

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
2009
 Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07/01/09, and ending 06/30/10

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SAN DIEGO TOURISM MARKETING DISTRICT		D Employer identification number 26-2646009
		Doing Business As		E Telephone number 619-209-6108
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8880 RIO SAN DIEGO DR, 8TH FLOOR		G Gross receipts\$ 22,542,883
		City or town, state or country, and ZIP + 4 SAN DIEGO CA 92108		H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions)

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

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

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

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

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

Part I Summary

Activities & Governance	1 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 TOURSIM MARKETING DISTRICT.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9	
	5 Total number of employees (Part V, line 2a)	5	1	
	6 Total number of volunteers (estimate if necessary)	6		
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a		
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9 Program service revenue (Part VIII, line 2g)	28,908,693	22,492,883
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		42,362	50,000	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		28,951,055	22,542,883	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,305,063	21,660,847
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	177,719	175,591	
	16a Professional fundraising fees (Part IX, column (A), line 11e)			
	b Total fundraising expenses (Part IX, column (D), line 25) u	425,911	656,445	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	28,908,693	22,492,883	
Net Assets of Fund Balances	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	42,362	50,000	
	19 Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	15,100,512	8,891,827	
	21 Total liabilities (Part X, line 26)	15,033,253	8,774,568	
	22 Net assets or fund balances. Subtract line 21 from line 20	67,259	117,259	

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's Use Only

Preparer's signature: **JERE R. BATTEN CPA** Date: **10/05/12** Check if self-employed Preparer's identifying number (see instructions): **P00605586**

Firm's name (or yours if self-employed), address, and ZIP + 4: **BATTEN ACCOUNTANCY INC 2020 CAMINO DEL RIO N SUITE 810 SAN DIEGO, CA 92108** EIN **u** Phone no. **u619-501-6359**

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2009) DAA

Part III Statement of Program Service Accomplishments

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 TOURSIM 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 \$ **21,660,847** including grants of\$ **21,660,847**) (Revenue \$ **21,660,847**)

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 21,660,847

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?		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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? 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	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> ● Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. ● 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. ● 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. ● Did the organization report an amount for other assets related 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. ● Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. ● 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? If "Yes," complete Schedule D, Part X. 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," 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
14b	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, Part I		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, Part II		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, Part III		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		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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(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			
PATRICK DUFFY DIRECTOR	5.00	X						0	0	0
BILL EVANS DIRECTOR	5.00	X						0	0	0
MOHSEN KHALEGHI DIRECTOR	5.00	X						0	0	0
BOB RAUCH DIRECTOR	5.00	X						0	0	0
KERI ROBINSON DIRECTOR	5.00	X						0	0	0
C. TERRY BROWN CHAIRMAN	5.00			X				0	0	0
RICHARD BARTELL VICE CHAIR	5.00			X				0	0	0
LUIS BARRIOS SECRETARY	5.00			X				0	0	0
RAY WARREN TREASURER	5.00			X				0	0	0
LORIN STEWART EXEC DIRECTO	55.00				X			160,000	0	6,385

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	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u					
Program Service Revenue	2a DISTRICT ASSESSMENTS	Busn. Code	22,492,883	22,492,883			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	22,492,883				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	50,000			50,000
4 Income from investment of tax-exempt bond proceeds		u					
5 Royalties		u					
6a Gross Rents		(i) Real					
		(ii) Personal					
b Less: rental exps.							
c Rental inc. or (loss)							
d Net rental income or (loss)		u					
7a Gross amount from sales of assets other than inventory		(i) Securities					
		(ii) Other					
b Less: cost or other basis & sales exps.							
c Gain or (loss)							
d Net gain or (loss)		u					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a					
b Less: direct expenses		b					
c Net income or (loss) from fundraising events		u					
9a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue	Busn. Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u						
12 Total Revenue. See instructions.	u	22,542,883	22,492,883	0	50,000		

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	21,660,847	21,660,847		
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				
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	160,000		160,000	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	6,385		6,385	
10 Payroll taxes	9,206		9,206	
11 Fees for services (non-employees):				
a Management				
b Legal	82,581		82,581	
c Accounting	188,464		188,464	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other				
12 Advertising and promotion	50,527		50,527	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	8,806		8,806	
17 Travel				
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	1,880		1,880	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a ADMIN FEE - CITY	305,888		305,888	
b AUTOMOBILE EXPENSE	9,000		9,000	
c WEBSITE	2,200		2,200	
d PAYROLL PROCESSING FEES	1,853		1,853	
e SUPPLIES	1,634		1,634	
f All other expenses	3,612		3,612	
25 Total functional expenses. Add lines 1 through 24f	22,492,883	21,660,847	832,036	
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. 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
Assets	1 Cash—non-interest bearing	487,383	1	566,688
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	12,170,849	4	8,072,656
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,601	9	3,018
	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	2,440,679	15	249,465
16 Total assets. Add lines 1 through 15 (must equal line 34)	15,100,512	16	8,891,827	
Liabilities	17 Accounts payable and accrued expenses	8,111,698	17	3,853,011
	18 Grants payable		18	
	19 Deferred revenue	2,548,136	19	2,548,138
	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	4,373,419	25	2,373,419
	26 Total liabilities. Add lines 17 through 25	15,033,253	26	8,774,568
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	67,259	27	117,259
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	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 Total net assets or fund balances	67,259	33	117,259
34 Total liabilities and net assets/fund balances	15,100,512	34	8,891,827	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual 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?

b Were the organization's financial statements audited by an independent accountant?

c 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.

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 consolidated basis, separate basis, or both:
 Separate basis Consolidated basis 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?

b 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.

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

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

2009

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: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06. 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring... Yes No. 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No. 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement...

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.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$.

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 |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the 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 |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) **u**

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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. Use Part IV and Schedule I-1 (Form 990) 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
	SD CONVENTION AND VISITORS BUREAU 2215 INDIA ST SAN DIEGO CA 92101	95-1812810	6	17,401,486				PSA #1
	NORTH CONVIS 360 N. ESCONDIDO BL ESCONDIDO CA 92025	95-3049532	6	2,179,561				PSA #1
	SAN DIEGO FILM COMMISSION 1010 SECOND AVE SUITE 1500 SAN DIEGO CA 92101	33-0780281	4	655,690				PSA #1
	SAN DIEGO BOWL GAME ASSOCIATION PO BOX 601400 SAN DIEGO CA 92160	95-3198732	3	450,490				PSA #1
	SAN DIEGO SPORTS COMMISSION 2131 PAN AMERICAN PLAZA SAN DIEGO CA 92101	95-2134802	6	407,130				PSA #1
	SAN DIEGO CREW CLASSIC 1875 QUIVIRA WAY C-6 SAN DIEGO CA 92109	95-3276681	3	135,490				PSA #1
	SAN DIEGO NATURAL HISTORY MUSEUM PO BOX 121390 SAN DIEGO CA 92112	95-1643375	3	109,096				PSA #1
	ACCESSIBLE SAN DIEGO PO BOX 124526 SAN DIEGO CA 92112	33-0377908	3	94,500				PSA #1
	MCCSN 6161 EL CAJON BLVD., STE 443 SAN DIEGO CA 92115	20-1345412		88,073				PSA #1

- 2 Enter total number of section 501(c)(3) and government organizations u 6
- 3 Enter total number of other organizations u 5

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. Use Part IV and Schedule I-1 (Form 990) 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

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

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

FOUR OF THE OTHER ORGANIZATIONS FUNDED ARE 501(C)(6)ORGANIZATIONS AND ONE

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.
Use Part IV and Schedule I-1 (Form 990) 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

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

IS A 501(C)(4) ORGANIZATION. THE TWO REMAINING ORGANIZATIONS ARE FOR-PROFIT ENTITIES.

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

**u Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

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

Employer identification number
26-2646009

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CALIFORNIA STATE GAMES 3260 ROSECRANS STREET SAN DIEGO CA 92110	33-0177907	3	50,490				PSA #1
SAN DIEGO BAY WINE AND FOOD 7556 TRADE ST SAN DIEGO CA 92121	56-2469837		45,000				PSA #1
THE OLD GLOBE PO BOX 122171 SAN DIEGO CA 92112	95-1543396	3	21,967				PSA #1
SAN DIEGO BREWERS GUILD 7700 EL CAMINO REAL, SUITE 207 CARLSBAD CA 92009	33-0761530	6	21,874				PSA #1

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

Schedule I-1 (Form 990) 2009

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

2009

**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
1a 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 If any of the boxes on line 1a is 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	1b	
2 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?	2	
3 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		
4 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: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
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) and 501(c)(4) organizations must complete lines 5–9.		
5 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: a The organization?	5a	
b Any related organization?	5b	
If "Yes" to line 5a or 5b, describe in Part III.		
6 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: a The organization?	6a	
b Any related organization?	6b	
If "Yes" to line 6a or 6b, describe in Part III.		
7 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	7	
8 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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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				
LORIN STEWART	(i)	160,000	0	0	0	0	160,000	0
	(ii)	0	0	0	0	6,385	6,385	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
u Attach to Form 990.

OMB No. 1545-0047

2009Open to Public
InspectionName 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 BUSINESSES WITHIN THE SAN DIEGO TOURISM DISTRICT ARE MEMBERS.****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 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990****BOARD OF DIRECTORS APPROVES 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.****FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

Name of the organization

SAN DIEGO TOURISM MARKETING

Employer identification number

26-2646009

BOARD MEETING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC ONLINE AT
SDTMD.ORG.

FORM 990, PART XI, LINE 2C - CHANGE IN FINANCIAL REVIEW PROCESS
THE CITY OF SAN DIEGO COLLECTS THE ASSESSMENTS FOR SDTMD AND REMITS FUNDS
TO THE ORGANIZATION ON A REIMBURSEMENT BASIS. AS A RESULT CERTAIN
ACCOUNTING DATA IS MAINTAINED BY THE CITY OF SAN DIEGO.

THE ORGANIZATION IS REQUIRED BY CA STATE LAW AND ITS CONTRACT WITH THE CITY
OF SAN DIEGO TO HAVE AN ANNUAL AUDIT. THE CITY OF SAN DIEGO CHANGED OVER TO
A NEW ACCOUNTING SYSTEM AND THEY HAVE HAD TECHNICAL DIFFICULTIES WITH
CLOSING OUT THEIR FISCAL YEAR. AS A RESULT, THE CITY HAS BEEN UNABLE TO
PROVIDE FINAL INFORMATION REGARDING INTEREST EARNED, ADMINISTRATIVE FEES
AND DEFERRED REVENUE (COLLECTED ASSESSMENTS HELD BY THE CITY).

THE AUDIT DEADLINE HAS BEEN EXTENDED BY THE CITY TO 30 DAYS AFTER SDTMD'S
RECEIPT OF THE CITY'S FINAL NUMBERS. AS OF THE FILING OF THIS RETURN, SDTMD
HAS BEEN PROVIDED ONLY ESTIMATES OF THE FINAL NUMBERS, THEREFORE THE ANNUAL
FINANCIAL STATEMENT AUDIT HAS NOT BEEN COMPLETED. INTERIM AUDIT WORK HAS
BEEN PERFORMED AND THE AUDITED NUMBERS ARE NOT EXPECTED TO BE SIGNIFICANTLY
DIFFERENT THAN THE AMOUNTS INCLUDED ON THIS RETURN.

Federal Statements**Taxable 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>
INTEREST -CITY OF SD ESTIMATE	\$ 50,000			14	
TOTAL	<u>\$ 50,000</u>				

Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
TELEPHONE	\$ 1,592	\$	\$ 1,592	\$
PRINTING AND REPRODUCTION	1,114		1,114	
NEWSLETTERS AND DIRECTORY	345		345	
DUES AND SUBSCRIPTIONS	280		280	
BANK SERVICE FEES	266		266	
PARKING	15		15	
TOTAL	<u>\$ 3,612</u>	<u>\$ 0</u>	<u>\$ 3,612</u>	<u>\$ 0</u>

TAXABLE YEAR

2009

**California Exempt Organization
Annual Information Return**

FORM

199

month day year month day year

Calendar Year 2009 or fiscal year beginning **07/01/09**, and ending **06/30/10**.

A First Return Filed?	<input type="checkbox"/> Yes	B Type of organization Exempt under Section 23701 <u>D</u> (insert letter)	CORP # 3054219
	<input checked="" type="checkbox"/> No		

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	H Accounting method used (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other
D Are you a subordinate/affiliate in a group exemption? (a) Is this a group filing for affiliates? See General Instruction L <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (b) If "Yes," enter the number of affiliates _____ (c) Are all affiliates included? (If "No," attach a list. See instructions.) <input type="checkbox"/> Yes <input type="checkbox"/> No (d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input type="checkbox"/> No (e) Federal Group Exemption Number _____ (f) Is a roster of subordinates attached? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E Final return? • <input type="checkbox"/> Dissolved • <input type="checkbox"/> Surrendered (Withdrawn) • <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date _____	J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Check the box if the organization filed the following federal forms or schedule: (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> (Schedule H) 990	K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter amount of gross receipts from nonmember sources \$ _____
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 <input type="checkbox"/>	L Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	N Did the org. file Form 100 or Form 109 to report taxable inc.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	50,000	00
	2 Gross dues and assessments from members and affiliates	2	22,492,883	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 C.	4	22,542,883	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	22,542,883	00	
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	22,492,883	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	50,000	00
Filing Fee	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 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result FILING FEE PAID 10	15		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 <u>u</u>	Title	Date	• Telephone
	Preparer's signature <u>u</u> JERE R. BATTEN CPA	Date 10/05/12	Check if self-employed <input type="checkbox"/> <u>u</u>	• Preparer's SSN/PTIN P00605586
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address <u>u</u> BATTEN ACCOUNTANCY INC 2020 CAMINO DEL RIO N SUITE 810 SAN DIEGO, CA 92108	• FEIN	• Telephone 619-501-6359	
	May the FTB discuss this return with the preparer shown above? See instructions	• <input type="checkbox"/> Yes <input type="checkbox"/> No		

SAN DIEGO TOURISM MARKETING

26-2646009

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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2	50,000	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	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	50,000	00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 1	•	9	21,660,847	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 2	•	11	0	00
	12	Other salaries and wages	•	12	160,000	00
	13	Interest	•	13		00
	14	Taxes	•	14		00
	15	Rents	•	15	8,806	00
	16	Depreciation and depletion (See instructions)	•	16		00
	17	Other. Attach schedule SEE STATEMENT 3	•	17	663,230	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	22,492,883	00

Schedule L Balance Sheets

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		487,383		566,688
2 Net accounts receivable		12,170,849		8,072,656
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. STMT 4		2,442,280		252,483
13 Total assets		15,100,512		8,891,827
Liabilities and net worth				
14 Accounts payable		8,111,698		3,853,011
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. STMT 5		6,921,555		4,921,557
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		67,259		117,259
22 Total liabilities and net worth		15,100,512		8,891,827

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 \$25,000

1	Net income per books	•	50,000	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.		
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•			Subtract line 9 from line 6		50,000
6	Total. Add line 1 through line 5		50,000				

California Statements

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

Activity No.	Class	Name			Address	Amount
City	State	Zip	Relationship	Status	Property Information	Amount
SAN DIEGO	CA	92112	ACCESSIBLE SAN DIEGO		PO BOX 124526	94,500
SAN DIEGO	CA	92110	CALIFORNIA STATE GAMES		3260 ROSECRANS STREET	50,490
SAN DIEGO	CA	92101	SD CONVENTION AND VISITORS BUREAU		2215 INDIA ST	17,401,486
ESCONDIDO	CA	92025	NORTH CONVIS		360 N. ESCONDIDO BL	2,179,561
SAN DIEGO	CA	92160	SAN DIEGO BOWL GAME ASSOCIATION		PO BOX 601400	450,490
SAN DIEGO	CA	92109	SAN DIEGO CREW CLASSIC		1875 QUIVIRA WAY C-6	135,490
SAN DIEGO	CA	92101	SAN DIEGO FILM COMMISSION		1010 SECOND AVE SUITE 1500	655,690
SAN DIEGO	CA	92101	SAN DIEGO SPORTS COMMISSION		2131 PAN AMERICAN PLAZA	407,130
SAN DIEGO	CA	92112	SAN DIEGO NATURAL HISTORY MUSEUM		PO BOX 121390	109,096
SAN DIEGO	CA	92115	MCCSN		6161 EL CAJON BLVD., STE 443	88,073
SAN DIEGO	CA	92121	SAN DIEGO BAY WINE AND FOOD		7556 TRADE ST	45,000
SAN DIEGO	CA	92112	THE OLD GLOBE		PO BOX 122171	21,967
CARLSBAD	CA	92009	SAN DIEGO BREWERS GUILD		7700 EL CAMINO REAL, SUITE 207	21,874
SUBTOTAL						<u>\$21,660,847</u>
TOTAL						<u><u>\$21,660,847</u></u>

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

Name		Address			Title	Avg Hrs	Compensation Amount
City	State	Zip					
C. TERRY BROWN					CHAIRMAN	5.00	
RICHARD BARTELL					VICE CHAIR	5.00	
LUIS BARRIOS					SECRETARY	5.00	
PATRICK DUFFY					DIRECTOR	5.00	
BILL EVANS					DIRECTOR	5.00	
MOHSEN KHALEGHI					DIRECTOR	5.00	
BOB RAUCH					DIRECTOR	5.00	
KERI ROBINSON					DIRECTOR	5.00	
RAY WARREN					TREASURER	5.00	
LORIN STEWART					EXEC DIRECTO	55.00	
TOTAL							<u>0</u>

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

Description	Amount
LEGAL	\$ 82,581
ADMIN FEE - CITY	305,888
AUTOMOBILE EXPENSE	9,000
BANK SERVICE FEES	266
DUES AND SUBSCRIPTIONS	280
NEWSLETTERS AND DIRECTORY	345
PARKING	15
PAYROLL PROCESSING FEES	1,853
PRINTING AND REPRODUCTION	1,114
SUPPLIES	1,634
TELEPHONE	1,592
WEBSITE	2,200
LIABILITY	861
WORKERS COMPENSATION	1,019
EMPLOYEE BENEFITS	6,385
PAYROLL TAX	9,206
ACCOUNTING	178,464
AUDITS	10,000
MARKETING	50,527
TOTAL	<u>\$ 663,230</u>

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

Description	Beginning of Year	End of Year
SECURITY DEPOSIT	\$ 1,362	\$ 1,362
ACCRUED INTEREST INCOME	65,898	115,898
ADVANCES TO CONTRACTORS	2,373,419	132,205
PREPAID EXPENSES	1,601	3,018
TOTAL	<u>\$ 2,442,280</u>	<u>\$ 252,483</u>

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

Description	Beginning of Year	End of Year
ADVANCE FROM CITY	\$ 4,373,419	\$ 2,373,419
DEFERRED REVENUE	2,548,136	2,548,138
TOTAL	<u>\$ 6,921,555</u>	<u>\$ 4,921,557</u>