

Return of Organization Exempt From Income Tax

2016

Open to Public Inspection

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 7/1/2016, and ending 6/30/2017

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization DIAMOND BUSINESS ASSOCIATION INC.
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
415 EUCLID AVENUE K-13
 City or town State ZIP code
SAN DIEGO CA 92114
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 80-0767111

E Telephone number 619-764-6245

F Name and address of principal officer:
CARLOS VASQUEZ 415 EUCLID AVENUE, SAN DIEGO, CA 92114

G Gross receipts \$ 182,506

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

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

J Website: ▶ WWW.SDBD.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2011

M State of legal domicile: CA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>OUR MISSION IS TO CREATE PARTNERSHIPS BETWEEN BUSINESS AND PROPERTY OWNERS THAT PROMOTE ECONOMIC REVITALIZATION IN THE NEIGHBORHOODS SERVED BY SOUTHEASTERN DIAMOND BUSINESS DISTRICT.</u>		
	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	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	31,019	56,949
	9 Program service revenue (Part VIII, line 2g)	111,832	114,111
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,530	-29,512
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	148,381	141,548
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	46,612	82,353
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	89,715	47,013
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	136,327	129,366	
19 Revenue less expenses. Subtract line 18 from line 12	12,054	12,182	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 31,820	End of Year 35,254
	21 Total liabilities (Part X, line 26)	18,934	10,186
	22 Net assets or fund balances. Subtract line 21 from line 20	12,886	25,068

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: CARLOS VASQUEZ Date: 1/10/2018
 Type or print name and title: PRESIDENT

Paid Preparer Use Only

Print/Type preparer's name: Andres D. Garcia, CPA Preparer's signature: Andres D. Garcia, CPA Date: 1/10/2018 Check if self-employed PTIN: P01317557
 Firm's name ▶ Andres D. Garcia, CPA Firm's EIN ▶ 46-1669541
 Firm's address ▶ 9655 Granite Ridge Drive, Suite 200, San Diego, CA 92123 Phone no. 858-431-9423

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: OUR MISSION IS TO CREATE PARTNERSHIPS BETWEEN BUSINESS AND PROPERTY OWNERS THAT PROMOTE ECONOMIC REVITALIZATION IN THE NEIGHBORHOODS SERVED BY SOUTHEASTERN DIAMOND BUSINESS 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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$) DESIGN and STREETSCAPE: Custom banners displayed on light poles in the Diamond District, with four distinct themes throughout the year, including Shop Local Shop Diamond Campaign, Holiday Theme, Graffiti Art, Taste of the Diamond, Diamond Street Festival, the San Diego County Fair, and Love Live Laugh Learn. Installed holiday lights over three bridges. Projects in process include promotion of City of San Diego Storefront Improvement Program. Collaborated with community partners for installation of crosswalk; Organized District 4 Homeless Count; Hosted Business corridor clean-up, a Bike to Work Pit Stop and a Bike-In Movie Night.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) MARKETING and BUSINESS OUTREACH: Maintained online Internet marketing presence via website, Facebook page, Twitter, Instagram, Flickr, Klout and Constant Contact Email Marketing. Continued developing website with interactive business directory. Printed 2,000 Business Directories; Held 2 Mixes & 6 Workshops and Produced the Dine Diamond brochure (restaurant directory). Coordinated Small Business Saturday event and two grand openings for new businesses.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) SPECIAL EVENTS: Planned and hosted Fourth Annual Taste of the Diamond in October 2016. Planned and hosted the Third Annual Bridge Lighting Ceremony. Planned and hosted the Second Annual Diamond Street Festival and Custom Car Show in July 2016. Planned and hosted the Food Truck and Music Festival in June 2017.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 0

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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 and XII	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		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? <i>If "Yes," complete Schedule J.</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		
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? <i>If "Yes," complete Schedule L, Part I.</i>		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), (11), and (29) organizations.

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 or note to any line in this Part VI.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	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?		X
3	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	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?		
15a	The organization's CEO, Executive Director, or top management official.		X
15b	Other officers or key employees of the organization		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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	► CA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ► CARLOS VASQUEZ 619-764-6245 415 EUCLID AVENUE, SAN DIEGO, CA 92114	

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) CARLOS VASQUEZ PRESIDENT	2.00 0.00	X		X			0	0	0
(2) R. DANIEL HERNANDEZ VICE PRESIDENT	2.00 0.00	X		X			0	0	0
(3) MARION MCCORD TREASURER	2.00 0.00	X		X			0	0	0
(4) RICHARD SEGES SECRETARY	2.00 0.00	X		X			0	0	0
(5) DONALD CANTEEN MEMBER	1.00 0.00	X					0	0	0
(6) BARAA BRIAN MATY MEMBER	1.00 0.00	X					0	0	0
(7) HUGH MUHAMMAD MEMBER	1.00 0.00	X					0	0	0
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							0	0	0	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							0	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	0				
	b	Membership dues	320				
	c	Fundraising events	26,250				
	d	Related organizations	0				
	e	Government grants (contributions)	0				
	f	All other contributions, gifts, grants, and similar amounts not included above	30,379				
	g	Noncash contributions included in lines 1a-1f: \$	0				
	h	Total. Add lines 1a-1f	56,949				
	Program Service Revenue			Business Code			
		2a	CITY OF SAN DIEGO - BID	74,792	74,792		
b		CITY OF SAN DIEGO -SBEP	21,454	21,454			
c		PROGRAM INCOME	17,865	17,865			
d		. . . . .	0			
e		. . . . .	0			
f		All other program service revenue	0				
g		Total. Add lines 2a-2f	114,111				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	0				
	4	Income from investment of tax-exempt bond proceeds	0				
	5	Royalties	0				
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)	0				
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses	0	0			
	c	Gain or (loss)	0	0			
	d	Net gain or (loss)	0				
	8a	Gross income from fundraising events (not including \$ 26,250 of contributions reported on line 1c). See Part IV, line 18	11,446				
	b	Less: direct expenses	40,958				
	c	Net income or (loss) from fundraising events	-29,512				
9a	Gross income from gaming activities. See Part IV, line 19	a	0				
		b	0				
			0				
c	Net income or (loss) from gaming activities	0					
10a	Gross sales of inventory, less returns and allowances	a	0				
		b	0				
			0				
c	Net income or (loss) from sales of inventory	0					
Miscellaneous Revenue		Business Code					
11a	. . . . .	0				
b	. . . . .	0				
c	. . . . .	0				
d	All other revenue	0					
e	Total. Add lines 11a-11d	0					
12	Total revenue. See instructions	141,548	114,111	0	0		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0		0	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	74,708			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	638			
10	Payroll taxes	7,007			
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	10,816			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,400			
12	Advertising and promotion	0			
13	Office expenses	3,983			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	3,043			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	2,915			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	BANNER DESIGN & OUTREACH/PROMOTION	20,412			
b	DUES AND SUBSCRIPTIONS	665			
c	POSTAGE AND PRINTING	299			
d	TELEPHONE	2,750			
e	All other expenses CONSULTANTS	730			
25	Total functional expenses. Add lines 1 through 24e	129,366	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	24,527	1	22,688
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	6,811	4	9,850
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 0		
	b Less: accumulated depreciation	10b 0	10c 0	0
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	482	15	2,716
16 Total assets. Add lines 1 through 15 (must equal line 34)	31,820	16	35,254	
Liabilities	17 Accounts payable and accrued expenses	4,200	17	3,316
	18 Grants payable		18	
	19 Deferred revenue	14,734	19	6,870
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	18,934	26	10,186
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	12,886	27	25,068
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC958), 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	12,886	33	25,068	
34 Total liabilities and net assets/fund balances	31,820	34	35,254	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	141,548
2	Total expenses (must equal Part IX, column (A), line 25)	2	129,366
3	Revenue less expenses. Subtract line 2 from line 1	3	12,182
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,886
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	25,068

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.		X
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
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		

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 182,506, adjusted to 141,548.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 170,324, adjusted to 129,366.

Part XIII Supplemental Information.

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

Form area with dashed lines for providing supplemental information for Part XI Line 2d and Part XII Line 2d.

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>SPECIAL EVENTS</u> (event type)	_____ (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))	
1	Gross receipts	37,696		0	37,696	
2	Less: Contributions	26,250		0	26,250	
3	Gross income (line 1 minus line 2)	11,446		0	11,446	
Direct Expenses	4	Cash prizes	0	0	0	
	5	Noncash prizes	0	0	0	
	6	Rent/facility costs	0	0	0	
	7	Food and beverages	0	0	0	
	8	Entertainment	0	0	0	
	9	Other direct expenses	40,958		0	40,958
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				(40,958)
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-29,512	

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				0
Direct Expenses	2	Cash prizes			0
	3	Noncash prizes			0
	4	Rent/facility costs			0
	5	Other direct expenses			0
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				(0)
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				0

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

DIAMOND BUSINESS ASSOCIATION INC.

80-0767111

Form 990, Part VI, Section B, Line 11b: PRESIDENT AND EXECUTIVE DIRECTOR REVIEW AND SIGN FORM

990. COPY MADE AVAILABLE TO ALL BOARD MEMBERS.

Form 990, Part VI, Section B, Line 12c: ALL BOARD MEMBERS ARE REQUIRED TO SIGN ANNUAL CONFLICT

OF INTEREST POLICY STATEMENT.

Form 990, Part VI, Section C, Line 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

CLIENT COPY

Included E-File Forms (990/1120POL EF Info)

E-file created on 01/10/2018 01:04:52 PM with SubmissionID: 3083732018009rw6ax9j

<i>Form Order</i>	<i>Form Name</i>	<i>Section/Worksheet</i>
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1	Return Header	
2	990	
3	Sch D (990)	
4	Sch G (990/990EZ)	
5	Sch O (990/990EZ)	

CLIENT COPY

2016 Annual Information Return

199

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) 07/01/2016, and ending (mm/dd/yyyy) 06/30/2017

Corporation/Organization name DIAMOND BUSINESS ASSOCIATION INC. California corporation number 3420402

Additional information. See instructions. FEIN 80-0767111

Street address (suite or room) 415 EUCLID AVENUE K-13 PMB no.

City SAN DIEGO State CA Zip code 92114

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

Form section with questions A through P regarding filing status, exemptions, and accounting methods.

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

Table with 17 rows detailing Receipts and Revenues, Expenses, and Filing Fee. Includes columns for line number, description, and amount.

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.

Paid Preparer's Use Only Preparer's signature: Andres D. Garcia, CPA. Firm's name: ANDRES D. GARCIA, CPA. Address: 9655 GRANITE RIDGE DRIVE, SUITE 200, SAN DIEGO, CA 92114.

May the FTB discuss this return with the preparer shown above? See instructions. [X] Yes [] No

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1	125,557	00
	2	Interest	●	2	0	00
	3	Dividends	●	3	0	00
	4	Gross rents	●	4	0	00
	5	Gross royalties	●	5	0	00
	6	Gross amount received from sale of assets (See Instructions)	●	6	0	00
	7	Other income. Attach schedule	●	7	0	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	125,557	00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	0	00
	10	Disbursements to or for members.	●	10	0	00
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	0	00
	12	Other salaries and wages	●	12	74,708	00
	13	Interest	●	13	0	00
	14	Taxes	●	14	7,007	00
	15	Rents	●	15	3,043	00
	16	Depreciation and depletion (See instructions)	●	16	0	00
	17	Other Expenses and Disbursements. Attach schedule	●	17	85,566	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	●	18	170,324	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		24,527.		● 22,688.
2	Net accounts receivable		6,811.		● 9,850.
3	Net notes receivable		0.		● 0.
4	Inventories		0.		● 0.
5	Federal and state government obligations		0.		● 0.
6	Investments in other bonds		0.		● 0.
7	Investments in stock		0.		● 0.
8	Mortgage loans		0.		● 0.
9	Other investments. Attach schedule		0.		● 0.
10	a Depreciable assets	0.		0.	
	b Less accumulated depreciation	(0.)	0.	(0.)	0.
11	Land		0.		● 0.
12	Other assets. Attach schedule		482.		● 2,716.
13	Total assets		31,820.		35,254.
Liabilities and net worth					
14	Accounts payable		4,200.		● 3,316.
15	Contributions, gifts, or grants payable		0.		● 0.
16	Bonds and notes payable		0.		● 0.
17	Mortgages payable		0.		● 0.
18	Other liabilities. Attach schedule		14,734.		6,870.
19	Capital stock or principal fund		0.		● 0.
20	Paid-in or capital surplus. Attach reconciliation		0.		● 0.
21	Retained earnings or income fund		12,886.		● 25,068.
22	Total liabilities and net worth		31,820.		35,254.

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000					
1	Net income per books	● 0.	7	Income recorded on books this year not included in this return. Attach schedule	● 0.
2	Federal income tax	● 0.	8	Deductions in this return not charged against book income this year. Attach schedule	● 0.
3	Excess of capital losses over capital gains	●	9	Total. Add line 7 and line 8	0.
4	Income not recorded on books this year. Attach schedule	● 0.	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	● 0.		Subtract line 9 from line 6	0.
6	Total. Add line 1 through line 5	0.			

Line 17, Part II (CA 199) - Other Deductions

1	Pension plans, employee benefits	1	638
2	Legal fees	2	0
3	Accounting fees	3	10,816
4	Other professional fees	4	2,130
5	Travel, conferences, and meetings	5	0
6	Printing and publications	6	299
7	Special events direct expenses	7	40,958
8	Office expenses	8	3,983
9	Other expenses	9	
10	BANNER DESIGN, OUTREACH AND PROMOTION	10	20,412
11	DUES/SUBSCRIPTIONS.; INSURANCE; TELEPHONE;	11	6,330
12	Total	12	85,566

Line 12, Sch L (CA 199) - Other Assets

	Beginning	End
1 DEPOSITS	482	0
2 PREPAID EXPENSES	0	2,716
3		
4		
5		
6		
7		
8		
9		
10 Total	482	2,716

Line 18, Sch L (CA 199) - Other Liabilities

	Beginning of Year	End of Year
1 DEFERRED REVENUE	14,734	6,870
2 DEFERRED REVENUE		
3		
4		
5		
6		
7		
8		
9		
10 Total	14,734	6,870

Payment and Refund Options (CA E-File Info EO)

Zero Balance/Refund Due Option

There is neither a refund nor a balance due.

Tax Liability Options

You owe \$10 in tax liability. Choose one of the following payment options.

Paper check by mail. See 'Mailing Inst' tab below for addresses.

Direct Debit.

Web Pay. Taxpayers may pay the amount they owe from their checking or savings account through the state's Web site.

[Click here to go to https://www.ftb.ca.gov/online/webpay/business_entities.asp](https://www.ftb.ca.gov/online/webpay/business_entities.asp)

Bank Information

Tax Payer's Bank Information:

Routing number:

Account number:

Type of account: Checking Savings

Are these direct deposit or debit requests going to or through an account that is located outside of the United States?

Yes No

If a payment is due, enter the date of payment and the amount you will pay.

This date may not be before today's date or after today's date.

Date:

Amount to Pay:

Included E-File Forms (CA E-File Info EO)

E-file created on 01/10/2018 01:04:55 PM with SubmissionID: 3083732018010ru8gqta

Form Order	Form Name	Section/Worksheet
1	CA 199	
2	CA 199	Ln 11, Pt II - Compensation
3	CA 199	Ln 17, Pt II - Oth Ded
4	CA 199	Ln 18, Sch L - Oth Liab-Beginning
5	CA 199	Ln 18, Sch L - Oth Liab-End
6	CA 199	Ln 12, Sch L - Oth Assets-Beginning
7	CA 199	Ln 12, Sch L - Oth Assets-End