## 991

## 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)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning 7/1/2012 and ending 6/30/2013 Check if applicable: C Name of organization Diamond Business Association, Inc. D Employer identification number Address change Doing Business As 80-0767111 Number and street (or P.O. box if mail is not delivered to street address) Name change Room/suite E Telephone number X Initial return P. O. Box 740564 619-764-6245 Terminated City, town or post office, state, and ZIP code Amended return San Diego CA 92174-0564 G Gross receipts \$ 36.965 Application pending F Name and address of principal officer: H(a) Is this a group return for affiliates? Yes X No Carlton Stephen Walters P. O. Box 740564, San Diego , CA 92174-0564 H(b) Are all affiliates included? Yes X No 501(c)(3) X | 501(c) ( Tax-exempt status: 6 ) < (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ www.sdbd.org H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2011 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: To enhance the growth and improvement of the community by creating partnerships between business owners to administer the assessment Activities & Governance district to combat deterioraton and promote business and commercial revitalization. Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . . . . . . . . . . . . . Number of independent voting members of the governing body (Part VI, line 1b) . . . . . . . 4 5 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 4 7a 0 Net unrelated business taxable income from Form 990-T, line 34 . 7b 0 **Current Year** Contributions and grants (Part VIII, line 1h) . . . . . 7,335 36,965 9 Program service revenue (Part VIII, line 2g) . . . . . . . . . . . . Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . . . . . . 0 10 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . 11 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . 12 7,335 36,965 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . . Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . 0 15 0 Professional fundraising fees (Part IX, column (A), line 11e) . . . . 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . 880 42,882 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . 18 880 42,882 Revenue less expenses. Subtract line 18 from line 12. 6,455 -5,917 Beginning of Current Year End of Year 20 Total assets (Part X, line 16). 538 21 Total liabilities (Part X, line 26) . . . . . . . . 0 22 Net assets or fund balances. Subtract line 21 from line 20 538 Signature Block Under penalties of perjury, I declare that prave 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 Sian Signature of officer / Here Carlton Stephen Walters President Type or print name and title Print/Type preparer's name Preparer's signature Paid Check Mary Joseph Preparer 2/17/2014 self-employed P01270486 Firm's name ► MFJ Systems **Use Only** Firm's EIN ▶ 95-3081496 Firm's address ► 2356 Moore Street, San Diego, CA 92110 Phone no. (619) 298-8280 May the IRS discuss this return with the preparer shown above? (see instructions) . X Yes

Dort III	Diamond Business Association,	Inc.	90 0767444
Part III	Statement of Program Service	e Accomplishments	80-0767111 Pag
4 D.:. 0	Check if Schedule O contains a	response to any question in this Par	tIII
To enh	ance the growth and improvement of the so owners to administer the assessment and commercial revitalization		/een ote
2 Did the			
•	organization undertake any significant properties of 990-EZ?  ' describe these new services on Sched	program services during the year which we	ere not listed on
3 Did the services	organization cease conducting or make	e significant changes in how it conducts, ar	_
4 Describ- expense the total	e the organization's program service aces. Section 501(c)(3) and 501(c)(4) organizations, and revenue, if any, for each	<ul> <li>complishments for each of its three largest anizations are required to report the amoun h program service reported.</li> </ul>	program services, as measured by it of grants and allocations to others,
enhance creating combat was ess in depth Plan. IR	e the growth and improvement of the con partnerships between business and pro- deterioration and promote economic and entially start up of operations, forming the program and organizational assessment	d commercial revitalization). To this end F ne first Board of Directors, and commission with a resulting in the formation of a Strate 2013 and a contract signed with the City	are to Association by stricts that Y2012-2013 hing an tegic of San
c (Code:	) (Expenses \$	including grants of \$	) (Revenue \$)
d Other prog	gram services. (Describe in Schedule O.		
/ <u>-</u> vhelises	0 including gran	nts of \$ 0 ) (Revenue	\$ 0)

Part IV

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

## Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of years to be a		Ye	s	No
	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.			$\top$	_
22	3	2	1		Χ
	The state of the s				
23	Did the organization answer Yes" to Part VII Section A line 2 4 or 5 about	2:	2		Χ
	3				
24	and a garneddorf flave a lax-exemply found issued with an outstanding main air air	23			X
	The fact do of the last day of the year. That was regular after December 24, 20000 14 10 4				
	- "3" = 18 and complete Schedule N II "NO " do to line 95				
1	Did the organization invest any proceeds of tax-exempt honds boyond a terms and a terms and the second as terms are the second as the se	24			X
9	and a garmation maintain all esciow account other than a refunding occurrent at a continuous continuous and the continuous account of the continuous	24			X
(	bid the organization act as all on penalt of legiler for honds outstanding of the	24		_	<u> </u>
25	10/0/ direction of the first of the organization ongogo in an account of	240	1	1)	<u> </u>
	The policy during the vegicini tes complete schedule i Doct i		1		
k	is the organization aware that it engaged in an excess benefit transaction with a discussion is	258	1	+	
	prior your, and that the transaction has not been reported on any of the organization and and				
	200 == 1. 1. 100, complete Scriedule L. Part I	251			
26	vas a loan to or by a current or former officer director trustee key employee highest	25h	-	+-	_
07	portion outstanding as of the end of the organization's toy years if it,	26		1	
27	and a second provide a graffic of only officer director trusters to	20		X	_
	and some batter of employee thereof, a grant selection committee member, and a grant selection				
28	or larmy mornior of any of these persons / It "yes " complete Schodule I. Doct III	27		X	
20	vide the organization a party to a pusiness transaction with one of the following parties (see a color of the following parties)			1	
а	- Latter metabolis for applicable filling intesholds conditions and exceptions.				
b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	100000000000000000000000000000000000000	X	8008
-	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete  Schedule L, Part IV				_
С	An entity of which a current or former officer, director, trustees to the control of the current or former officer, director, trustees to the current of the current or former officer, director, trustees to the current or former officer, director, trustees to the current or former of the current or former or former or former of the current or former or forme	28b		X	
	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</i> "Yes," complete Schedule L, Part IV.				_
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .	28c		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		Х	
	conservation contributions? If "Yes," complete Schedule M.				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		X	_
215	" 100, complete defletule N, Part II	20			
33		32		X	_
	3 to the country of the and so the first of the country of the cou	33		v	
34	and the state of t	33		<u>X</u>	_
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h	3 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	35a		X	-
D	is an addition of a mile o	Jou			-
	The mounting of Section 5 [2(D)(13) / If "Yes" complete Schodule D. Dort V. III 0	35b			
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	- 3	36			
<b>U</b> 1					-
	and to drouted do a partite still for lederal income tax numberes? If "Vos " complete Calendaria D. D. d.				
		37		Χ	
	Did the digalization complete Schedule () and provide explanations in Caladal Co.				•
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х		
			-		

Statements Regarding Other IRS Filings and Tax Compliance 80-0767111 Part V Check if Schedule O contains a response to any question in this Part V . . . . . . . Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . . . . . Yes No Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . . . b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 0 gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 1c X Statements, filed for the calendar year ending with or within the year covered by this return . . . If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 2b Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . . . . . . . . . . . . 3a b 3a X At any time during the calendar year, did the organization have an interest in, or a signature or other authority 3b over, a financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country: 4a Χ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . b X C 5b Χ Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or X Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . . . b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . f 7e If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . 7f X g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Χ h 7g Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 7h 8 Χ organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring 9 Sponsoring organizations maintaining donor advised funds. 8 а 9a b 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . . . . . . . . . . . a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . b 11 Section 501(c)(12) organizations. Enter: а Gross income from other sources (Do not net amounts due or paid to other sources Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . . 12b 12a b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? . . . . . Note. See the instructions for additional information the organization must report on Schedule O. 13a Enter the amount of reserves the organization is required to maintain by the states in which C Did the organization receive any payments for indoor tanning services during the tax year? . . . . . If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14a X

14b

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year . . . . Yes No If there are material differences in voting rights among members of the governing body, or 1a if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . . . . 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 2 X supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . 4 3 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . 5 4 X 6 5 X Did the organization have members, stockholders, or other persons who had the power to elect or appoint 6 Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X Did the organization contemporaneously document the meetings held or written actions undertaken during 7b Χ the year by the following: Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10a X affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. 10b **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12a Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12b 12c 13 14 13 X Did the process for determining compensation of the following persons include a review and approval by X independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official. 15a Х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 15b Χ 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its X 16a 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 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest 19 policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: Carlton Stephen Walters 5106 Federal Blvd., #201, San Diego, CA 92105

	Employees, and Independent Contractors Check if Schedule O contains a response to any question in this Part VII.	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Complete organization's	this table for all persons required to be listed. Report compensation for the colorate way.	
<ul><li>List all o</li><li>List the</li><li>who received</li></ul>	of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of amount on. Enter -0- in columns (D), (E), and (F) if no compensation was paid. of the organization's <b>current</b> key employees, if any. See instructions for definition of "key employee." organization's five <b>current</b> highest compensated employees (other than an officer, director, trustee, or key employee) reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the	

• 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.

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

	I	T .				itou u	ily C	T	rector, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle: er an	Pos neck ss pe	erson lirect	e than o is both or/trust	an	(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
(1) Carlton Stephen Walters President	2.00									
	0.00			Χ				0	ol	0
(2) Carlos Vasquez Vice President	2.00									
(2)	0.00			Χ				0	0	0
(3) Karia Ruiz Secretary	2.00			.						
(A) Marra Out	0.00			Х			_	0	0	0
Treasurer	2.00 0.00			V						3.0
(5)			$\dashv$	Х	-		-	0	0	0
						.				
(6)										
(7)				1						
(8)			1	1	-	1				
(9)			+	$\dashv$	$\dashv$	-	$\dashv$			
(10)			$\dashv$	$\dashv$	$\dashv$	+	$\dashv$			
(11)		-		-	-		-			
(12)		_	+	+	+	_				
(13)			4	1	4		$\perp$			
(14)			1							
-CLIL										

P	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(A) Name and title	(B) Average hours per	(C) Position (do not check more than of box, unless person is both officer and a director/trust					an Reportable	(E) Reportable	(F) Estimated	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(15)											
(16)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b c d	Sub-total .  Total from continuation sheets to Part VII, Son Total (add lines 1b and 1c).	ection A						<b>&gt;</b>	0	0	0
2	Total number of individuals (including but not lin reportable compensation from the organization	mited to those lis		bov							0
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched	ector, or trustee,		emp	oye	e, o	or high	nest	t compensated		Yes No
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? If "Yes," complete Schedule J for such										
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual										
Sec	for services rendered to the organization? If "Yotion B. Independent Contractors	es," complete Sc	chedu	ile J	for	suc	h per	son	<u> </u>		5 X
1	Complete this table for your five highest compe compensation from the organization. Report co year.										tax
	(A) Name and business address								(B) Description of ser	vices (	(C) Compensation
											0
											0
2	Total number of independent contractors (inclu-	ding but not limit	ed to	tho	se l	iste	d abo	ve)	who received		0
	more than \$100,000 of compensation from the		•				0	- /			