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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

A F	or th	e 2009 ca	alenc	dar ye	ear, or tax	x year be	ginning		0.7	7/01	, 2009,	and e	ending			0	6/30,	20 10	
B cr	eck if ap			C Name	e of organiza	ation SAN	DIEGO	CHAF	RITABI	LE F	EAL E	STA'	ΓE	D	Employe	r identif	fication n	ıumber	
	Addre chang		IRS el or		Business As									1	33-0	7010	29		
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	Amen	ded tion	ruc- ns. S	SAN	DIEGO,	CA 92	106							G	Gross re	ceipts \$	3	581	, 602
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	_	of organization			rporation	Trust	Associati	ion	Other	<u> </u>		<u> L </u>	Year of form	ation	1990	M Stat	te of legal	domicile	C.
Ρa	rt I	Summ																-	
- 1	1	Briefly de	scribe	e the c	organizatio	n's missior	or most si	ignifica	nt activiti	es									
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Governance		PHILAN	NTHE	ROPY	BY AC	CEPTING	G, MANA	AGIN	G AND	MA	RKETIN	IG R	EAL ES	TAT	E GI	FTS.			
ٳؽؚ	2	Check this	s box	x ▶ [if the o	rganization	ı discontini	ued its	operation	ons or	disposed	of mo	ore than 25°	% of it	s net as	sets.			
8	3	Number o	of voti	ting me	embers of t	the governi	ng body (Pa	art VI, i	line 1a)							3			11
es	4	Number o	of inde	depend	ent voting	members o	of the gove	erning t	oody (Par	t VI, lı	ne 1b)	• • •		• • •		4			11
Ž	5	Total num	nber c	of emp	oloyees (Par	rt V. line 2a)	•	•		′ • •		· · · · · ·	• • •		5			0
Activities &	6	Total num	aber c	of volu	inteers (esti	mate if nec	essarv)						• • • • •	• • •	• • • •				13
~	72	Total gros	ee un	relater	d business i	rovenue fro	m Part VIII	colum	n (C) lin				• • • • •	• • •	• • • •	7a		26	,56
	, u	Not uprob	atad I	bucine	ess taxable	income fre	m Form OO	, coluin	(O),	16 12				• • •	• • •	· · 7 a			, 00
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Pe	8	Contributi	ions a	and gra	ants (Part \	viii, iine in)		• • •					• • • • ├─			0.			
ē	9	Program :	servic	ce reve	enue (Part V	/III, line 2g)		• • • •					· · · ·		0.6				
Revenue	10	Investme	nt inc	come (Part VIII, c	olumn (A),	lines 3, 4, a	and 7d)			· <u></u>	-,	上			,887.			, 65
	11	Other rev	enue	э (Part	VIII, colum	ın (A), lines	5, 6d, 8c, 9	9c, 10c	c, and 1:1	e). /:	$\overline{\Omega}$ $\overline{\Omega}$	ļ.,				824.			,56
	12	Total reve	enue -	- add I	lines 8 thro	ough 11 (m	ust equal P	art VIII	, column	(A), li	ne_12) :	1.				,711.		100	,592
	13	Grants ar	nd sın	mılar a	mounts par	d (Part IX, o	olumn (A),	, lįnes 1	1-3)			;}\ ⊙(L	4	,647,	, 282 .	·		(
i	14	Benefits p	paid to	to or fo	or members	(Part IX, co	olumn (A)ပ္သ	line 4)	MOV.1	. 6.2	010 13	. این	L			0.	-1_		(
ş	14 Benefits paid to or for members (Part IX, column (A) cline 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).								0.										
nse	16a	Professio	nal fu	iundrais	sing fees (P	art IX, colu	mn (A), line	e 1/1e)-		- 31	LIT	1				0.			(
Expense	b	Total fund	draisi	ing exc	sing fees (P penses, Par	t IX, columi	n (D), line 2	25)	jĠDI		6								
Ê	17	Other exp	ense	es (Par	rt IX, colum	n (A), lines	11a-11d. 1	11-241	= \	=					78.	, 383.		4.5	,379
					lines 13-1									4	,725				,37
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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.*

Form 990 (2009)

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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		i	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Sections 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	5		
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	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>X</u>
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	9		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	10		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	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	vê.	12.	50 R
_	Schedule D, Part VI.	·\$.		200 5
•	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.	يان پاهن باش د ا		1
	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 in Part X, line 15 that is 5% or more of its total assets	4	, ,	7 7
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		5 45	
•	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	-	3	, X
	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,"	٧	, ,	
	complete Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year?		ę., ę.,	<i>(</i>)
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			~ *
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		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	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	1		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		İ	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1		۱
	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	Х

Påri	V 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	21		Х
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	22		Х
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	23	Х	
24 a	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 question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
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.	26		Х
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	27		Х
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).			x.
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		├ ^-
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	006		×
_	Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	1		
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	••		
•	Part I	31	Ì '	х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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	33	Х	
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	34	Х	
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	35		Х
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	36	<u></u>	X
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,		1	
	Part VI	37		Х
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	38	Х	

rai	Statements negaring other ind Fillings and Tax Compliance		Yes	No
4.	Enter the number reported in Box 2 of Form 1006. Appual Cummons and Transmittal of J.		162	NO
ıa	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	·		
L	US Information Returns. Enter -0- if not applicable			
	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
•	gaming (gambling) winnings to prize winners?	1 c		i
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 retain.	2b		
D	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	20		
20	Instructions)			
Jä	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a	X	
h	this return?	3b	X	_
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- 55		
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a		х
ь	account)?			
,	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?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
•	Prohibited Tax Shelter Transaction?	5c		
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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	3	,	
	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?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			١,,
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			اـــــا
	benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7.		
^	required?	7h	- -	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		1	4
	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?	8	 	X
9	Sponsoring organizations maintaining donor advised funds.	 	-	
_	Did the organization make any taxable distributions under section 4966?	9a	-	<u></u>
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	J <u>J</u>	-	· ;
	Initiation fees and capital contributions included on Part VIII, line 12			
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	ŀ]
11	Section 501(c)(12) organizations. Enter.	1	ļ	;
	Gross income from members or shareholders			;
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		,
-	amounts due or received from them)			'
12a		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

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.

<u> </u>	ion A. Governing Body and Wanagement			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that 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?	2		Х
•	Did the organization delegate control over management duties customarily performed by or under the direct	_		
3		3		Х
_	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 organizational documents since the prior Form 990 was filed?	4		$\frac{x}{x}$
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	1		
а	The governing body?	8a	Х	-
	Each committee with authority to act on behalf of the governing body?	8b		
	, , , , , , , , , , , , , , , , , , , ,			
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	0-		Х
		9a		^
	ion B. Policies (This Section B requests information about policies not required by the Internal			
<u>Heve</u>	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
ц	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
U	rise to conflicts?	12b	Х	
_		120		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	Х	
	describe in Schedule O how this is done	12c	Λ	x
13	Does the organization have a written whistleblower policy?	13		^_
14	Does the organization have a written document retention and destruction policy?	14	_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?			
а	The organization's CEO, Executive Director, or top management official	15a		L
b	Other officers or key employees of the organization	15b		
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16a				
. va	with a taxable entity during the year?	16a		x
_		Iva		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			١.
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		Ь
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \(\subseteq \frac{CA_{\subset}}{-} \)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only)		
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	est		
	policy, and financial statements available to the public.			
20		ne		
20		15.7		_
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SARAH SLAUGHTER, 2508 HISTORIC DECATUR RD., STE. 200 SAN DIEGO,	CA	9210)6

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.

(A)	(B)			(C	-			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	ल Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
PAUL A MEYER			П							
BOARD CHAIR	1.50	Х	Ш	Х			<u> </u>	0.	0.	C
LINDA HERSH										
BOARD TREASURER	1.00	Х		Х				0.	0.	C
ROBERT KELLY			H							
BOARD SECRETARY	1.00	Х	Ш	Х				0.	282,894.	C
YAMIL M AYAD										
DIRECTOR	.50	Х						0.	0	. 0
JIM CAHILL										
DIRECTOR	.50	Х			Ĺ	L		0.	0.	C
CHER CONNER										
DIRECTOR	.50	Х						0.	0.	0
CRAIG IRVING										
DIRECTOR	.50	Х						0.	0	0
GARY M. KATZ										
DIRECTOR	.50	X						0.	0.	
DAVID THOMAS										
DIRECTOR	.50	X			L.			0.	0.	
ALLAN WASSERMAN										_
DIRECTOR	.50	Х	l l		l			0.	0	
JANICE WEINRICK										
DIRECTOR	.50	Х						0.	0	C
								i		
]									
							L	1		
		<u> </u>								
										_
	1	i			l	1	i		1	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	Name and title Average Position (check all that apply) Reportable Re												
Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reporta compens from rela organiza (W-2/1099	ation ated tions	Estima amour othe compens from organiz	nt of er sation the ation	
) ŏ	stee			nsated					and rel organiza		
											-		
									_				
										·			
1b Total							>	0.	282	,894.		0.	
2 Total number of individuals (including but not reportable compensation from the organization)		hose (liste)	d al	bov	e) who	o re	ceived more than	\$100,000 II	n			
3 Did the organization list any former office	cer directo	or or	tri	ıste	e l	kev e	mn	llovee or highes	t compens	ated	Ye	s No	
employee on line 1a? If "Yes," complete Sched	lule J for su	ch ına	lvid	ual							3	X	
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	nan \$	150	00,0	0?	If "Y	'es, '	' complete Sched	ule J for	such	4	. *	
5 Did any person listed on line 1a receiv	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for									X			
Section B. Independent Contractors													
1 Complete this table for your five highest compensation from the organization.	compensat	ted in	idep	enc	dent	cont	trac	tors that received	d more th	an \$10	0,000 of		
(A) Name and business add	Iress					-		(B) Description of se	rvices	C	(C) ompensation	on .	
NONE							I						
							+						
							+						
											_		
2 Total number of independent contractors (i more than \$100,000 in compensation from the more than \$100,000				nite	d to	thos	se I	isted above) who	received				

Total revenue (se)	Par	t VIII	Statement of Rever	nue			33-0701029		rage J
Business Code Business Code	•						Related or exempt function	Unrelated business	
Business Code Business Code	contributions, gifts, grants nd other similar amounts	b c d e f	Membership dues	1b 1c 1d trions) 1e ts, above . 1f	4,366.				
3 Investment income (including dividends, interest, and other similar amounts). 69,657		h	Total. Add lines 1a-1f			4,366			
3 Investment income (including dividends, interest, and other similar amounts). 69,657	am Service Revenue	b			Business Code				
1 1 1 1 1 1 1 1 1 1	Progra	f				0			
(i) Real (ii) Personal (iii) Perso		3	Investment income (including other similar amounts) Income from investment of t	g dividends, intere	est, and	0			69,657
C Rental income or (loss)		6a	Gross Rents	(i) Real 507,579	(II) Personal		-		
Ta Gross amount from sales of assets other than inventory b Less. cost or other basis and sales expenses		c	Rental income or (loss)	26,569		· *	0.	26,569	0
d Net garn or (loss)			assets other than inventory Less. cost or other basis and sales expenses			** * * * * * * * * * * * * * * * * * *	, , , ,	, , ,	, 3 ,
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		C						*	
9a Gross income from gaming activities. See Part IV, line 19	Revenue		Gross income from freevents (not including \$ of contributions reported on	line 1c).					
9a Gross income from gaming activities. See Part IV, line 19	her	ь							
b Less direct expenses b c Net income or (loss) from gaming activities	₹	i	Gross income from gaming a	activities.		0.		. ,	
10a Gross sales of inventory, less returns and allowances		ь	Less. direct expenses	b				· · · · · · · · · · · · · · · · · · ·	
b Less: cost of goods sold b c Net income or (loss) from sales of inventory]	Gross sales of inventor	ory, less		0.		,	
b			Less: cost of goods sold Net income or (loss) from sal	b les of inventory	<u> </u>	0.			
b		112					<u> </u>		
		1							
C		С							
d All other revenue		d			L				
e Total. Add lines 11a-11d							0	26 569	69,657

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and		expenses	general expenses	expenses
•	organizations in the U.S. See Part IV, line 21	0.			
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. 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.			
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	0.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
11	Fees for services (non-employees):	10 000	10 000		0
	Management	10,000.	10,000.	0.	0.
b	Legal	638.		638. 4,750.	0.
	Accounting	6,350.	1,600.	4,750.	0.
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17	0.			
1	Investment management fees	23,523.	22,347.	1,176.	0
g		23,323.	22,347.	1,170.	0
12	Advertising and promotion	0.1			
13	Office expenses	0.1			
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
17	Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	43.	0.	43.	0
20	Interest	0.			
21	Payments to affiliates	0.			-
22	Depreciation, depletion, and amortization	0.			
23	Insurance	2,429.	0.	2,429.	0
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)				
2	SUPPLIES	265.	0.	265.	0
	POSTAGE	18.	0.	18.	0
_	PRINTING AND PUBLICATIONS	224.	0.	224.	0
	OTHER TAXES	1,600.	1,600.	0.	0
•	MISCELLANEOUS EXPENSE	289.	0.	289.	Ó
	All other expenses				0
	Total functional expenses. Add lines 1 through 241	45,379.	35,547.	9,832.	0
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	269,706.	2	208,306
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key	-		
	employees, and highest compensated employees. Complete Part II of		1	
	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	
을 7	Notes and loans receivable, net		7	
Assets 7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or 10a 780,000.			
	other basis. Complete Part VI of Schedule D		l	
Ιь	Less. accumulated depreciation	830,000.	10c	780,000
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	4,727.		4,727
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,104,433.		993,033
17	Accounts payable and accrued expenses	4,603.		1,577
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	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	465,780.		352,193
26	Total liabilities. Add lines 17 through 25	470,383.		353,770
1-0	Organizations that follow SFAS 117, check here ▶ X and			<u> </u>
စ္ဆ	complete lines 27 through 29, and lines 33 and 34.			
Net Assets or Fund Balances 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Unrestricted net assets	634,050.	27	639,263
g 28	Temporarily restricted net assets		28	·
B 29	Permanently restricted net assets		29	
اَچَ	Organizations that do not follow SFAS 117, check here ▶			· · · · · · · · · · · · · · · · · · ·
בַ	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	
X 32	Retained earnings, endowment, accumulated income, or other funds		32	
₹ 33 33	Total net assets or fund balances	634,050.	33	639,263
34	Total liabilities and net assets/fund balances	1,104,433.	34	993,033

Form **990** (2009)

Pa	irt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	1		
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	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?	2c	_ X	
	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	1		
	issued on a consolidated basis, separate basis, or both:	1		;
	Separate basis X 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?	3a		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.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization SAN DIEGO CHARITABLE REAL ESTATE

Employer identification number

FOUN	DATION								33-07	01029	
Part	Reason fo	r Public Chari	ty Status (All organi	zations m	ust compl	ete this p	oart.) Se	e instruc	tions.		
The or	ganization is no	t a private found	lation because it is: (F	or lines 1 t	hrough 11,	check on	ly one bo	x.)			
1	A church, co	onvention of chur	ches, or association o	of churches	described	ın sectioi	n 170(b)(1)(A)(i).			
2	A school de	scribed in <mark>sectio</mark>	n 170(b)(1)(A)(ii). (Att	ach Sched	ule E.)						
3	A hospital o	r a cooperative h	nospital service organi	zation desc	cribed in se	ction 170	(b)(1)(A)	(iii).			
4	A medical i	esearch organiz	ation operated in coi	njunction v	with a hos	pital desc	cribed in	section	170(b)(1)	(A)(iii). E	Enter the
	hospital's na	ıme, cıty, and sta	ite:								
5	An organiza	ition operated fo	or the benefit of a coll	lege or un	versity ow	ned or o	perated b	y a gove	ernmental	unit des	cribed in
	section 170	(b)(1)(A)(iv). (Co	omplete Part II)								
6	A federal, st	tate, or local gov	ernment or governme	ntal unit de	scribed in s	ection 17	70(b)(1)(A)(v).			
7	An organiza	ition that normal	lly receives a substant	tial part of	its support	from a g	jovernme	ental unit	or from t	he genei	ral public
	described in	section 170(b)(1)(A)(vi). (Complete P	art II.)							
8	A communit	y trust described	d in section 170(b)(1)(A)(vi). (Co	mplete Parl	t II.)					
9 _			ly receives: (1) more t							-	-
	•		ted to its exempt fun-		-						
	• •	-	nent income and uni						511 tax)	from bu	ısınesses
	—	9	after June 30, 1975					•			
10		=	nd operated exclusive	-	-	-					
11		_	and operated exclusi	•		•				-	
	•	· ·	ublicly supported orga					•	•		e section
		_	at describes the type o								
г	a LX Typ	_	 ′'		e III - Func	•	•			pe III - O	
e _		•	rtify that the organiz				•				•
	•		on managers and oth	er than on	e or more	publicly s	supported	organiza	ations de	scribea ii	n section
4		section 509(a)(a	∠). I a written determina	tion from t	ho IDC the		Tuno I I	Funo II o	r Tuno III	aupport	ına
f	_							iype ii, o	r rype iii	support	X
~	Since Augus	ot 17 2006 box	the organization acce	 ntod anv a		 bution fro		tho			🔼
g	following pe		the organization acce	pied any g	iit or contin	Dution no	illi aliy Oi	uic	,		
			or indirectly controls	either ale	one or too	ether wit	h nersor	s descrit	ned in (ii)		Yes No
			erning body of the sup							11g(i)	X
			erson described in (i) a							• ——	X
			of a person described							11g(ili)	X
h			ation about the suppo								
	ime of supported	r	(iii) Type of organization			(v) Did y	ou notify	(vi)	s the	(vii) Am	nount of
	organization		(described on lines 1-9 above or IRC section	in col. (i) lis	sted in your document?	the organ	nization in		tion in col.	sup	port
		·	(see instructions))	governing	aocument:		of your cort?		zed in the S.?		
				Yes	No	Yes	No	Yes	No		
SEE	PART IV										
					ĺ						
						ļ	ļ		ļ		
				ļ.—		-					
		l		ł							
	· · · ·				-	1				- -	
		1		1							

Par	Support Schedule for Ord (Complete only if you check	ganizations D ked the box or	Described in Son line 5, 7, or 8	ections 170(of Part I.)	b)(1)(A)(iv) ar	nd 170(b)(1)(A	\)(vi)
Sect	ion A. Public Support	<u> </u>	•		-		
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge					:	
4	Total. Add lines 1 through 3		.pp.				
5	The portion of total contributions by each		**	~ * , *		*	
	person (other than a governmental unit or	,		* .	* * * ***	, " " ""	
	publicly supported organization) included	\$,		* ** **)	, kx	
	on line 1 that exceeds 2% of the amount		· · · *	* *** '*	, ** , ,	,	
	shown on line 11, column (f)	. *					
6	Public support. Subtract line 5 from line 4.		**	ta.	î	,	
Sect	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		<u> </u>				
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar				1		
	sources						
_	N						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)				:		
11	Total support. Add lines 7 through 10			* ** *		1 11 1 6 8 8	
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	or the organiza	ition's first, secoi	nd, third, fourth,	, or fifth tax ye	ar as a section	
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2009 (I	ne 6, column (1	f) divided by line	11, column (f))		14	%
15	Public support percentage from 2008	Schedule A, Pa	art II, line 14			15	%
16a	331/3% support test - 2009. If the c						re, check
	this box and stop here. The organization	on qualifies as	a publicly suppo	rted organizatio	on		▶∟
b	331/3% support test - 2008. If the	organization did	d not check a b	ox on line 13	or 16a, and line	e 15 is 331/3%	or more,
	check this box and stop here. The org	anızatıon qualıf	ies as a publicly	supported orga	anization		▶ 📘
17a	10%-facts-and-circumstances test - 2	2009. If the org	anization did no	t check a box o	n line 13, 16a o	r 16b, and line 1	4 is 10%
	or more, and if the organization m	eets the "facts	s-and-circumstar	ices" test, che	ck this box an	d stop here. E	xplaın ın
	Part IV how the organization meets	the "facts-and-	circumstances" 1	est. The organ	ization qualifies	as a publicly s	upported
	organization						▶□
b	10%-facts-and-circumstances test -	2008. If the or	ganization did r	ot check a box	x on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the org	anızation meet	ts the "facts-an	d-circumstances	s" test, check t	his box and st	op here.
	Explain in Part IV how the organization						-
	supported organization				•		
18	Private foundation. If the organization						
_	instructions						. 🖂
_							990 or 990-EZ) 2009

Schedule A	(Form 990 or 990-EZ) 2009	33-07
Part III	Support Schedule for Organizations Described in Section	on 509(a)(2)
	(Complete only if you checked the box on line 9 of Part I.)	

Sec	tion A. Public Support						
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include						
	any "unusual grants.")						
2	Gross receipts from admissions, merchandise		-				
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						ĺ
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the	i					
	organization without charge	ļ				<u></u>	
6	Total. Add lines 1 through 5		•				
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
Ь	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year				·		
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	ĺ					
	line 6.)						
	tion B. Total Support	(-) 0005	a	(1) 0007	(1) 0000		I
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		<u> </u>				
iva	payments received on securities loans,		1				
	rents, royalties and income from similar						
h	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business			-			
• •	activities not included in line 10b,						
	whether or not the business is regularly]	
12	Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part IV)	I					
13							
	and 12.)	<u> </u>					
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501	(c)(3)
	organization, check this box and stop here	<u> </u>		<u></u>		<u> </u>	▶ □
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2009 (line 8					15	%_
16	Public support percentage from 2008 Sche				· · · · · · · · ·	16	%_
	tion D. Computation of Investmen						
17	Investment income percentage for 2009 (II						
18	Investment income percentage from 2008						<u> %</u>
19a	33 1/3% support tests - 2009. If the o						
	17 is not more than 33 1/3%, check the					· · ·	
D	33 1/3% support tests - 2008. If the org						
20	line 18 is not more than 331/3%, check				-		
20 JSA	Private foundation. If the organization	aid not check	a DUX UII IIIIQ	14, 13d, Of 190	, CHECK (NIS D		ructions P

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE A, PART I, LINE 11H

- (I) NAME OF SUPPORTED ORGANIZATION: SAN DIEGO FOUNDATION
- (II) EIN: 95-2942582
- (III) TYPE OF ORGANIZATION: 7
- IS THE ORGANIZATION LISTED IN YOUR GOVERNING DOCUMENT?: YES
- (V) DID YOU NOTIFY THE ORGANIZATOIN OF YOUR SUPPORT?: YES
- (VI) IS THE SUPPORTED ORGANIZATION ORGANIZED IN THE UNITED STATES?: YES
- (VII) AMOUNT OF SUPPORT: NONE

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SAN DIEGO CHARITABLE REAL ESTATE

Employer identification number

FOU	NDATION	33-0701029
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A the organization answered "Yes" to Form 990, Part IV, line 6.	Accounts. Complete if
	(a) Donor advised funds	(b) Funds and other accounts
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 and donor advisors in writing that the assets held in don	nor advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
U	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	purpose conferring impermissible private benefit?	
Par		rm 990 Part IV line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply).	m oog, arry, mo //
•		an historically important land area
		a certified historic structure
	Preservation of open space	a certified filstofic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	he form of a conservation
-	easement on the last day of the tax year.	ne torni di a conservation
		Held at the End of the Year
а	Total number of conservation easements	2a
b		2b
C	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06	
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	
	the tax year ▶	3
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, han	idling of
	violations, and enforcement of the conservation easements it holds?	- I I I I
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	ments during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement	ts during the year
	> \$	-
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sections	tion
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and	expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	al statements that describes
	the organization's accounting for conservation easements.	
Pa	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 sta art, historical treasures, or other similar assets held for public exhibition, education, or rese- provide, in Part XIV, the text of the footnote to its financial statements that describes these iter	atement and balance sheet works of arch in furtherance of public service, ns
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statem historical treasures, or other similar assets held for public exhibition, education, or resea provide the following amounts relating to these items:	ent and balance sheet works of art,
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar a	
	following amounts required to be reported under SFAS 116 relating to these items:	-
а	Revenues included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	

Par	Urganizations Maintaini	ng Collections (or Art, mistorica	ii ireasures,	or Othe	r Similar Assets	(continuea)
3	Using the organization's acquisition	accession and	other records, ch	eck any of the	e following	that are a signific	ant use of its
	collection items (check all that app				,	, mar are a ergiline	u 000 01 110
а	Public exhibition	.,,,	d \square	Loan or excl	hange pro	arams	
b	Scholarly research		ē H	Other	9-	9 . -	
C	Preservation for future ge	nerations	ـــا				
4	Provide a description of the organi		s and explain how	v thev further t	he organi	ization's exempt bi	irnose in
•	Part XIV		and explain not	v they renther t	organi	eation o oxompt p	p000
5	During the year, did the organization	on solicit or receiv	e donations of ar	t historical tra	ageuree o	r other similar	
•	assets to be sold to raise funds rat						Yes No
Par							
T al	IV, line 9, or reported ar				answere		
4 -	In the			£			
ıa	Is the organization an agent, truste		•				
_	included on Form 990, Part X?						Yes No
D	If "Yes," explain the arrangement in	Part XIV and con	npiete the followi	ng table:	· γ-·		
				-		Amount	
С	Beginning balance			_			
	Additions during the year			_			
е	Distributions during the year			—			
f	Ending balance			_			
	Did the organization include an am), Part X, line 217	' . <i></i> .			Yes No
	If "Yes," explain the arrangement in						
Par	t V Endowment Funds. Con						
_	_	(a) Current Year	(b) Prior year	(c) Two year	rs back	(d) Three years back	(e) Four years back
1 a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains,						
	and losses						
	Grants or scholarships					······································	
е	Other expenditures for facilities .				1		
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage	of the year end ba	alance held as:				
а	Board designated or quasi-endowr	nent ▶	%				
þ	Permanent endowment ▶	%					
	Term endowment ▶	%					
3a	Are there endowment funds not in	the possession o	f the organization	n that are held	and adm	inistered 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 org	ganızations listed a	as required on Sc	hedule R?			. 3b
4	Describe in Part XIV the intended in	uses of the organiz	zation's endowme	ent funds			
Par	t VI Investments - Land, Bui	ldings, and Equ	ipment. See Fo	rm 990, Par	t X, line 1	10	
	Description of investment		t or other basis vestment)	(b) Cost or other basis (other)		ccumulated preciation	(d) Book value
1a	Land		156,000.				156,000.
b	Buildings	<u> </u>	624,000.				624,000.
C	Leasehold improvements		·				·
d	Equipment				_		
9	Other				· · · · ·		
Tota	I. Add lines 1a through 1e (Column		orm 990 Part X	column (R) line	2 10(c))		780,000.
. 5.4	artes most ta amough to toolami	- (a) made equal i	J 555, 1 W. N, 1	(D), mic	· · · · · · · · · · · · · · · · · · ·		

Part VII Invo	estments - Other Securities. See Fo	orm 990, Part X, line	12.	
.(a) De	escription of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion: et value
Financial derivat	ives			
Closely-held equ	nity interests			
Other				
				
		-		
Total (Caluma (h) m	sust equal Form 990. Part X. col. (B) line 12.)			
	ust equal Form 990, Part X, col. (B) line 12) estments - Program Related. See F	orm 990 Part Y line	9 13	
	Description of investment type	(b) Book value	(c) Method of valuat	lon:
(a)	Description of investment type	(b) Book value	Cost or end-of-year mark	
_		-		
	-			****
				-
		-		
	nust equal Form 990, Part X, col (B) line 13)			
Part IX Oth	ner Assets. See Form 990, Part X, li	ne 15.		
	(a)	Description		(b) Book value
				
				,
			· · · · · · · · · · · · · · · · · · ·	
-				
	<u>-</u>			
Total. (Column (b) m	nust equal Form 990, Part X, col (B) line 15)			
	ner Liabilities. See Form 990, Part X			
1.	(a) Description of liability	(b) Amount		
Federal income	taxes			
LOAN PAYABI	LE - HAYWARD PROPERTY	346,923.		
HAYWARD SEC	CURITY DEPOSITS	5,270.		
				
	· . · . · . ·			
		252 102		
ı otal. (Column (b) п	nust equal Form 990, Part X, col (B) line 25)	352,193.		

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

Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statement	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	100,592.
2		2	45,379.
3		3	55,213.
4		4	-50,000.
5	Donated services and use of facilities	5	
6	Investment expenses	6	· · · · · · · · · · · · · · · · · · ·
7		7	
8		8	31,578,834.
9		9	31,528,834.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	31,584,047.
Part			
1	Total revenue, gains, and other support per audited financial statements		84,188,478.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	`	
а	Net unrealized gains on investments).	
b	Donated services and use of facilities		
С	Recoveries of prior year grants	7	
d	Other (Describe in Part XIV) 2d 83,656,876	5.	
е	Add lines 2a through 2d	26	e 83,606,876.
3	Subtract line 2e from line 1	. 3	581,602.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b -481,010	5.	
C	Add lines 4a and 4b	7 40	c -481,010.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	100,592.
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re		
1	Total expenses and losses per audited financial statements	14	50 604 400
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	. [
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIV.) 2d 52,078,047	2.	
е	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	. 3	526,389.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	401 010).	
C	Add lines 4a and 4b	4	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	45,379.
Part	XIV Supplemental Information		
and 2	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Als art to provide any additional information	o con	nplete
SEE	PAGE 5		

Part XIV Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 8

INCOME AND EXPENSES REPORTED BY OTHER ENTITIES INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS: \$31,578,834

SCHEDULE D, PART XII, LINE 2D

INCOME REPORTED BY OTHER ENTITIES INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS: \$83,656,876

SCHEDULE D, PART XII, LINE 4B

RENTAL EXPENSES: <\$481,010>

SCHEDULE D, PART XIII, LINE 2D

EXPENSES REPORTED BY OTHER ENTITIES INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS: \$52,078,042

Part XIV Supplemental Information (continued)

SCHEDULE D, PART XIII, LINE 4B

RENTAL EXPENSES: <\$481,010>

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

➤ Complete If the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009
Open to Public Inspection
Employer identification number

Name of the organization FOUNDATION

SAN DIEGO CHARITABLE REAL ESTATE

33-0701029

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. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account 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 1b 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 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 Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 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? X 4a Х 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х c Participate in, or receive payment from, an equity-based compensation arrangement?..... 4c 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. 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: x a The organization? 5a X 5b If "Yes" to line 5a or 5b, describe in Part III 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? **b** Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. 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 Х 7 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 Х 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

	(B) Breal	kdown of	(B) Breakdown of W-2 and/or 1099-MISC	/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(I) Base compensation		(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
		0	0	0	0	0		0.
ROBERT KELLY (II)	264,909	909	00.	17,985.	.0	0.		0
								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(ii)								
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Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

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AND CEO OF THE SAN DIEGO FOUND!	
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CEO	
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IS	
T KELLY	
OBERT KELLY	

SUPPORTED ORGANIZATION, AND RECEIVES COMPENSATION DIRECTLY FROM THE

HE DOES SUPPORTED ORGANIZATION FOR HIS CAPACITY AS PRESIDENT AND CEO.

NOT RECEIVE ANY COMPENSATION FOR HIS ROLE AS SECRETARY OF THE SAN DIEGO

CHARITABLE REAL ESTATE FOUNDATION, THE SUPPORTING ORGANIZATION

THEREFORE, ALL COMPENSATION LISTED IS DETERMINED AT THE SUPPORTED

ORGANIZATION LEVEL

SCHEDULE J, PART 1, LINE 4B

THE SAN DIEGO FOUNDATION, THE ROBERT KELLY, PRESIDENT AND CEO OF

SUPPORTED ORGANIZATION, PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED

RETIREMENT PLAN THAT WAS ESTABLISHED BY THE SAN DIEGO FOUNDATION AND

ALL ACCRUALS WERE MADE AT THE SUPPORTED ACCRUED \$93,808 INTO THE PLAN.

ORGANIZATION LEVEL.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

• Attach to Form 990.

OMB No. 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SAN DIEGO CHARITABLE REAL ESTATE

33-0701029

Employer identification number

FOUNDATION

ATTACHMENT 1

FORM 990, ITEM C

THE COMPLETE, LEGAL NAME OF THIS ORGANIZATION IS SAN DIEGO CHARITABLE REAL ESTATE FOUNDATION.

FORM 990, PART III, LINE I

THE PRIMARY EXEMPT PURPOSE IS TO SUPPORT THE SAN DIEGO FOUNDATION IN ITS MISSION TO PROMOTE AND INCREASE RESPONSIBLE AND EFFECTIVE PHILANTHROPY BY ACCEPTING, MANAGING AND MARKETING REAL ESTATE GIFTS. THIS ORGANIZATION ALSO PROVIDES SELECTED REAL ESTATE SERVICES TO OTHER NONPROFIT ORGANIZATIONS WITHIN THE SAN DIEGO COMMUNITY.

FORM 990, PART III, LINE 4A

GIFTS OF REAL ESTATE ARE MANAGED AND LIQUIDATED THROUGH THIS ENTITY WITH THE PROCEEDS CREATING OR SUPPLEMENTING AN ESTABLISHED FUND AT THE SAN DIEGO FOUNDATION. THE CHARITABLE REAL ESTATE FOUNDATION HELD TWO PROPERTIES VALUED AT \$780,000 AS OF JUNE 30, 2010. PROCEEDS FOR SALE OF PROPERTIES ARE TRANSFERRED TO A DONOR ADVISED FUND AT THE SAN DIEGO FOUNDATION FOR GRANTING TO THE COMMUNITY.

ATTACHMENT 1 (CONT'D)

FORM 990, PART IV, LINE 12A

THE SAN DIEGO CHARITABLE REAL ESTATE FOUNDATION IS A SUPPORTING ORGANIZATION OF THE SAN DIEGO FOUNDATION. THE FINANCIAL STATEMENTS OF THE SAN DIEGO FOUNDATION AND ALL SUPPORTING ORGANIZATIONS, INCLUDING SAN DIEGO CHARITABLE REAL ESTATE FOUNDATION, ARE AUDITED ON A CONSOLIDATED BASIS.

FORM 990, PART VI, SECTION B, LINE 11A

THE FORM 990 HAS BEEN REVIEWED BY THE CFO OF THE SAN DIEGO FOUNDATION, THE SAN DIEGO CHARITABLE REAL ESTATE FOUNDATION'S BOARD CHAIR, AND THE SAN DIEGO CHARITABLE REAL ESTATE FOUNDATION'S CONSULTANT. AN ELECTRONIC COPY OF THE FULL FORM 990 RETURN WILL BE EMAILED TO ALL BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING WITH THE IRS. ALL QUESTIONS WERE ADDRESSED BY THE CFO OF THE SAN DIEGO FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 12C

THE ORGANIZATION MONITORS COMPLIANCE WITH THE POLICY BY ENSURING THAT EACH BOARD MEETING HAS AN AGENDA ITEM TO REVIEW AND DISCLOSE ANY EXISTING AND/OR NEW CONFLICT OF INTERESTS. AT THE FIRST BOARD MEETING OF THE

Name of the organization FOUNDATION

SAN DIEGO CHARITABLE REAL ESTATE

Employer identification number

33-0701029

ATTACHMENT 1 (CONT'D)

FISCAL YEAR, EACH MEMBER IS ASKED TO COMPLETE AND SIGN AN UPDATED CONFLICT OF INTEREST STATEMENT.

FORM 990, PART VI, SECTION B, LINE 13

THE ORGANIZATION DOES NOT HAVE A WHISTLEBLOWER POLICY SINCE THERE ARE NO EMPLOYEES OF THIS ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19

THE AUDITED FINANCIAL STATEMENTS ARE ON A CONSOLIDATED BASIS. THE SAN DIEGO FOUNDATION'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE WWW.SDFOUNDATION.ORG. THE BYLAWS, ARTICLES OF INCORPORATION, IRS DETERMINATION LETTER AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST TO THE PUBLIC BY CONTACTING THE SAN DIEGO FOUNDATION.

SCHEDULE R (Form 990)

Name of the organization

FOUNDATION

Department of the Treasury Internal Revenue Service

SAN DIEGO CHARITABLE REAL ESTATE

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
 ★ Attach to Form 990.

2009 Open to Public

OMB No 1545-0047

Employer identification number Inspection

33-0701029

Part I Identification of Disregarded Entities (Complete if the organization	the organization answered "Yes" on Form 990, Part IV, line 33.)	n Form 990, Par	t IV, line 33.)		•
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CREF, LLC 2508 HISTORIC DECATUR RD. 200, SAN DIEGO, CA 92106	REAL ESTATE	CA	0.	0.	N/A
Part II Identification of Related Tax-Exempt Organizations (Complete if the had one or more related tax-exempt organizations during the tax year.)	(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it ing the tax year.)	swered "Yes" on	Form 990, Part I	IV, line 34 becaus	se it
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
SAN DIEGO FOUNDATION 2508 HISTORIC DECATUR RD. 200, SAN DIEGO, CA 92106	GRANT MAKING	CA	501 (C) (3)	509(A)(1)	N/A
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.				Sched	Schedule R (Form 990) 2009

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009 (I) General or (h) Percentage ownership managing partner? Yes No (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) (g) Share of end-of-year assets Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (h) Disproportionals albocations? ŝ Yes (f) Share of total income (g) Share of end-of-year assets (e)
Type of entity
(C corp. S corp,
or trust) (f) Share of total income (d)

(Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or
foreign country) (b) Primary activity (d) Direct controlling (c) Legal domicile (state or foreign country) (a)Name, address, and ElN of related organization (b) Primary activity (a)
Name, address, and EIN of related organization Part IV Part III

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

2	John Domestoto has a strange to hoted in Dorte III or IV of this cohodula			Tes	ž
<u> </u>	Note: Complete the Figure 1 Bigging is listed in Parts 1, 11, or 17 or 18 scriedule. Lead the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	-ا۸	***		
æ	Beceing of (I) interest (II) annuities (III) royalties or (Iv) rent from	•	-	1a	^
م ا	Gift, grant, or capital contribution to other organization(s)	•	<u>-</u> : :	1b	^
ပ	c Gift, grant, or capital contribution from other organization(s)		<u>- </u>	× 2	
D			<u>-</u>	10	^
•			:	1e	^
)					
•	Sale of assets to other organization(s)	•	= :		
٥		•	<u>-</u> : :	19	
_		•	-	1 h	^
-			•	_	`
•		•			
-	I ease of facilities equipment or other assets from other organization(s)		<u>-</u>		_
. =	Performance of services or membership or fundraising solicitations for other organization(s)			1k	<u> </u>
: _	Performance of services or membership or fundraising solicitations by other organization(s).		=	×	
. E			-	1m X	
_			_	1n	Ĺ
:					,
0	Belmbursement paid to other organization for expenses		<u>-</u>	10	
٥		•	-	1p	^
•					
σ	Tother transfer of cash or property to other organization(s)		<u>-</u>] : :	19	$\hat{\ }$
-				_	
اہ	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	hips and trans	action thresho	ds.	
	(a) Name of other organization	(b) Transaction	(c) Amount involved	/olved	
		(a-r)			
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1			Schedule B (Form 990) 200	rm 990)	5

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Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(B) Name address and FIN of entity	(b) Primary activity		(d) Are all partners	(e) Share of	(f) Disproportionate	(g) Code V-UBI	(h) General or
		(state or foreign country)	section 501(c)(3) organizations?		allocations?	amount in box 20 of Schedule K-1 (Form 1065)	_managing partner?
			Yes No		Yes No	(200)	Yes No
						Schedule R (Form 990) 2009	990) 2009