92108**

**D** Employer identification number  
**26-2646009**  
**E** Telephone number  
**619-209-6108**  
**G** Gross receipts \$ **23,530,631**

**F** Name and address of principal officer:  
**C. TERRY BROWN**  
**500 HOTEL CIRCLE NORTH**  
**SAN DIEGO CA 92108**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( **6** ) t (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.SDTMD.ORG**

**H(c)** Group exemption number **u**

**K** Form of organization:  Corporation  Trust  Association  Other **u**

**L** Year of formation: **2007** **M** State of legal domicile: **CA**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SDTMD IS A FUNDING CONDUIT FOR THE DEVELOPMENT AND IMPLEMENTATION OF EFFECTIVE MARKETING PROGRAMS AND SERVICES THAT BENEFIT THE ASSESSED BUSINESSES WITHIN THE SAN DIEGO TOURISM MARKETING DISTRICT.		
	<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>9</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>9</b>	
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>1</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12		
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>0</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>22,492,883</b>	<b>23,055,538</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>50,000</b>	<b>475,093</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>22,542,883</b>	<b>23,530,631</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>21,660,847</b>	<b>22,180,524</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>175,591</b>	<b>176,334</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>656,445</b>	<b>698,680</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>22,492,883</b>	<b>23,055,538</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>50,000</b>	<b>475,093</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>8,891,827</b>	<b>8,585,845</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>8,774,568</b>	<b>7,993,493</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>117,259</b>	<b>592,352</b>

**Part II Signature Block**

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

**Sign Here** Signature of officer: **LORIN STEWART** Date: **EXECUTIVE DIRECTOR**  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: **JERE R. BATTEN CPA** Preparer's signature: **JERE R. BATTEN CPA** Date: **02/13/12** Check  if self-employed PTIN: **P00605586**  
 Firm's name: **BATTEN ACCOUNTANCY INC** Firm's EIN:  
 Firm's address: **2020 CAMINO DEL RIO N SUITE 810 SAN DIEGO, CA 92108** Phone no.: **619-501-6359**

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

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**SDTMD IS A FUNDING CONDUIT FOR THE DEVELOPMENT AND IMPLEMENTATION OF EFFECTIVE MARKETING PROGRAMS AND SERVICES THAT BENEFIT THE ASSESSED BUSINESSES WITHIN THE SAN DIEGO TOURISM MARKETING DISTRICT.**

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ **22,180,524** including grants of \$ **22,180,524** ) (Revenue \$ **22,180,524** )

**SDTMD ALLOCATED AND DISTRIBUTED THE AVAILABLE ASSESSMENT REVENUE BY CONTRACTING WITH QUALIFIED THIRD-PARTY VENDORS TO SUPPLY MARKETING PROGRAMS AND SERVICES AS REQUIRED UNDER THE PROVISIONS OF THE CONTRACT WITH THE CITY OF SAN DIEGO AND APPROVED BY THE BOARD OF DIRECTORS OF SDTMD. RECIPIENTS OF FUNDING WERE REQUIRED TO CLEARLY DEMONSTRATE A MEASURABLE RETURN ON INVESTMENT FOR THE PROGRAMS AND SERVICES FUNDED AS MEASURED BY INCREMENTAL NEW ROOM NIGHTS GENERATED.**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **u 22,180,524**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		
20b			

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1a</b>	<b>6</b>		
<b>1b</b>	<b>0</b>		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<b>X</b>
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2a</b>	<b>1</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Does the organization have members or stockholders?	<b>X</b>	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	<b>X</b>	
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<b>X</b>	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **u BATTEN ACCOUNTANCY, INC. 2020 CAMINO DEL RIO NORTH, STE. 810 SAN DIEGO CA 92108 619-501-6359**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>PATRICK DUFFY</b> DIRECTOR	5.00	X					0	0	0	
(2) <b>BILL EVANS</b> DIRECTOR	5.00	X					0	0	0	
(3) <b>MOHSEN KHALEGHI</b> DIRECTOR	5.00	X					0	0	0	
(4) <b>BOB RAUCH</b> DIRECTOR	5.00	X					0	0	0	
(5) <b>KERI ROBINSON</b> DIRECTOR	5.00	X					0	0	0	
(6) <b>LORIN STEWART</b> EXEC DIRECTOR	55.00			X			160,000	0	5,374	
(7) <b>C. TERRY BROWN</b> CHAIRMAN	5.00			X			0	0	0	
(8) <b>RICHARD BARTELL</b> VICE CHAIR	5.00			X			0	0	0	
(9) <b>LUIS BARRIOS</b> SECRETARY	5.00			X			0	0	0	
(10) <b>RAY WARREN</b> TREASURER	5.00			X			0	0	0	
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) .....										
(18) .....										
(19) .....										
(20) .....										
(21) .....										
(22) .....										
(23) .....										
(24) .....										
(25) .....										
(26) .....										
(27) .....										
(28) .....										
<b>1b Sub-total</b> .....							<b>160,000</b>		<b>5,374</b>	
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							<b>160,000</b>		<b>5,374</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **u 1**

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

**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.

(A) Name and business address	(B) Description of services	(C) Compensation
<b>ECONOMIC DEVELOPMENT DEPT. 202 C STREET SAN DIEGO CA 92101 ADMIN FEE</b>		<b>306,834</b>
<b>BATTEN ACCOUNTANCY, INC. 2020 CAMINO DEL RIO NORTH, SUITE 810 SAN DIEGO CA 92108 ACCOUNTING</b>		<b>191,479</b>

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



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) ..	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....					
	<b>h Total.</b> Add lines 1a-1f .....	<b>u</b>				
<b>Program Service Revenue</b>		<b>Busn. Code</b>				
	<b>2a</b> DISTRICT ASSESSMENTS .....		23,054,592	23,054,592		
	<b>b</b> PY ASSESSMENT ADJUSTMENT .....		946	946		
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
<b>g Total.</b> Add lines 2a-2f .....	<b>u</b>	23,055,538				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	<b>u</b>	475,093			475,093
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	<b>u</b>				
	<b>5</b> Royalties .....	<b>u</b>				
		(i) Real	(ii) Personal			
	<b>6a</b> Gross Rents .....					
	<b>b</b> Less: rental exps. ....					
	<b>c</b> Rental inc. or (loss) .....					
	<b>d</b> Net rental income or (loss) .....	<b>u</b>				
	<b>7a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other			
	<b>b</b> Less: cost or other basis & sales exps. ....					
	<b>c</b> Gain or (loss) .....					
	<b>d</b> Net gain or (loss) .....	<b>u</b>				
	<b>8a</b> Gross income from fundraising events (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events .....	<b>u</b>				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
<b>b</b> Less: cost of goods sold .....	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory .....	<b>u</b>					
	Miscellaneous Revenue	<b>Busn. Code</b>				
<b>11a</b> .....						
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....	<b>u</b>					
<b>12 Total revenue.</b> See instructions. ....	<b>u</b>	23,530,631	23,055,538	0	475,093	

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	<b>22,180,524</b>	<b>22,180,524</b>		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	<b>160,000</b>		<b>160,000</b>	
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				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	<b>7,284</b>		<b>7,284</b>	
10 Payroll taxes	<b>9,050</b>		<b>9,050</b>	
11 Fees for services (non-employees):				
a Management				
b Legal	<b>96,776</b>		<b>96,776</b>	
c Accounting	<b>175,873</b>		<b>175,873</b>	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	<b>51,330</b>		<b>51,330</b>	
12 Advertising and promotion				
13 Office expenses	<b>2,054</b>		<b>2,054</b>	
14 Information technology	<b>2,668</b>		<b>2,668</b>	
15 Royalties				
16 Occupancy	<b>9,248</b>		<b>9,248</b>	
17 Travel	<b>9,734</b>		<b>9,734</b>	
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				
23 Insurance	<b>2,257</b>		<b>2,257</b>	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>ADMIN FEE - CITY</b>	<b>345,504</b>		<b>345,504</b>	
b <b>PAYROLL PROCESSING FEES</b>	<b>1,850</b>		<b>1,850</b>	
c <b>PY ADMIN FEE - CITY ADJ</b>	<b>946</b>		<b>946</b>	
d <b>DUES AND SUBSCRIPTIONS</b>	<b>440</b>		<b>440</b>	
e				
f All other expenses				
<b>25 Total functional expenses. Add lines 1 through 24f</b>	<b>23,055,538</b>	<b>22,180,524</b>	<b>875,014</b>	<b>0</b>
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	566,688	1	421,796
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	8,072,656	4	7,568,619
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,018	9	3,077
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b	Less: accumulated depreciation	10b	10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	249,465	15	592,353
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	8,891,827	16	8,585,845	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	3,853,011	17	3,924,440
	18	Grants payable		18	
	19	Deferred revenue	2,548,138	19	4,069,053
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	2,373,419	25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	8,774,568	26	7,993,493
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	117,259	27	592,352
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	117,259	33	592,352	
34	<b>Total liabilities and net assets/fund balances</b>	8,891,827	34	8,585,845	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,530,631
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,055,538
3	Revenue less expenses. Subtract line 2 from line 1	3	475,093
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	117,259
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	592,352

**Part XII Financial Statements and Reporting**

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: SAN DIEGO TOURISM MARKETING DISTRICT. Employer identification number: 26-2646009.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two Yes/No questions regarding donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for various purposes (public use, natural habitat, open space, historic area, historic structure), a table for conservation easement details (2a-2d), and several Yes/No questions regarding monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 2a-2b regarding reporting requirements for art and historical treasures.

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

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

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV 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?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<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 year end balance held as:
- a** Board designated or quasi-endowment **u** .....
  - b** Permanent endowment **u** .....
  - c** Term endowment **u** .....
- 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** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(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 .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) .....				<b>u</b>

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<b>u</b>	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>ACCRUED INTEREST INCOME</b>	<b>590,991</b>
(2) <b>SECURITY DEPOSIT</b>	<b>1,362</b>
(3) <b>ADVANCES TO CONTRACTORS</b>	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>u 592,353</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>u</b>

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	23,530,631
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	23,055,538
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	475,093
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-422,946
9	Total adjustments (net). Add lines 4 through 8	9	-422,946
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	52,147

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

1	Total revenue, gains, and other support per audited financial statements	1	23,106,739
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	23,106,739
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	423,892
c	Add lines 4a and 4b	4c	423,892
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	23,530,631

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

1	Total expenses and losses per audited financial statements	1	23,054,592
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	23,054,592
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	946
c	Add lines 4a and 4b	4c	946
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	23,055,538

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER**

PRIOR YEAR ADJUSTMENT TO ASSESSMENTS	\$	-946
PRIOR YEAR ADJUSTMENT TO INTEREST INCOME	\$	-422,946
PRIOR YEAR ADJUSTMENT FOR CITY ADMIN FEE	\$	946

**PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER**

PRIOR YEAR ADJUSTMENT TO ASSESSMENTS	\$	946
--------------------------------------	----	-----



**Part XIV Supplemental Information** (continued)

**PRIOR YEAR ADJUSTMENT TO INTEREST INCOME** \$ **422,946**

**PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER**

**PRIOR YEAR ADJUSTMENT FOR CITY ADMIN FEE** \$ **946**



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

**u** Attach to Form 990.

Name of the organization **SAN DIEGO TOURISM MARKETING DISTRICT** Employer identification number **26-2646009**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed  **u**

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SD CONVENTION AND VISITORS BUREAU 750 B STREET, 15TH FLOOR SAN DIEGO CA 92101	95-1812810	6	17,282,885				PSA #1
(2)	SAN DIEGO CREW CLASSIC 1875 QUIVIRA WAY C-6 SAN DIEGO CA 92109	95-3276681	3	102,165				PSA #1
(3)	SAN DIEGO FILM COMMISSION 1010 SECOND AVE SUITE 1500 SAN DIEGO CA 92101	33-0780281	4	513,765				PSA #1
(4)	SD NORTH CONVIS 750 B STREET, 15TH FLOOR SAN DIEGO CA 92101	95-3049532	6	2,863,242				PSA #1
(5)	SAN DIEGO SPORTS COMMISSION 2131 PAN AMERICAN PLAZA SAN DIEGO CA 92101	95-2134802	6	491,194				PSA #1
(6)	THE CAMPANILE FOUNDATION 5500 CAMPANILE DRIVE SAN DIEGO CA 92182	33-0868418	3	20,000				PSA #1
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations **u** \_\_\_\_\_

3 Enter total number of other organizations **u** \_\_\_\_\_

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

CONTRACTOR IS REQUIRED TO SUBMIT DOCUMENTATION SUPPORTING DISBURSEMENTS.

DOCUMENTATION INCLUDES CANCELLED CHECKS, BANK STATEMENTS, INVOICES, AND

OTHER DOCUMENTATION AS CONSIDERED NECESSARY. REIMBURSEMENT REQUESTS ARE

RECONCILED TO THE APPROVED BUDGET IN THE CONTRACT, VERIFIED FOR ALLOWABLE

COSTS AND RECALCULATED FOR ACCURACY BEFORE REIMBURSEMENTS ARE ISSUED.

PART IV - ADDITIONAL INFORMATION

STDMD CONTRACTED PRIMARILY WITH NON-PROFIT ORGANIZATIONS DURING THE YEAR.

FOUR OF THE 15 ORGANIZATIONS FUNDED ARE NOT NON-PROFIT ORGANIZATIONS.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

**2010**

Open To Public  
Inspection

Name of the organization **SAN DIEGO TOURISM MARKETING  
DISTRICT**

Employer identification number  
**26-2646009**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization?	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?	<b>5a</b>	
<b>b</b> Any related organization?	<b>5b</b>	
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?	<b>6a</b>	
<b>b</b> Any related organization?	<b>6b</b>	
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	<b>8</b>	
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

**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 in 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 are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 LORIN STEWART	(i)	160,000	0	0	0	5,374	165,374	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization **SAN DIEGO TOURISM MARKETING  
DISTRICT**

Employer identification number  
**26-2646009**

**FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS**

**ASSESSED BUSINESS WITHIN THE SAN DIEGO TOURISM MARKETING DISTRICT ARE  
MEMBERS. THE SOLE PURPOSE OF THE GENERAL MEMBERS IS TO ELECT THE BOARD OF  
DIRECTORS OF THE CORPORATION.**

**FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS**

**THE BOARD OF DIRECTORS IS ELECTED ANNUALLY BY MEMBERS.**

**FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS**

**ELECTION OF THE BOARD OF DIRECTORS IS MADE BY MEMBERS. BOARD OF DIRECTORS  
ACTS ON BEHALF OF MEMBERS ONCE ELECTED.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

**BOARD OF DIRECTORS APPROVES FORM 990 PRIOR TO FILING.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

**DISCLOSURE OF CONFLICTS IS PROVIDED BY BOARD MEMBERS AT LEAST ANNUALLY,  
AND AS REQUIRED PRIOR TO VOTING FOR THIRD-PARTY CONTRACTORS FOR FUND  
ALLOCATIONS. BOARD MEMBERS WITH CONFLICT ARE PROHIBITED FROM VOTING.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**

**THE BOARD OF DIRECTORS APPROVE THE COMPENSATION PAID.**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS**

**THERE ARE NO OTHER EMPLOYEES BESIDES THE EXECUTIVE DIRECTOR.**



Name of the organization

SAN DIEGO TOURISM MARKETING

Employer identification number

26-2646009

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
 BOARD MEETING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC ONLINE AT  
 SDTMD.ORG.

FORM 990, PART XII, LINE 2C - CHANGE IN FINANCIAL REVIEW PROCESS  
 THE ORGANIZATION'S BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR REVIEW THE  
 AUDIT AND ASSUME RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT.

PRIOR YEAR AUDIT WAS COMPLETED CONCURRENTLY WITH THE CURRENT AUDIT DUE TO  
 ISSUES WITHIN THE CITY OF SAN DIEGO DESCRIBED AS FOLLOWS:

THE CITY OF SAN DIEGO COLLECTS THE ASSESSMENTS FOR SDTMD AND REMITS FUNDS  
 TO THE ORGANIZATION ON A REIMBURSEMENT BASIS AND AS SUCH CERTAIN  
 ACCOUNTING DATA IS MAINTAINED ONLY BY THE CITY OF SAN DIEGO. IN FISCAL YEAR  
 2009 THE CITY OF SAN DIEGO CHANGED OVER TO A NEW ACCOUNTING SYSTEM AND AS A  
 RESULT THEY WERE UNABLE TO PROVIDE NECESSARY INFORMATION TO THE  
 ORGANIZATION TO ALLOW A TIMELY PERFORMED AUDIT. THE AUDIT FOR 2009 WAS  
 EXTENDED AND PERFORMED CONCURRENTLY WITH THE AUDIT FOR THE CURRENT FISCAL  
 YEAR.

CERTAIN IMMATERIAL AUDIT ADJUSTMENTS FOR THE PRIOR YEAR HAVE BEEN INCLUDED  
 IN THE CURRENT TAX RETURN AND ARE IDENTIFIED ON SCHEDULE D, PART XI, XII,  
 XIII AND XIV.

**Federal Statements****Tax-Exempt Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
INTEREST ON SAVINGS						
	\$ 52,147				14	
PY INTEREST INCOME ADJ						
	422,946				14	
TOTAL	\$ <u>475,093</u>					

**Federal Statements****Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
MARKETING	\$ 51,330	\$	\$ 51,330	\$
TOTAL	\$ 51,330	\$ 0	\$ 51,330	\$ 0

TAXABLE YEAR

**2010**

**California Exempt Organization  
Annual Information Return**

FORM

**199**

Calendar Year 2010 or fiscal year beginning 07/01/10, and ending 06/30/11

**A** First Return Filed?  Yes  No **B** Type of organization Exempt under Section 23701 **E** (insert letter) **CORP #**  
 IRC Section 4947(a)(1) trust  **3054219**

Corporation/Organization Name **SAN DIEGO TOURISM MARKETING DISTRICT** FEIN **26-2646009**

Address **8880 RIO SAN DIEGO DR, 8TH FLOOR**

City **SAN DIEGO** State **CA** ZIP Code **92108**

**C** Amended Return?  Yes  No **H** Accounting method used (1)  Cash (2)  Accrual (3)  Other  
**D** Are you a subordinate/affiliate in a group exemption?  Yes  No **I** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations **N/A**  Yes  No  
 (a) Is this a group filing for affiliates? See General Instruction L  Yes  No  
 (b) If "Yes," enter the number of affiliates \_\_\_\_\_  
 (c) Are all affiliates included? (If "No," attach a list. See instructions.)  Yes  No  
 (d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
 (e) Federal Group Exemption Number \_\_\_\_\_  
 (f) Is a roster of subordinates attached?  Yes  No  
**E** Final return?  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized (attach explanation)  
 If a box is checked, enter date \_\_\_\_\_  
**F** Check the box if the organization filed the following federal forms or schedule:  
 (1)  990T (2)  990PF (3)  (Schedule H) 990  
**G** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required

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

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	475,093	00
	2	Gross dues and assessments from members and affiliates	2	23,055,538	00
	3	Gross contributions, gifts, grants, and similar amounts received.	3		00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction B	4	23,530,631	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	23,530,631	00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	23,055,538	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	475,093	00
<b>Filing Fee</b>	11	Filing fee \$10 or \$25. See General Instruction F	11	10	00
	12	Total payments	12		00
	13	Penalties and Interest. See General Instruction J	13		00
	14	Use tax. See General Instruction K	14		00
	15	<b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result <b>FILING FEE PAID</b>	15	10	00

**Sign** Here 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.

Signature of officer u Title \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Preparer's signature u **JERE R. BATTEN CPA** Date **02/13/12** Check if self-employed  Preparer's PTIN/SSN **P00605586**

Firm's name (or yours, if self-employed) and address u **BATTEN ACCOUNTANCY INC**  
**2020 CAMINO DEL RIO N SUITE 810**  
**SAN DIEGO, CA 92108** Telephone **619-501-6359**

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

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line Instructions.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2	475,093	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		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	475,093	00
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule <b>SEE STATEMENT 1</b>	•	9	22,180,524	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule <b>SEE STATEMENT 2</b>	•	11	160,000	00
	12	Other salaries and wages	•	12		00
	13	Interest	•	13		00
	14	Taxes	•	14		00
	15	Rents	•	15	9,248	00
	16	Depreciation and depletion (See instructions)	•	16		00
	17	Other. Attach schedule <b>SEE STATEMENT 3</b>	•	17	705,766	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	23,055,538	00

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		566,688	•	421,796
2 Net accounts receivable		8,072,656	•	7,568,619
3 Net notes receivable			•	
4 Inventories			•	
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock			•	
8 Mortgage loans (number of loans _____)			•	
9 Other investments			•	
10 a Depreciable assets				
b Less accumulated depreciation	( )	( )		
11 Land			•	
12 Other assets. <b>STMT 4</b>		252,483	•	595,430
13 Total assets		8,891,827		8,585,845
<b>Liabilities and net worth</b>				
14 Accounts payable		3,853,011	•	3,924,440
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities. <b>STMT 5</b>		4,921,557	•	4,069,053
19 Capital stock or principle fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		117,259	•	592,352
22 Total liabilities and net worth		8,891,827		8,585,845

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1	Net income per books	•	52,147
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year. Attach schedule <b>SEE STMT 6</b>	•	423,892
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•	
6	<b>Total.</b> Add line 1 through line 5		476,039
7	Income recorded on books this year not included in this return. Attach schedule	•	
8	Deductions in this return not charged against book income this year. Attach schedule <b>SEE STMT 7</b>	•	946
9	<b>Total.</b> Add line 7 and line 8		946
10	<b>Net income per return.</b> Subtract line 9 from line 6		475,093

## California Statements

**Statement 1 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts**

Activity No.	Class	Name	Address			
City	State	Zip	Relationship	Status	Property Information	Amount
1		ACCESSIBLE SAN DIEGO			PO BOX 124526	
SAN DIEGO	CA	92112				75,000
1		CALIFORNIA STATE GAMES			3260 ROSECRANS STREET	
SAN DIEGO	CA	92110				77,430
1		SD CONVENTION AND VISITORS BUREAU			750 B STREET, 15TH FLOOR	
SAN DIEGO	CA	92101				17,282,885
1		COMPETITOR GROUP, INC.			9401 WAPLES STREET, STE 150	
SAN DIEGO	CA	92121				145,510
1		SD NORTH CONVIS			750 B STREET, 15TH FLOOR	
SAN DIEGO	CA	92101				2,863,242
1		SAN DIEGO BOWL GAME ASSOCIATION			PO BOX 601400	
SAN DIEGO	CA	92160				377,365
1		SAN DIEGO CREW CLASSIC			1875 QUIVIRA WAY C-6	
SAN DIEGO	CA	92109				102,165
1		SAN DIEGO FILM COMMISSION			1010 SECOND AVE SUITE 1500	
SAN DIEGO	CA	92101				513,765
1		SAN DIEGO BREWERS GUILD			7700 EL CAMINO REAL, SUITE 207	
CARLSBAD	CA	92009				48,895
1		J & S SILVERMAN CONSULTING			4750 ARIZONA STREET	
SAN DIEGO	CA	92116				48,000
1		MULTI-CULTURAL CONVENTION SERVICES			6161 EL CAJON BLVD.	
SAN DIEGO	CA	92115				53,030
1		SAN DIEGO BAY WINE & FOOD FESTIVAL			7556 TRADE STREET	
SAN DIEGO	CA	92121				46,577
1		THE THUNDERBOATS UNLIMITED CLUB			1342 MAIN ST STE B	
RAMONA	CA	92065				35,466
1		SAN DIEGO SPORTS COMMISSION			2131 PAN AMERICAN PLAZA	
SAN DIEGO	CA	92101				491,194
1		THE CAMPANILE FOUNDATION			5500 CAMPANILE DRIVE	
SAN DIEGO	CA	92182				20,000
1		SUBTOTAL				<u>\$22,180,524</u>

## California Statements

**Statement 1 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar  
Amounts (continued)**

Activity No.	Class	Name			Address			
	City	State	Zip	Relationship	Status	Property Information	Amount	
TOTAL							<u>\$22,180,524</u>	

## California Statements

### Statement 2 - Form 199, Part II, Line 11 - Officer Compensation

Name	Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip			
C. TERRY BROWN	SAN DIEGO	CA	92108	DRIVE, SUITE 800 CHAIRMAN	5.00	
RICHARD BARTELL	SAN DIEGO	CA	92108	DRIVE, SUITE 800 VICE CHAIR	5.00	
LUIS BARRIOS	SAN DIEGO	CA	92108	DRIVE, SUITE 800 SECRETARY	5.00	
PATRICK DUFFY	SAN DIEGO	CA	92108	DRIVE, SUITE 800 DIRECTOR	5.00	
BILL EVANS	SAN DIEGO	CA	92108	DRIVE, SUITE 800 DIRECTOR	5.00	
MOHSEN KHALEGHI	SAN DIEGO	CA	92108	DRIVE, SUITE 800 DIRECTOR	5.00	
BOB RAUCH	SAN DIEGO	CA	92108	DRIVE, SUITE 800 DIRECTOR	5.00	
KERI ROBINSON	SAN DIEGO	CA	92108	DRIVE, SUITE 800 DIRECTOR	5.00	
RAY WARREN	SAN DIEGO	CA	92108	DRIVE, SUITE 800 TREASURER	5.00	
LORIN STEWART	SAN DIEGO	CA	92108	DRIVE, SUITE 800 EXEC DIRECTOR	55.00	160,000
TOTAL						<u>160,000</u>



**California Statements****Statement 3 - Form 199, Part II, Line 17 - Other Expenses**

<u>Description</u>	<u>Amount</u>
LEGAL	\$ 61,489
RE UP COSTS	35,287
ADMIN FEE - CITY	345,504
DUES AND SUBSCRIPTIONS	440
PAYROLL PROCESSING FEES	1,850
LIABILITY	2,257
HEALTH INSURANCE	6,141
WORKERS COMPENSATION INSURANC	1,143
PAYROLL TAXES	9,050
MARKETING	51,330
ACCOUNTING	170,786
AUDIT	5,087
PRINTING AND REPRODUCTION	162
AUTOMOBILE EXPENSE	9,000
PARKING	92
TRAVEL	642
PY ADMIN FEE - CITY ADJ	946
SUPPLIES	562
TELEPHONE	1,330
WEBSITE	2,668
TOTAL	<u>\$ 705,766</u>

**Statement 4 - Form 199, Schedule L, Line 12 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
SECURITY DEPOSIT	\$ 1,362	\$ 1,362
ACCRUED INTEREST INCOME	115,898	590,991
ADVANCES TO CONTRACTORS	132,205	0
PREPAID EXPENSES	3,018	3,077
TOTAL	<u>\$ 252,483</u>	<u>\$ 595,430</u>

**Statement 5 - Form 199, Schedule L, Line 18 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ADVANCE FROM CITY	\$ 2,373,419	\$
DEFERRED REVENUE	2,548,138	4,069,053
TOTAL	<u>\$ 4,921,557</u>	<u>\$ 4,069,053</u>

**California Statements****Statement 6 - Form 199, Schedule M-1, Line 4 - Income Not Recorded on Books**

Description	Amount
PRIOR YEAR ADJUSTMENT TO ASSESSMENTS	\$ 946
PRIOR YEAR ADJUSTMENT TO INTEREST INCOME	422,946
TOTAL	\$ <u>423,892</u>

**Statement 7 - Form 199, Schedule M-1, Line 8 - Deductions Not Charged Against Book Income**

Description	Amount
PRIOR YEAR ADJUSTMENT FOR CITY ADMIN FEE	\$ 946
TOTAL	\$ <u>946</u>