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Return of Organization Exempt From Income Tax

2009

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.

Open to Public Inspection

For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C SENIOR COMMUNITY CENTERS OF SAN DIEGO 525 14TH STREET, 2ND FLOOR ADMIN SAN DIEGO, CA 92101	D Employer Identification Number 95-2850121
			E Telephone number (619) 235-6572
F Name and address of principal officer: PAUL DOWNEY SAME AS C ABOVE		G Gross receipts \$ 8,094,118.	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)	
J Website: HTTP://SERVINGSENIORS.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of Formation 1970	M State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE A NETWORK OF SERVICES TO LOW-INCOME, AT RISK SENIORS INCLUDING BALANCED CONGREGATE & HOME DELIVERED MEALS, NUTRITION AND HEALTH EDUCATION, TRANSITIONAL & PERMANENT SUPPORTIVE HOUSING AND ALSO ACTIVITIES & SOCIALIZATION OPPORTUNITIES.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of property that 25% of its assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20	
	5 Total number of employees (Part V, line 2a)	5	78	
	6 Total number of volunteers (estimate if necessary)	6	400	
Revenue	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	7,269,657.	6,045,222.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	505,948.	579,626.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-181,751.	369,033.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,595,140.	6,976,174.	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
		14 Benefits paid to or for members (Part IX, column (A), line 4)		
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,786,214.	2,849,413.
16a Professional fundraising fees (Part IX, column (A), line 11e)				
b Total fundraising expenses (Part IX, column (D), line 25)		264,307.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		2,597,867.	4,943,191.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		5,384,081.	7,792,604.	
19 Revenue less expenses. Subtract line 18 from line 12	2,211,059.	-816,430.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year	
	21 Total liabilities (Part X, line 26)	21,941,328.	21,931,118.	
	22 Net assets or fund balances Subtract line 21 from line 20	5,853,659.	6,559,621.	
		16,087,669.	15,371,497.	

Part II Signature Block

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

Sign Here

Signature of officer: *[Signature]* Date: 5/16/2011
 Type or print name and title: PAUL DOWNEY, PRESIDENT & CEO

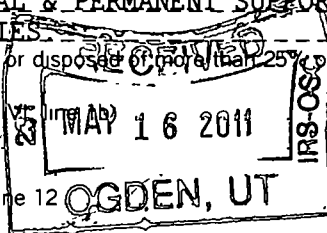
Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 5/09/11
 Firm's name (or yours if self-employed), address, and ZIP + 4: LEAF & COLE, LLP, 2810 CAMINO DEL RIO SOUTH, SUITE 200, SAN DIEGO, CA 92108-3820
 Preparer's identifying number (see instructions): P00085554
 EIN: 95-2076568
 Phone no: 619.294.7200

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

POSTED ONLINE, MAY 12 2011

SCANNED JUN 10 2011



[Handwritten initials]

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

PROVIDE A NETWORK OF SERVICES TO LOW-INCOME, AT RISK SENIORS INCLUDING BALANCED CONGREGATE & HOME DELIVERED MEALS, NUTRITION AND HEALTH EDUCATION, TRANSITIONAL & PERMANENT SUPPORTIVE HOUSING AND ALSO ACTIVITIES & SOCIALIZATION OPPORTUNITIES.

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

Yes X No

If 'Yes,' describe these new services on Schedule O

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

Yes X No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses \$ 3,547,051. including grants of \$) (Revenue \$)

HEALTH AND SOCIAL SERVICES-SOCIAL WORKERS ASSIST SENIORS WITH ENTITLEMENTS SUCH AS SOCIAL SECURITY AND MEDICARE, HOUSING, PHYSICAL AND MENTAL HEALTH CARE, SUBSTANCE ABUSE AND OTHER ISSUES EFFECTING THEIR OVERALL WELL BEING.

4b (Code:) (Expenses \$ 3,420,442. including grants of \$) (Revenue \$ 342,281.)

NUTRITION-SERVES OVER 1,000 MEALS DAILY TO LOW INCOME SENIORS AT THREE CENTERS. THE ORGANIZATION ALSO DELIVERS HOT MEALS TO HOME-BOUND SENIORS.

4c (Code:) (Expenses \$ 157,489. including grants of \$) (Revenue \$ 237,345.)

HOUSING-THE ORGANIZATION PROVIDES DIRECT HOUSING SERVICES FOR HOMELESS SENIORS. IN ADDITION THE ORGANIZATION PROVIDES SUPPORTIVE HOUSING SERVICES FOR RESIDENTS OF MARKET SQUARE MANOR.

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses 7,124,982.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		
	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

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

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns. Enter -0- if not applicable		
1 a	14		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1 b	0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2 a	78		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 b	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4 b	If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		X
9 b	Did the organization make any distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter		
10 a	Initiation fees and capital contributions included on Part VIII, line 12		
10 b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11 a	Gross income from other members or shareholders		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

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.

Section A. Governing Body and Management

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

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

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

Section C. Disclosures

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ▶ LEA CRUZ 525 14TH STREET, 2ND FL, SAN DIEGO, CA 92101 (619) 235-6572

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

1 a 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 employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DALE GOLDMAN DIRECTOR	0.2	X					0.	0.	0.	
NANCY VAUGHAN DIRECTOR	0.2	X					0.	0.	0.	
SUSAN BOYLE, ESQ DIRECTOR	0.2	X					0.	0.	0.	
JONATHAN HELLER DIRECTOR	0.2	X					0.	0.	0.	
ROBERT BERNSTEIN DIRECTOR	0.2	X					0.	0.	0.	
MICHELLE STERLING DIRECTOR	0.2	X					0.	0.	0.	
ROSALIE GEREVAS DIRECTOR	0.2	X					0.	0.	0.	
WILL BEAMER VICE-CHAIR FIN	0.2	X					0.	0.	0.	
SUSAN A CHANNICK DIRECTOR	0.2	X					0.	0.	0.	
CHRIS GOLD DIRECTOR	0.2	X					0.	0.	0.	
TANA L CLEAVES DIRECTOR	0.2	X					0.	0.	0.	
SHEILA POTIKER DIRECTOR	0.2	X					0.	0.	0.	
ARLENE PRATER, ESQ DIRECTOR	0.2	X					0.	0.	0.	
MARK SHERWIN DIRECTOR	0.2	X					0.	0.	0.	
MARGE SCHMALE BOARD CHAIR	0.2	X					0.	0.	0.	
JANET STANNARD DIRECTOR	0.2	X					0.	0.	0.	
KATHY PARKER DIRECTOR	0.2	X					0.	0.	0.	

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e 2,745,592.					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 3,299,630.					
	g Noncash contribns included in lns 1a-1f.	\$ 348,483.					
	h Total. Add lines 1a-1f		6,045,222.				
PROGRAM SERVICE REVENUE	2 a SENIOR SERVICES		Business Code 624200	342,281.	342,281.		
	b HOUSING SERVICES		624200	237,345.	237,345.		
	c -----						
	d -----						
	e -----						
	f All other program service revenue						
	g Total. Add lines 2a-2f			579,626.			
	OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)			345,271.		345,271.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		1,109,917.					
		b Less: cost or other basis and sales expenses					
		1,086,155.					
c Gain or (loss)				23,762.			
d Net gain or (loss)				23,762.		23,762.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a	14,082.				
		b Less: direct expenses	b	31,789.			
		c Net income or (loss) from fundraising events			-17,707.		-17,707.
9 a Gross income from gaming activities See Part IV, line 19		a					
		b Less: direct expenses	b				
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
11 a Miscellaneous Revenue		Business Code					
b -----							
c -----							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			6,976,174.	579,626.	0.	351,326.	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	282,264.	221,411.	38,894.	21,959.
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.	0.	0.	0.
7 Other salaries and wages	2,124,112.	1,739,326.	213,763.	171,023.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	219,708.	173,855.	34,794.	11,059.
9 Other employee benefits				
10 Payroll taxes	223,329.	185,280.	21,082.	16,967.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	471,069.	437,021.	34,048.	
17 Travel	13,808.	10,675.	1,192.	1,941.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	99,765.	98,681.	1,084.	
21 Payments to affiliates	2,477,055.	2,477,055.		
22 Depreciation, depletion, and amortization	-126,798.	-109,280.	-17,518.	
23 Insurance	22,294.	21,592.	702.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>FOOD COST</u>	977,974.	977,923.	51.	
b <u>PROGRAM SERVICES</u>	264,051.	264,051.		
c <u>SUPPLIES</u>	145,592.	140,401.	3,595.	1,596.
d <u>MAIL HOUSE SERVICES</u>	86,395.	64,030.		22,365.
e <u>CONSULTANTS</u>	49,347.	46,549.	2,105.	693.
f All other expenses	209,043.	157,852.	34,487.	16,704.
25 Total functional expenses Add lines 1 through 24f	7,792,604.	7,124,982.	403,315.	264,307.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
ASSETS	1		1		
	2	963,144.	2	889,773.	
	3	1,058,732.	3	811,473.	
	4		4		
	5	40,830.	5	55,058.	
	6		6		
	7	12,305,000.	7	17,405,000.	
	8	34,876.	8	43,952.	
	9	38,104.	9	9,501.	
	10a	1,184,800.			
	10b	945,798.	4,923,338.	10c	239,002.
	11		2,062,286.	11	1,793,167.
	12			12	
	13			13	
	14		5,518.	14	65,074.
	15		509,500.	15	619,118.
16	Total assets Add lines 1 through 15 (must equal line 34)	21,941,328.	16	21,931,118.	
LIABILITIES	17	213,626.	17	351,869.	
	18		18		
	19	525,308.	19	436,705.	
	20		20		
	21		21		
	22		22		
	23	4,325,000.	23	4,872,211.	
	24		24		
	25	789,725.	25	898,836.	
	26	Total liabilities. Add lines 17 through 25	5,853,659.	26	6,559,621.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27	6,014,383.	27	5,348,803.	
	28	9,317,638.	28	9,266,503.	
	29	755,648.	29	756,191.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30		30			
31		31			
32		32			
33	16,087,669.	33	15,371,497.		
34	Total liabilities and net assets/fund balances.	21,941,328.	34	21,931,118.	

BAA

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

BAA

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public Inspection

Name of the organization SENIOR COMMUNITY CENTERS OF SAN DIEGO	Employer identification number 95-2850121
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar 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 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III: Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr 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 'unusual grants'.)	2,565,969.	4,674,366.	3,682,720.	7,236,507.	5,961,028.	24,120,590.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	1,409,249.	229,182.	613,562.	505,948.	579,626.	3,337,567.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	3,975,218.	4,903,548.	4,296,282.	7,742,455.	6,540,654.	27,458,157.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						27,458,157.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	3,975,218.	4,903,548.	4,296,282.	7,742,455.	6,540,654.	27,458,157.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	213,432.	378,465.	21,802.	283,824.	345,288.	1,242,811.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	213,432.	378,465.	21,802.	283,824.	345,288.	1,242,811.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV	297,767.	360,433.	142,470.	59,924.	98,276.	958,870.
13 Total support. (add lns 9, 10c, 11, and 12.)						29,659,838.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	92.6 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	91.6 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	4.2 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	4.0 %

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

SENIOR COMMUNITY CENTERS OF SAN DIEGO

Employer identification number

95-2850121

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

	(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 donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit??		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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, handling of violations, and enforcement of the conservation easement it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 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 financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance.	581,430.	704,397.			
b Contributions					
c Net investment earnings, gains, and losses	79,415.	-122,967.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	660,845.	581,430.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ 100.00 %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

SEE PART XIV

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements		289,545.	252,994.	36,551.
d Equipment		895,255.	692,804.	202,451.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 239,002.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)		6,976,174.
2	Total expenses (Form 990, Part IX, column (A), line 25)		7,792,604.
3	Excess or (deficit) for the year Subtract line 2 from line 1		-816,430.
4	Net unrealized gains (losses) on investments		100,258.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV) SEE PART XIV		2,338,566.
9	Total adjustments (net) Add lines 4 through 8		2,438,824.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		1,622,394.

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

1	Total revenue, gains, and other support per audited financial statements		1	7,108,115.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
	a Net unrealized gains on investments	2a	100,258.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIV) SEE PART XIV	2d	31,683.	
	e Add lines 2a through 2d		2e	131,941.
3	Subtract line 2e from line 1		3	6,976,174.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6,976,174.

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

1	Total expenses and losses per audited financial statements		1	5,485,721.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIV) SEE PART XIV	2d	170,172.	
	e Add lines 2a through 2d		2e	170,172.
3	Subtract line 2e from line 1		3	5,315,549.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV) SEE PART XIV	4b	2,477,055.	
	c Add lines 4a and 4b		4c	2,477,055.
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)		5	7,792,604.

Part XIV Supplemental Information

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

ANY FUNDS EARNED GREATER THAN THE PRINCIPAL IS LIMITED TO 5% PER YEAR AND IS TO BE USED FOR OPERATIONS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

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

2009

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Open to Public Inspection

Name of the organization

Employer identification number

SENIOR COMMUNITY CENTERS OF SAN DIEGO

95-2850121

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
b Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
b Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III.

7 For person 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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1 b		
2		
4 a		X
4 b		X
4 c		X
5 a		X
5 b		X
6 a		X
6 b		X
7		X
8		X
9		X

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2009

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered 'Yes'**
on Form 990, Part IV, lines 29 or 30.
▶ **Attach to Form 990.**

Name of the organization

Employer identification number

SENIOR COMMUNITY CENTERS OF SAN DIEGO

95-2850121

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution— Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial	X	3	138,771.	MARKET RENTS
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (LEGAL FEES)	X	1	30,612.	BASE FEES
26 Other ▶ (PROF SERVICES)	X	1	179,100.	BASE FEES
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30 a		X
31		X
32 a		X
33		

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

Schedule M (Form 990) 2009

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990

OMB No 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

SENIOR COMMUNITY CENTERS OF SAN DIEGO

Employer identification number

95-2850121

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

THE FORM 990 IS GIVEN TO THE BOARD MEMBERS FOR REVIEW AND VOTED ON FOR APPROVAL.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE BOARD SIGNS CONFLICT OF INTEREST POLICY ANNUALLY.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

THE BOARD REVIEWS ANNUALLY IN AN EXECUTIVE SESSION THE ACHIEVEMENTS AND GOALS OF THE
EXECUTIVE DIRECTOR HAS ACCOMPLISHED DURING THE YEAR AND THE BOARD DECIDES THE
COMPENSATION OF EXECUTIVE DIRECTOR BASED ON PERFORMANCE AND BUDGET.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

UPON REQUEST

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

SENIOR COMMUNITY CENTERS OF SAN DIEGO

OMB No 1545-0047

2009

► Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

95-2850121

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part 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
GMNSWC, LLC 525 14TH STREET, STE 200 SAN DIEGO, CA 92101 95-2850121	REAL ESTATE	CA	0.	0.	N/A
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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
SENIOR HOUSING CORPORATION 525 14TH STREET, STE 200 SAN DIEGO, CA 92101 33-0909249	LOW/MODERATE INCOME HOUSING	CA	501(C)(3)	501(A)(2)	N/A
CITY HEIGHTS SENIOR HOUSING CORPORATION 525 14TH STREET, STE 200 SAN DIEGO, CA 92101 20-4303474	LOW/MODERATE INCOME HOUSING	CA	501(C)(3)	501(A)(2)	N/A
WEST SENIOR WELLNESS CENTER 525 14TH STREET, STE 200 SAN DIEGO, CA 92101 27-0297631	CARRYING ON SCC OF SD'S CHARITABLE PURPOSE	CA	501(C)(3)	501(A)(2)	N/A
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(J) General or managing partner?	
							Yes	No	Yes	No	Yes	No
MARKET SQUARE MANOR ASSOCIATES, LP 5993 AVENIDA ENCINAS, SUITE 101 CARLSBAD, CA 92008 33-0939545	REAL ESTATE	CA	SHC - PT 2	RELATED	-286,431.	-513,620.	X		N/A	N/A		X
CITY HEIGHTS SQUARE, LP 5993 AVENIDA ENCINAS, STE 101 CARLSBAD, CA 92008 20-3616099	REAL ESTATE	CA	CHSHC -PT2	RELATED	-72.	231,810.		X	N/A	N/A		X

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)	X	
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets	X	
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 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.

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1)	SENIOR HOUSING CORPORATION	D	3,200,000.
(2)	CITY HEIGHTS SENIOR HOUSING CORPORATION	D	9,105,000.
(3)	WEST SENIOR WELLNESS CENTER	H	2,260,388.
(4)			
(5)			
(6)			

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
AMORTIZATION																
147	LOAN COSTS	4/11/09		8,277							8,277	2,759	S/L	1		5,518
148	LOAN COSTS	8/19/09		73,868							73,868		S/L	7		8,794
	TOTAL AMORTIZATION			82,145		0	0	0	0	0	82,145	2,759				14,312
AUTO / TRANSPORT EQUIPMENT																
59	CAR, MITSUBISHI, EXPO,93	6/18/98		7,095							7,095	7,095	S/L	5		0
60	VAN, FORD E-150, 2000	6/23/00		19,324							19,324	19,324	S/L	5		0
76	VAN, DODGE DAKOTA	2/25/02		33,074							33,074	33,074	S/L	5		0
106	VAN, 2005 FORD E-150	6/09/05		22,116							22,116	18,061	S/L	5		4,055
107	MEALSTAR DELIVERY TRUCK	5/23/05		31,105							31,105	25,402	S/L	5		5,702
119	MEAL TRUCK ADD'L COSTS	9/25/05		3,027							3,027	3,027	S/L	4		0
126	2008 FORD E-150 VAN	6/20/08		22,260							22,260	4,451	S/L	5		4,452
	TOTAL AUTO / TRANSPORT EQUIP			138,001		0	0	0	0	0	138,001	110,434				14,209
BUILDINGS																
144	BUILDING - WSW CENTER	4/14/09	7/01/09	1,750,000							1,750,000	12,760	S/L	40		0
	TOTAL BUILDINGS			1,750,000		0	0	0	0	0	1,750,000	12,760				0
IMPROVEMENTS																

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179/ BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
1	BUILDING IMPROVEMENTS	12/31/90		25,737							25,737	21,815	S/L	37.5		817	
2	BUILDING IMPROVEMENTS	12/31/90		142,259							142,259	120,583	S/L	37.5		4,513	
3	WATER HEATER	6/27/95		2,400							2,400	2,400	S/L	10		0	
4	DOOR, SECURITY LOBBY	6/27/95		1,190							1,190	1,190	S/L	10		0	
5	TILE/CARPET	6/08/95		7,853							7,853	7,852	S/L	10		0	
6	NEW OUTSIDE SIGNAGE	12/15/99		4,014							4,014	4,012	S/L	10		2	
7	ELECTRICAL	12/15/99		1,289							1,289	1,289	S/L	10		0	
8	AIR CONDITIONING	12/15/99		16,251							16,251	16,251	S/L	10		0	
9	BRDWAY DOORS	3/29/00		14,635							14,635	14,638	S/L	10		0	
10	WINDOW COVERINGS	6/28/00		4,140							4,140	4,139	S/L	10		1	
77	WATER HEATERS	12/28/01		3,326							3,326	3,326	S/L	7		0	
93	DOORS	11/30/01		5,230							5,230	5,230	S/L	7		0	
94	KITCHEN IMPROVEMENTS	11/30/02		9,104							9,104	8,258	S/L	10		846	
97	OUTDOOR SIGNS/DONOR WALL	6/30/04		16,994							16,994	16,994	S/L	5		0	
100	WINDOW BLINDS - PFSR	6/30/04		2,498							2,498	2,498	S/L	5		0	
105	WINDOW TINTING	6/30/04		2,800							2,800	2,800	S/L	5		0	
120	FOUNTAIN	3/31/06		28,325							28,325	9,207	S/L	10		2,832	
121	GREASE TRAP	6/13/06		1,500							1,500	1,500	S/L	18		0	
143	CIP - WS WELLNESS CENTER	6/30/09	7/01/09	314,863							314,863		S/L	40		0	
	TOTAL IMPROVEMENTS			604,408		0	0	0	0	0	604,408	243,982				9,011	
	LAND																
145	LAND - WS WELLNESS CENTER	4/14/09	7/01/09	2,500,000							2,500,000					0	
	TOTAL LAND			2,500,000		0	0	0	0	0	2,500,000	0				0	

6/30/10

2009 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 3

CLIENT 01-115

SENIOR COMMUNITY CENTERS OF SAN DIEGO

95-2850121

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
MACHINERY AND EQUIPMENT																
11	DESKS/CHAIRS	10/13/95		293							293	293	S/L	5		0
12	PC NETWORK SYSTEM	6/07/96		12,758							12,758	12,758	S/L	5		0
13	VCR: HSU110 MITSUBISHI	6/28/96		226							226	226	S/L	5		0
14	TV: TS2542 MAGNAVOX	6/30/96		300							300	300	S/L	5		0
15	PHONE SYSTEM: COMM +	6/30/96		11,407							11,407	11,407	S/L	5		0
16	PC EQMT./SOFTWARE INSTALL	10/07/96		429							429	429	S/L	5		0
17	2 SONY CELLULAR PHONES	3/10/97		472							472	472	S/L	5		0
18	PC HARD DRIVE, MB, MEM	6/30/97		513							513	513	S/L	5		0
19	REFRIGERATOR, ROPER	9/11/97		439							439	439	S/L	5		0
20	NOTEBK, EPS (1) PENTIUM	11/19/97		2,098							2,098	2,098	S/L	5		0
21	SOFTWARE, WD5.1	1/31/98		430							430	430	S/L	5		0
22	NOTEBK, EPS.(2) PENTIUM	2/13/98		4,341							4,341	4,341	S/L	5		0
23	HARDWARE,(6)MEM UPGRADE	2/18/98		1,637							1,637	1,637	S/L	5		0
24	HARDWARE, (4) MEM UPGRADE	5/31/98		208							208	208	S/L	5		0
25	PRINTER/SCANNER, BANNER	5/31/98		500							500	500	S/L	5		0
26	NOTEBOOKS, EPS: MEM UPGRADE	6/09/98		582							582	582	S/L	5		0
27	CHAIRS, TASK, (11) BUR	6/11/98		1,284							1,284	1,284	S/L	5		0
28	CHAIRS, TASK, ARM (3) BUR	6/11/98		450							450	450	S/L	5		0
29	SOFTWARE: DONOR PREF	6/15/98		6,291							6,291	6,291	S/L	5		0
30	PC HW: HD, PORT, BU TAPE	6/29/98		2,583							2,583	2,583	S/L	5		0
31	PC, PENT II, 233, 32MEG	6/30/98		1,640							1,640	1,640	S/L	5		0
32	SOFTWARE: MIP ACCOUNTING	6/30/98		10,930							10,930	10,930	S/L	5		0
33	PRINTER, LASERJET110	2/23/99		400							400	400	S/L	5		0
34	REFRIGERATORS	6/23/99		12,727							12,727	12,727	S/L	5		0
35	RETERM CABINET, CARTER-	6/23/99		14,596							14,596	14,596	S/L	5		0

6/30/10

2009 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 4

CLIENT 016115

SENIOR COMMUNITY CENTERS OF SAN DIEGO

95-2850121

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS/ ALLOW.	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
36	OVAN, MICROWAVE AMANA RC2	6/23/99		1,580							1,580	1,580	S/L	5		0
37	OVAN, MICROWAVE PANASNE	6/28/99		3,107							3,107	3,107	S/L	5		0
38	PC, PARKARD BELL PENT II	6/28/99		1,110							1,110	1,110	S/L	5		0
39	WORKSTATION	6/30/99		8,189							8,189	8,189	S/L	5		0
40	COMPUTER/MONITOR	9/24/99		1,185							1,185	1,185	S/L	5		0
41	COMP FIREWALL	2/28/00		629							629	629	S/L	5		0
42	TABLES & CHAIRS	6/25/00		9,920							9,920	9,920	S/L	5		0
43	PHONE SYS UPGRADE	3/29/00		3,877							3,877	3,877	S/L	5		0
44	PHONE SYS UPGRADE	5/10/00		2,127							2,127	2,127	S/L	5		0
45	SERVER	3/06/00		4,303							4,303	4,303	S/L	5		0
46	DELL COMPUTER	3/06/00		1,184							1,184	1,184	S/L	5		0
47	DELL COMPUTER	3/06/00		1,184							1,184	1,184	S/L	5		0
48	REFRIGERATOR, 2-DR	8/23/94		2,322							2,322	2,322	S/L	5		0
49	TOASTER, TOASTMASTER	10/31/94		535							535	535	S/L	5		0
50	MEAL CARD SWIPE	4/06/95		5,040							5,040	5,040	S/L	5		0
51	TOASTER, TOASTMASTER	6/19/95		508							508	508	S/L	5		0
52	CART, THRIFT-1, 2 SHELF	6/27/95		297							297	297	S/L	5		0
53	POLISHER, POWRFLITE	6/30/95		965							965	965	S/L	5		0
54	POLISHER ATTACHMENTS	6/30/95		143							143	143	S/L	5		0
55	VAC, WET/DRY, POWRFLITE	6/29/95		460							460	460	S/L	5		0
56	REFRIGERATOR, 2-DR	6/30/95		1,991							1,991	1,991	S/L	5		0
57	TABLES, 60"	6/30/95		1,201							1,201	1,201	S/L	5		0
58	TREADMILL, BIKE, WIGHTS	5/28/99		4,565							4,565	4,565	S/L	5		0
61	COMPUTER EQUIPMENT	6/30/00		2,539							2,539	2,539	S/L	5		0
62	COMPUTER EQUIPMENT	3/06/00		226							226	226	S/L	5		0
63	OFFICE DIVIDERS	6/30/00		3,000							3,000	3,000	S/L	5		0
64	WEB SITE	6/30/00		5,100							5,100	5,100	S/L	5		0

6/30/10

2009 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 5

CLIENT 01-115

SENIOR COMMUNITY CENTERS OF SAN DIEGO

95-28501-21

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
65	OTHER EQUIP	6/30/00		290							290	290	S/L	5		0
66	VIDEO CAMERA (DIGITAL)	3/27/01		860							860	860	S/L	5		0
67	PHONE SYSTEM	6/27/01		10,296							10,296	10,296	S/L	5		0
68	DELL COMPUTER-SERVER	6/28/01		2,562							2,562	2,562	S/L	5		0
69	AIM-S-NETWORK	8/18/00		2,385							2,385	2,386	S/L	5		0
70	DELL COMP	12/31/00		935							935	936	S/L	5		0
71	DELL COMP	1/21/01		863							863	865	S/L	5		0
72	DELL COMP	1/21/01		863							863	865	S/L	5		0
73	DELL COMP	1/21/01		863							863	865	S/L	5		0
74	EXECUTIVE DESKS (3)	6/15/01		4,500							4,500	4,500	S/L	5		0
75	FLOOR MACHINE	1/11/01		2,483							2,483	2,485	S/L	5		0
78	APPLIANCES	10/08/01		896							896	896	S/L	5		0
79	DELL COMPUTER (2)	6/24/02		2,182							2,182	2,182	S/L	5		0
80	DELL COMPUTER (3)	10/01/01		2,270							2,270	2,270	S/L	5		0
81	FOOD PROCESSOR	11/29/01		2,391							2,391	2,391	S/L	5		0
82	FOOD SLICER	11/29/01		2,150							2,150	2,150	S/L	5		0
83	CONVECTION STEAMER	11/29/01		10,638							10,638	10,638	S/L	5		0
84	STACK CONVECTION OVEN	11/29/01		5,120							5,120	5,120	S/L	5		0
85	BLAST CHILLER	11/29/01		10,126							10,126	10,126	S/L	5		0
86	RANGE WITH OVEN	11/29/01		2,868							2,868	2,868	S/L	5		0
87	RANGE 6 O.B.	11/29/01		1,267							1,267	1,267	S/L	5		0
88	ICE MAKER-MODULAR CUBER	11/29/01		2,688							2,688	2,688	S/L	5		0
89	FOOD WARMER	11/29/01		1,715							1,715	1,715	S/L	5		0
90	WIRE BASKETS	11/29/01		2,243							2,243	2,243	S/L	5		0
91	TILTING SKILLET	11/29/01		4,163							4,163	4,163	S/L	5		0
92	MISC FURNITURE	6/27/02		10,124							10,124	10,124	S/L	5		0
95	PHONE SYSTEM	6/30/03		7,511							7,511	7,511	S/L	5		0

CLIENT 01-115

SENIOR COMMUNITY CENTERS OF SAN DIEGO

95-2850121

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
96	PHONE SYSTEM	8/15/03		3,045							3,045	3,045	S/L	5		0
98	SERVER - BROADWAY	6/09/04		2,639							2,639	2,639	S/L	5		0
99	OUTDOOR FURNITURE - PFSR	6/30/04		12,537							12,537	12,537	S/L	5		0
101	JIB CRANE & BASKET	6/30/04		21,051							21,051	21,051	S/L	5		0
102	HOT FOOD TABLE - 5 WELLS	6/30/04		1,406							1,406	1,406	S/L	5		0
103	WIRE BASKETS	6/30/04		3,414							3,414	3,414	S/L	5		0
104	WATER SOFTNERS - BOILERS	6/30/04		4,407							4,407	4,407	S/L	5		0
108	GROEN TILT SKILLET	6/29/05		11,308							11,308	9,048	S/L	5		2,260
109	GROEN STEAMER W/ H2O FILT	6/29/05		12,036							12,036	9,628	S/L	5		2,408
110	FURNITURE-DINING & REC	6/29/05		20,879							20,879	17,047	S/L	5		3,832
111	TRAUlsen ROLL IN REFER	6/29/05		4,489							4,489	3,667	S/L	5		822
112	GARLAND CONVECTION OVEN	6/29/05		7,375							7,375	6,060	S/L	5		1,315
113	EXCHANGE SERVER	5/13/06		5,175							5,175	3,259	S/L	5		1,025
114	LAPTOP	2/14/06		2,054							2,054	1,403	S/L	5		411
115	SERVER - PFSR	12/25/05		4,847							4,847	3,392	S/L	5		969
116	COOK CHILL KETTLE W/ COMP	6/27/06		84,988							84,988	50,994	S/L	5		16,998
117	ERGO SERVER TABLE TOP	6/26/06		9,919							9,919	5,952	S/L	5		1,984
118	145 FILL TRAY SEALER	6/26/06		18,851							18,851	11,310	S/L	5		3,770
122	REFRIGERATORS	12/22/06		34,074							34,074	17,037	S/L	5		6,815
123	REFRIGERATORS	1/18/07		27,505							27,505	13,294	S/L	5		5,501
124	REFRIGERATORS	3/02/07		20,526							20,526	9,578	S/L	5		4,105
125	CLEANING EQUIPMENT	6/29/07		3,754							3,754	1,498	S/L	5		751
127	FIREWALL VPN	7/14/07		1,429							1,429	548	S/L	5		286
128	NUTRITION COMPUTER	8/01/07		1,121							1,121	392	S/L	5		224
129	LAPTOP	10/18/07		2,462							2,462	820	S/L	5		492
130	LAPTOPS	1/31/08		5,112							5,112	1,448	S/L	5		1,022
131	COMPUTER	5/18/08		724							724	157	S/L	5		145

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179/ BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.			
132	SLICER SEMI AUTOMATIC	6/16/08		5,883							5,883	1,177	S/L	5		1,177			
133	DOUBLE DECK OVEN	6/16/08		7,004							7,004	1,401	S/L	5		1,401			
134	UTILITY CART	6/20/08		522							522	104	S/L	5		104			
135	NEW AGE PAN RACKS	6/20/08		1,483							1,483	297	S/L	5		297			
136	COOLER RACK	6/20/08		1,435							1,435	287	S/L	5		287			
137	UTILITY CARTS	6/20/08		26,955							26,955	5,391	S/L	5		5,391			
138	ROBOT COUPE	6/20/08		7,872							7,872	1,574	S/L	5		1,574			
139	UTILITY CARTS	6/20/08		1,047							1,047	209	S/L	5		209			
140	COMPUTER FOR DEVELOPMENT	2/12/09		1,284							1,284	86	S/L	5		257			
141	SLICERS & DICERS	7/03/08		1,013							1,013	186	S/L	5		203			
142	NEW COMPUTRITION PROGRAM	2/19/09		46,077							46,077	3,072	S/L	5		9,256			
146	SAN DIEGO RESTAURANT ADD'N	6/30/09	7/01/09	99,226							99,226		S/L	5		0			
149	NEW PHONE SYSTEM	7/31/09		59,680							59,680		S/L	5		10,941			
150	DELL COMPUTERS	8/31/09		7,106							7,106		S/L	5		1,184			
151	SERVER REPAIR	8/31/09		7,979							7,979		S/L	5		1,330			
152	KITCHEN CIRCUIT	10/26/09		3,090							3,090		S/L	5		412			
153	PHOTO IS SYSTEM	3/31/10		1,624							1,624		S/L	5		108			
TOTAL MACHINERY AND EQUIPME											856,480	0	0	0	0	856,480	478,895		89,266
TOTAL DEPRECIATION											5,848,889	0	0	0	0	5,848,889	846,071		112,486
GRAND TOTAL AMORTIZATION											82,145	0	0	0	0	82,145	2,759		14,312
GRAND TOTAL DEPRECIATION											5,848,889	0	0	0	0	5,848,889	846,071		112,486
DEPRECIATION ASSETS SOLD											4,664,089	0	0	0	0	4,664,089	12,760		0
DEPR REMAINING ASSETS											1,184,800	0	0	0	0	1,184,800	833,311		112,486

**SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

CHS - REALIZED LOSS IN MSMA, LP	\$	-70.
CHSHC - REALIZED LOSS IN CHS, LP		-53.
DEP. EXP. OF WSWC		-99,807.
INTEREST EXP OF WSWC		-38,576.
LAND & BUILDING CONTRIBUTION		2,260,388.
RELATED PARTY INTEREST INCOME		17.
RENT EXPENSE		216,667.
TOTAL	\$	<u>2,338,566.</u>

**SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

CHSHC - REALIZED LOSSES FROM CHS, LP	\$	-53.
INTEREST INCOME FOR RELATED ENTITIES		17.
SHC - REALIZED LOSSES FROM MSMA, LP		-70.
SPECIAL EVENT EXPENSE		31,789.
TOTAL	\$	<u>31,683.</u>

**SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

DEPREC. EXP. OF WSWC FIXED ASSETS	\$	99,807.
INTEREST EXPENSE OF WSWC		38,576.
SPECIAL EVENTS EXPENSES		31,789.
TOTAL	\$	<u>170,172.</u>

**SCHEDULE D, PART XIII, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

LAND & BUILDING CONTRIBUTION	\$	2,260,388.
RENTAL EXPENSE		216,667.
TOTAL	\$	<u>2,477,055.</u>

PART III, LINE 12 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
OTHER REVENUE	84,194.	33,150.	6,229.	41,814.	16,149.
SPECIAL EVENTS	14,082.	26,774.	136,241.	318,619.	281,618.
TOTAL	<u>\$ 98,276.</u>	<u>\$ 59,924.</u>	<u>\$ 142,470.</u>	<u>\$ 360,433.</u>	<u>\$ 297,767.</u>

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

**Depreciation and Amortization
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment
Sequence No **67**

Name(s) shown on return

SENIOR COMMUNITY CENTERS OF SAN DIEGO

Identifying number

95-2850121

Business or activity to which this form relates

FORM 990/990-PF

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	112,486.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	112,486.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?		Yes	No	24b If 'Yes,' is the evidence written?		Yes	No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25	
26 Property used more than 50% in a qualified business use:									
27 Property used 50% or less in a qualified business use:									
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29	

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
LOAN COSTS	8/19/09	73,868.		7	8,794.
43 Amortization of costs that began before your 2009 tax year				43	5,518.
44 Total. Add amounts in column (f) See the instructions for where to report				44	14,312.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	SENIOR COMMUNITY CENTERS OF SAN DIEGO	95-2850121
	Number, street, and room or suite number. If a P O box, see instructions	
	525 14TH STREET, 2ND FLOOR ADMIN	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	SAN DIEGO, CA 92101	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

COPY

• The books are in the care of ► LEA CRUZ

Telephone No ► (619) 235-6572 FAX No ► _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year 20__ or
- tax year beginning 7/01, 20 09, and ending 6/30, 20 10

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$ 0.
--	-----------------

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ 0.
---	-----------------

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ 0.
---	-----------------

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		[REDACTED]	Employer identification number
	SENIOR COMMUNITY CENTERS OF SAN DIEGO			95-2850121
	Number, street, and room or suite number. If a P O box, see instructions			For IRS use only
LEAF & COLE, LLP 2810 CAMINO DEL RIO SOUTH, SUITE 200				
City, town or post office, state, and ZIP code. For a foreign address, see instructions		SAN DIEGO, CA 92108-3820		

Check type of return to be filed (File a separate application for each return)

- | | | | |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **LEA CRUZ**
Telephone No **(619) 235-6572** FAX No _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 5/15, 20 11
- 5 For calendar year _____, or other tax year beginning 7/01, 20 09, and ending 6/30, 20 10
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension: ADDITIONAL TIME IS NEEDED TO GATHER THE NECESSARY INFORMATION REQUIRED TO COMPLETE AN ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Signature] Title [Signature] Date 5-2-11-11