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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

<u>A I</u>	or the	2010 calendar year, or tax year beginning $JUL~1~,~2010~$ and ϵ	ending J	<u>UN 30, 2011</u>	·
В	Check if	C Name of organization		D Employer identif	ication number
á	pplicable	SAN DIEGO CHARITABLE REAL ESTATE			
	Address change				
\vdash	Name	Doing Business As		33_0	701029
\vdash	ichange initial		D (-) -		
<u> </u>	return		Room/suite	E Telephone number	
<u> </u>	Termin- ated		200	(619)235-2300
L	Amende return	City or town, state or country, and ZIP + 4		G Gross receipts \$	557,970.
	Applica-	SAN DIEGO, CA 92106		H(a) Is this a group r	eturn
	pending	F Name and address of principal officer.ROBERT KELLY		for affiliates?	Yes X No
		SAME AS ABOVE		H(b) Are all affiliates in	
$\overline{}$	Tay aya	npt status: X 501(c)(3)	or 527	1	a list. (see instructions)
		:: ► WWW.SDFOUNDATION.ORG/CHARITABLEREALES		1 ' '	•
				H(c) Group exempte	
	_	organization: X Corporation Trust Association Other	L Year	of formation: 1996	M State of legal domicile; CA
P		Summary		· ·	
به	1 E	Inefly describe the organization's mission or most significant activities: ${f THE} - {f I}$	PRIMAR	Y EXEMPT PU	RPOSE IS TO
Activities & Governance	5	SUPPORT THE SAN DIEGO FOUNDATION IN ITS I	MISSIC	N TO PROMOT	E AND
Ë	2 (Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net a	ssets.
Š	3 1	lumber of voting members of the governing body (Part VI, line 1a)		3	10
Ğ		lumber of independent voting members of the governing body (Part VI, line 1b)	• •	4	10
∞ ŏ	1			· · · —	
<u>ë</u> .		otal number of individuals employed in calendar year 2010 (Part V, line 2a)	•	. <u>5</u>	0
		otal number of volunteers (estimate if necessary)		<u> 6</u>	13
Ş	7a⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	57,105.
	bΛ	let unrelated business taxable income from Form 990-T, line 34		7b	0.
		a specimen i		Prior Year	Current Year
Revenue	8 (Contributions and grants (Part VIII, line 1h)		4,366.	250.
				0.	
Š		Program service revenue (Part VIII, line 2g) (2) (1) (20) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	•	69,657	
æ	1			26,569	
			-		
_	_	otal revenue - add lines 8 through 11 (must equal Rait VIII, column (A), line 12)		100,592	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0,	
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0 .	
S	15 5	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u>0</u> ,	0.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	. 0.
ğ	. Ба	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ŵ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		45,379	39,104.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		45,379	
			—		
	19 F	Revenue less expenses. Subtract line 18 from line 12	- -	55,213	
Net Assets or	Ĭ		<u>B</u>	eginning of Current Year	
SSe	[20]	Total assets (Part X, line 16)	<u> </u>	993,033	
Ž.	21	Total liabilities (Part X, line 26)	. L	353,770	
Ž	22 1	Net assets or fund balances. Subtract line 21 from line 20		639,263	695,340.
P	art II	Signature Block/			
Un	der penal	ties of perjury, I declare that I have amined this return, including accompanying schedule	s and staten	nents, and to the best of	my knowledge and belief, it is
		, and complete. Declared of presset (other than officer) is based on all information of wi			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		or. propuro	6/11	1:2
e:		Signature of shore!		Date	
Sig		' N N N N N N N N N		Date :	
He	re	ROBERIC KELLY			
_		Type or print name and title		D-4-	
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pa	id	ROBERT C. GELLMAN Fourt	l	9/2 setf-emplo	pyed
Pre	parer	Firm's name CBIZ MHM, LLC		Firm's EIN	
	e Onty	Firm's address 10616 SCRIPPS SUMMIT COURT			
	,	SAN DIEGO, CA 92131		Phone no.	858-795-2000
N 4 -		· · · · · · · · · · · · · · · · · · ·		Ti-Holle Ho.	
IVI	ay the II	S discuss this return with the preparer shown above? (see instructions)			X Yes No

		·				
						· · ·

				· · · · · · · · · · · · · · · · · · ·		
		-		···· · · · · · · · · · · · · · · · · ·		
						
4b	(Code:) (Expenses \$	ınclu	ding grants of \$) (Revenue \$)
	,					·
						
						• • •
		·		····		
						
		- -				·····
					<u>/</u>	,
40	(Code:) (Eypenses \$	ınclıı	ding grants of \$) (Revenue \$	
70	(0000:	_ / (Exponded —		<u>-</u>)(πονοπάο ψ	
						· · · · · · · · · · · · · · · · · · ·
		······································				
						
						-
		 	-	<u> </u>		
			· ·			
			-			
						
4d	Other program services	/Describe in Schodule				
+0	(Expenses \$		grants of \$	\ /Doyonya #	N.	
40	Total program service		27,800.	V (Lieveline 2)	
46	TOTAL DI OUTAIN SELVICE	CAPCIISES -	41,000.	<u> </u>	· · · · · · · · · · · · · · · · · · ·	5 000 (0010)

Form 990 (2010) FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I			х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			41
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44-	X	
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total	11a	4	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X.
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "You " and if the organization appropriate the line 12s, then completing Schooling D. Barto VI. VII. and VIII. and VIII. and VIII.	40.	.	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	X	Х
13 14a		13		X
	Did the organization maintain arrollice, employees, or agents outside or the officed states? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		1
-	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		х
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, Parts II and IV	15		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, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1.
_	complete Schedule G, Part III	19		X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000	(2010)

Form 990 (2010) FOUNDATION

Part IV Checklist of Required Schedules (continued)

			V	Nin
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
_	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27	l	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):			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b		28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	1	X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	<u>l</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	38	X	<u> </u>
		Form	990	(2010

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Page 5

	Check if Schedule O contains a response to any question in this Part V			\mathbf{x}
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0	ŀ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	ł		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	ļ		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			٠,,
_	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		i
7	Organizations that may receive deductible contributions under section 170(c).	90		
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?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		- -
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	<u></u>	X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	9a		
10	Section 501(c)(7) organizations. Enter:	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans Enter the amount of receives on hand	1		
C 14a	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	140	\vdash	Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		^ <u>^</u>
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Form 990 (2010)

FOUNDATION

33-0701029

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		1	
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_X_
6	Does the organization have members or stockholders?	6		<u> X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the		ļ	
_	governing body?	7a		<u>X</u>
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u> X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:	ì		
_	The governing body?	8a	Х	
þ	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			77
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9_		<u> </u>
<u> </u>	tion D. 1 Onoles (mis Section & requests information about policies not required by the internal Revenue Code.)		Vas	Na
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	loa l		
_	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b		15b		X_
18-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
va	taxable entity during the year?	40-		v
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	16a		X
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	1 100		<u> </u>
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 X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ation 🕨	-	
	HAL ORR - 619-235-2300			
_	2508 HISTORIC DECATUR RD., STE. 200, SAN DIEGO, CA 92106		000	(2010)

Form 990 (2010) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)				C)			(D)	(E)	(F)	
Name and Title	Average	١,,		Pos				Reportable	Reportable	Estimated	
	hours per week (describe hours for related organizations in Schedule O)	rustee or director	Institutional trustee	Officer		Highest compensated do employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
JIM CAHILL											
BOARD CHAIR	1.50	X		X			<u> </u>	0.	0.	0	
ALLAN WASSERMAN								101000			
BOARD VICE-CHAIR	1.00	X		X		L		0.	0.	. 0	
ROBERT KELLY											
BOARD SECRETARY	1.00	X	L	Х	L	L		0.	282,619.	0	
YAMILA M. AYAD											
BOARD TREASURER	0.50	X		X				0.	0.	0	
CHER CONNER											
DIRECTOR	0.50	X		<u> </u>				0.	0.	0	
LINDA B. HERSH											
DIRECTOR	0.50	X		<u> </u>				0.	0.	0	
CRAIG A. IRVING											
DIRECTOR	0.50	X						0.	0.	0	
GARY M. KATZ	ļ						İ				
DIRECTOR	0.50	X	L		<u> </u>			0.	0.	0	
DAVID THOMAS											
DIRECTOR	0.50	X		<u> </u>		L		0.	0.	0	
JANICE L. WEINRICK							ļ				
DIRECTOR	0.50	X		L	L.			0.	0.	0	
		<u> </u>							<u></u>		
•						 					
		+	-			+-	-				
		-				 	-				
		-	-		lacksquare	-					
	1	1	1	1	1	1	1	1	I	l	

Form 990 (2010)

33-0701029 Page 8

Part VII Section A. Officers, Directors, T (A)	(B)	mpic	yee	s, a		nign	est	(D)		(F)		
Name and title	Average Position							Reportable	(E) Reportable			
•	hours per week (describe hours for related organizations in Schedule O)	ustee or director	check early fuster that the ch			compensated	Ť	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	C) C	amount other compensa from th organizat and rela organizat	
			_			-						
		<u> -</u>	_									
											-	
1b Sub-total c Total from continuation sheets to Part	VII, Section A		•	•		* * .		0.		0.		0. 0.
d Total (add lines 1b and 1c) Total number of individuals (including bu compensation from the organization		hose	list	ed a	bov	/e) w	ho r		282,61 0,000 in reportable			0.
3 Did the organization list any former office	er, director or tru		e, ke	y en	nplo	yee,	or l	nighest compensated e	mployee on		Yes	
 Ine 1a? If "Yes," complete Schedule J fo For any individual listed on line 1a, is the and related organizations greater than \$ 	sum of reportat	ole c						•	the organization		x X	X
5 Did any person listed on line 1a receive of rendered to the organization? If "Yes," co	or accrue compe	nsa	tion	from	ı an	y un			ridual for services		5	х
1 Complete this table for your five highest the organization. NONE	compensated in	ndep	end	ent o	cont	tract	ors 1	that received more than	\$100,000 of comp	pensatio	on from	
(A) Name and busine	ss address							(B) Description of	services	Com	(C) pensat	ion
		.,.	_									
												
2 Total number of independent contractor \$100,000 in compensation from the orga	-	not	limite	ed to	the	ose l 0	ste	d above) who received i	more than			
										Fo	rm 99 0	(2010)

Part VIII Statement of Revenue (D) Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated tax under sections 512, 513, or 514 exempt function business revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and 250 similar amounts not included above Noncash contributions included in lines 1a-1f \$ 250 Total. Add lines 1a-1f **Business Code** Program Service f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 30,026 30,026. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents 519894 462789 b Less. rental expenses 57,105 Rental income or (loss) 57,105 57,105 d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue AGENCY FEE 541900 7,800. 7,800 11 a d All other revenue Total, Add lines 11a-11d <u>7,800.</u> 95,181 7,800. 57,105. 30,026. Total revenue. See instructions. 12 032009 12-21-10 Form 990 (2010) Form 990 (2010)

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).

		(A) I	(0)	(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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,				
J	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,				
3	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	10,000.	10,000.		
b	Legal				
C	Accounting	5,350.		5,350.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	18,609.	17,800.	809.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	:			
19	Conferences, conventions, and meetings	297.		297.	
20	Interest		· · ·		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Incurance	4,389.	-	4,389.	
24	Other expenses. Itemize expenses not covered	1,303.		1,303.	
27	above. (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
_	PRINTING	123.		123.	
a	POSTAGE	39.		39.	
b		33.		39.	·
C			<u> </u>		
d					
e	All albert and an area	205		205	
f	All other expenses	297.	05.000	297.	
25	Total functional expenses. Add lines 1 through 24f	39,104.	27,800.	11,304.	0.
26	Joint costs. Check here ▶ ☐ If following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising				
	solicitation			<u> </u>	

Part X Balance Sheet

	X [Balance Sheet			
		,	(A) Beginning of year		(B) End of year
		Cash - non-interest-bearing		1	
:		Savings and temporary cash investments	208,306.	2	424,840
;	3	Pledges and grants receivable, net		3	
'	4	Accounts receivable, net	·	4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
1		of Schedule L		5	<u> </u>
- '		Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		- 1	
1		employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net	<u></u>	7	
- -	8	Inventories for sale or use		8	
- -	9	Prepaid expenses and deferred charges		9	
10	0a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 780,000.	:		
	b	Less: accumulated depreciation 10b	780,000.	10c	780,000
1	1	Investments - publicly traded securities .		11	
1	2	Investments - other securities. See Part IV, line 11		12	
1	3	Investments - program-related. See Part IV, line 11		13	
1.	4	Intangible assets		14	
	5	Other assets. See Part IV, line 11	4,727.	15	4,727
\neg	6	Total assets. Add lines 1 through 15 (must equal line 34)	993,033.	16	1,209,567
i	7	Accounts payable and accrued expenses	1,577.	17	4,810
- 1	8	Grants payable		18	
- 1 '	9	Deferred revenue		19	
1	:0	Tax-exempt bond liabilities		20	
2	:1	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
2	2	Payables to current and former officers, directors, trustees, key employees,			
		highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L		22	
1	3	Secured mortgages and notes payable to unrelated third parties		23	
	4	Unsecured notes and loans payable to unrelated third parties	250 102	24	F00 417
- 1	25	Other liabilities. Complete Part X of Schedule D	352,193.	25	509,417
- 2	<u>:6</u>	Total liabilities, Add lines 17 through 25	<u>353,770.</u>	26	514,227
		Organizations that follow SFAS 117, check here X and complete]	
	7	lines 27 through 29, and lines 33 and 34. Unrestricted net assets	639,263.		605 240
2	?7 28	Temporanly restricted net assets	039,203.	27	695,340
	.o .9	Permanently restricted net assets		28	
~	.9	Organizations that do not follow SFAS 117, check here		29	
:		complete lines 30 through 34.			
١,	ю	Capital stock or trust principal, or current funds		20	
	81	Paid-in or capital surplus, or land, building, or equipment fund	 	30	
3	2	Retained earnings, endowment, accumulated income, or other funds		31	·
: ו י	13	Total net assets or fund balances	639,263.	33	695,340
י וי			u 17 - 60 1 -		

Form **990** (2010)

Form	1990 (2010) FOUNDATION	_33-07	01029	Pag	je 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI								
	,								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	95	1,1	81.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,104						
3	Revenue less expenses. Subtract line 2 from line 1	3	56,077						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	Other changes in net assets or fund balances (explain in Schedule O)								
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6								
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII				\mathbf{x}				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			Í				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	L				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a							
	separate basis, consolidated basis, or both:				ĺ				
	Separate basis X Consolidated basis Both consolidated and separate basis				ĺ				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			1				
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		<u> </u>				
			Form 9	990 (2010)				

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Inspection

Name of t	he organizati	on SAN DIE	O CHARITABL	E REA	L EST	ATE		Er	nployer id	dentificatio	n numb	er
		FOUNDAT:							33	-07010)29	
Part I	Reason	for Public Charit	ty Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.				
he organ	ization is not a	private foundation b	ecause it is: (For lines 1	through 1	1, check o	only one b	ox.)					
1 🖳	A church, cor	nvention of churches	, or association of churc	ches descr	nbed in se	ction 170(b)(1)(A)(i).					
2 🖳)(b)(1)(A)(ii). (Attach Scl									
3 🖳	A hospital or	a cooperative hospita	al service organization o	described i	n section	170(b)(1)(A)(iii).					
4 📖		<u>-</u>	perated in conjunction	with a hosi	pıtal descr	ibed in se	ction 170((b)(1)(A)(iii	i). Enter th	e hospital's	s name,	
	city, and stat											
5	_	•	enefit of a college or un	niversity ov	vned or op	erated by	a governr	nental und	describe	d in		
_		(b)(1)(A)(iv). (Complet										
6			ent or governmental unit									
7 📖	=	· · · · · · · · · · · · · · · · · · ·	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic descr	ıbed ın	
		b)(1)(A)(vi). (Complet										
8 -			ection 170(b)(1)(A)(vi).									
9 🗀	_		eives: (1) more than 33 1							_	-	
		•	ctions - subject to certa	•	•	•				_		
			xable income (less sect	uon sii ta	x) irom bu	sinesses a	icquirea b	y trie orga	nization a	ner June 30	J, 1975.	
10 🔲		509(a)(2), (Complete	erated exclusively to te	et for publi	o cafaty C	oo eestis	n E00/aV/					
11 🕱	•	•	erated exclusively for the	•	•			•	v out the r	ournoese of	f one or	
11 🕰	_		tions described in section		-					-		
			organization and comple				.,. Ooc se c	Jeon Joseph	a)(0). One	CK the DOX	lilat	
	a X Type	· · · · · · · · · · · · · · · · · · ·	1 [*]		e III - Func		egrated		dП	Type III - C	ther	
e X			t the organization is not			•	•	r more disc	gualified p	••		
	•	•	nan one or more publich		-	•	-		•			
f		-	ten determination from		•				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		rganization, check th			•		, ,,				Ę	X]
g	Since Augus	t 17, 2006, has the or	rganization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
_	(i) A perso	n who directly or ındı	rectly controls, either al	lone or tog	ether with	persons d	lescribed	ın (ıi) and (iii) below,		Yes N	No
	the gov	eming body of the su	ipported organization?							11g(i)		<u>X</u>
	(ii) A family	member of a person	described in (i) above?	•						. 11g(ii)		X
	(iii) A 35%	controlled entity of a	person described in (i) o	or (II) above	e?					11g(iii)		X .
h	Provide the f	following information	about the supported or	ganization	(s).							
(i) Name	of supported	(ii) EIN	(iii) Type of		organization			(vi) ls organizati		(vii) Am	ount of	
org	anızatıon		organization (described on lines 1-9		sted in your document?			(i) organiz	ed in the	sup	port	
			above or IRC section		· · · · · · · · · · · · · · · · · · ·			U.S				
			(see instructions))	Yes	No	Yes	No	Yes	No			
SAN D		05 00 40 500	_	l					1 1			_
FOUNL	ATION	95-2942582	7	X	-	X	-	X	 			0.
	.			 	ļ <u>.</u>			<u> </u>	-			
				 	 		-		+ +			
							1					
		 		+		-	1	-	 			
								-				
		 		+		 	t	1	+ +			
Total												0.
		 										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

<u> </u>	(Complete only if you checked	d the box on line 5	, 7, or 8 of Part I	or if the organization			
<u> </u>	fails to qualify under the tests	listed below, plea	ise complete Part	111)			
_		(=) 2006	(h) 2007	(-) 2008	(-1) 0000	(-) 0010	(0.7-1-1
	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-				 		
_	ization's benefit and either paid to						
	or expended on its behalf	,					
3	The value of services or facilities						
J	furnished by a governmental unit to	1					
	the organization without charge						
4	Total. Add lines 1 through 3					· · · · · · · · · · · · · · · · · · ·	
5	The portion of total contributions					-	-
9	by each person (other than a						
	governmental unit or publicly	İ '					
	supported organization) included		1				
	on line 1 that exceeds 2% of the						-
	amount shown on line 11,				}		
	column (f)		į				1
6	Public support. Subtract line 5 from line 4			 	+	<u> </u>	
	ction B. Total Support	<u> </u>	<u> </u>	<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4				1 1	1	
8	Gross income from interest,						
	dividends, payments received on			Ì			
	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			İ			ļ
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instructi	ons)	• •		12	_
13	First five years. If the Form 990 is fo	r the organization's	s first, second, th	ird, fourth, or fifth t	tax year as a secti	on 501(c)(3)	
~	organization, check this box and stor						>
	ction C. Computation of Publ		<u>-</u>				
	Public support percentage for 2010 (column (f))	•	14	
15				:		15	
168	33 1/3% support test - 2010.If the o				14 is 33 1/3% or i	more, check this bo	ox and
	stop here. The organization qualifies		_	•			. ▶∟
	33 1/3% support test - 2009. If the c				d line 15 is 33 1/3%	6 or more, check th	nis box
47.	and stop here. The organization qua		• • •	• •			▶∟
1/6	10% -facts-and-circumstances tes						
	and if the organization meets the "fact					aπ IV now the orga	nization
	meets the "facts-and-circumstances"						▶∟
	10% -facts-and-circumstances tes						
	more, and if the organization meets to						₽ _
	organization meets the "facts-and-cire	cumstances test.	. THE Organization	qualifies as a pub	iiciy supported org	janization	▶∟

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below please complete Part II.)

Sec	tion A. Public Support		5.5.5.5.4.7.7				
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ızatıon's benefit and either paid to						
_	or expended on its behalf					 	
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge	<u> </u>		<u> </u>			
	Total. Add lines 1 through 5		 		<u> </u>		
7a	Amounts included on lines 1, 2, and		1				
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year					ļ	
_	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)		l	<u> </u>			
	ction B. Total Support				T	- 	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
-	Amounts from line 6					+	
108	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)				<u> </u>		
14	First five years. If the Form 990 is fo	r the organization'	's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) orga	anization,
_	check this box and stop here	 					▶□
	ction C. Computation of Publ					<u></u>	
	Public support percentage for 2010 (• • • • • • • • • • • • • • • • • • • •		column (f))		15	9
	Public support percentage from 2009					16	9
	ction D. Computation of Inve		·····				
	Investment income percentage for 20		•	ne 13, column (f))		17	9
	Investment income percentage from					18	9
198	a 33 1/3% support tests - 2010. If the	•		*		•	ne 17 is not
	more than 33 1/3%, check this box a	•	-				. ▶∟
t	33 1/3% support tests - 2009. If the						
20	line 18 is not more than 33 1/3%, che		•	•			ion P
20	Private foundation. If the organization	on are not check a	1 DOX ON LINE 14, 19	a, or 19b, check t	mis box and see in	structions	_

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, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2010
Open to Public Inspection

Name of the organization

SAN DIEGO CHARITABLE REAL ESTATE FOUNDATION

Employer identification number 33-0701029

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iin	e 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 fi	unds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	• •	
-	for chantable purposes and not for the benefit of the donor of		
	impermissible private benefit?	or deliver advicer, or for any editor purpose com	Yes No
Par		ganization answered "Yes" to Form 990. Part I	
1	Purpose(s) of conservation easements held by the organizat		
-	Preservation of land for public use (e.g., recreation or		cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
_	day of the tax year.	and conservation continuation in the form of a	conservation casement on the last
	cay or ano tax your		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	.,	25
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the ord	
•	year ▶	moused, oximigationed, or terminated by the org	direction during the tax
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements	• • • • • •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and	-	· · · ————
8	Does each conservation easement reported on line 2(d) abo	-	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	tion easements in its revenue and expense sta	
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		_
Pai	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statement	t and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherance	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that described	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	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 tro		in, provide
=	the following amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1	. , , , , , , , , , , , , , , , , , , ,	> \$
b	Assets included in Form 990, Part X	• • •	> \$
	••••	•	· · · ————————————————————————————————

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

SAN DIEGO CHARITABLE REAL ESTATE

	dule D (Form 990) 2010 FOUNDAT	ION					33-	070102	9 Pa	ιge 2
Par	t III Organizations Maintaining C	ollections of Ar	rt, Histo	orical Tre	easures, c	r Oth	er Similar A	ssets (cont	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the t	following that	t are a s	ignificant use o	f its collection	n items	S
	(check all that apply):									
а	Public exhibition	d	🗀 L4	oan or exch	nange progra	ms				
b	Scholarly research	е	. <u> </u>	ther						
С	Preservation for future generations							-		
4	Provide a description of the organization's co	ellections and explain	n how the	y further th	ne organizatio	on's exe	mpt purpose in	Part XIV.		
5	During the year, did the organization solicit o	r receive donations o	of art, hist	torical treas	sures, or othe	er sımıla	r assets			
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the o	organizatio	n answered '	Yes" to	Form 990, Part	IV, line 9, or		
	reported an amount on Form 990, Par	t X, line 21.		<u></u>						
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	ontribution	s or other as	sets not	ıncluded			
	on Form 990, Part X?							Yes] No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing ta	able:						
								Amoun	t	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					Yes		No
<u>b</u>	b If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete	f the organization an	swered "	Yes" to Fo	rm 990, Part	IV, line	10.			
		(a) Current year	(b) Pr	or year	(c) Two year	s back	(d) Three years t	oack (e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships			•						
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held a	as:							
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Term endowment	%								
За	Are there endowment funds not in the posse	ssion of the organiz	ation that	t are held a	nd administe	red for	the organization	1		
	by.								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Sched	ule R?				. 3b		
4	Describe in Part XIV the intended uses of the						···			
Pa	rt VI Land, Buildings, and Equipn	nent. See Form 99	0, Part X,	line 10.						
	Description of investment	(a) Cost or o	other	(b) Cost	or other	(c) A	Accumulated	(d) Boo	k valu	е
		basis (investi	ment)	basis	(other)	d€	epreciation			
1a	Land	156,	000.					15	6,0	00.
b	Buildings	624,	000.						4,0	
С	Leasehold improvements		I					ļ		
d	Equipment									
е	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	t X, colum	nn (B), line	10(c))		>	78	0,0	00.

Schedule D (Form 990) 2010

	UND	3 0	T/	
M ()	IINII	Δ.Ι.	1 (INI

33-0701029 Page 3

(a) Description of security or category (including name of security)	(b) Book value) Method of valuation: or end-of-year market value
Financial denvatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)	 		
(F)		· · · · · · · · · · · · · · · · · · ·	
(G) (H)		-	
(1)		- 	
al. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
art VIII Investments - Program Related. S	ee Form 990. Part X. lini	13.	······································
) Method of valuation
(a) Description of investment type	(b) Book value		or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	· · · ·		
(8)			
(9)	· · · -		
(10)	 	-	
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line	15		
	Description		(b) Book value
(1)			(b) Book Value
(2)			· · · · ·
(3)			
(4)		***************************************	
(5)		*	
(6)			
(7)			
(8)			
(9)			
(10)		***	
tal. (Column (b) must equal Form 990, Part X, col (B) line			
Part X Other Liabilities. See Form 990, Part X,	line 25.		
(a) Description of liability		(b) Amount	
(1) Federal income taxes		245 222	
(2) LOAN PAYABLE - HAYWARD PR		346,923.	
(3) HAYWARD SECURITY DEPOSITS		5,270.	
(4) DUE TO SAN DIEGO FOUNDATI	LON	157,224.	
(5)			
(6)			
(7)			
(7) (8)			
(8)			
(8) (9)			
(8) (9) (10)			
(8) (9)	e 25)	509,417.	

SAN DIEGO CHARITABLE REAL ESTATE

		(Form 990) 2010 FOUNDATION					0701029 Page	<u>4</u>
Par	t XI	Reconciliation of Change in Net Assets from Form 990 to A	Audite	ed Finan	cial Sta	tement		_
1	Total	revenue (Form 990, Part VIII, column (A), line 12)			1		95,181	•
2	Total e	expenses (Form 990, Part IX, column (A), line 25)			2		39,104	•
3	Exces	s or (deficit) for the year Subtract line 2 from line 1			3		56,077	•
4	Net ur	nrealized gains (losses) on investments			4			_
5	Donat	red services and use of facilities			5			
6	Invest	ment expenses			6			
7	Prior p	period adjustments			7			_
8	Other	(Describe in Part XIV)			8		83,423,073	
9	Total	adjustments (net). Add lines 4 through 8			9		83,423,073	•
10		s or (deficit) for the year per audited financial statements. Combine lines 3 and			10		83,479,150	<u>.</u>
Par	<u>t XII</u>	Reconciliation of Revenue per Audited Financial Statemen	<u>ıts Wi</u>	th Reve	nue per	Returr	<u> </u>	_
1	Total	revenue, gains, and other support per audited financial statements				1	135648334	•
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net u	nrealized gains on investments	2a			'		
b	Donat	ted services and use of facilities	2b				ı	
С	Recov	veries of prior year grants	2c					
d	Other	(Describe in Part XIV.)	2d	<u> 1350</u>	90364			
е	Add lı	nes 2a through 2d				2e	135090364	
3	Subtr	act line 2e from line 1				3	557,970	<u>•</u>
4	Amou	ints included on Form 990, Part VIII, line 12, but not on line 1:						
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other	(Describe in Part XIV.)	4b	<46	2,789) <u>.</u> >		
c	Add I	ines 4a and 4b				4c	<462,789	<u>.</u> >
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	95,181	•
Pa	<u>rt XIII</u>	Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expe	enses p	er Retu		_
1	Total	expenses and losses per audited financial statements				1_1_	52,169,184	•
2	Amou	ints included on line 1 but not on Form 990, Part IX, line 25						
а	Dona	ted services and use of facilities	2a					
b	Prior	year adjustments	2b				:	
С	Other	riosses	2c					
d	Other	r (Describe in Part XIV.)	2d	<u>51,66</u>	7,291	<u> </u>		
е	Add I	ines 2a through 2d				2e	51,667,291	
3		ract line 2e from line 1				3	501,893	•
4	Amou	unts included on Form 990, Part IX, line 25, but not on line 1:						
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a			_		
b	Other	r (Describe in Part XIV)	4b	<46	52,789	<u>}.</u> ⊳		
C	Add I	ines 4a and 4b				4c	<462,789	_
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	39,104	<u>. • </u>
Pa	rt XIV	Supplemental Information						_
		his part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,						
•	-	art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl	lete this	s part to pro	ovide any	additiona	al information.	
SC:	<u>H</u> EDU	JLE D, PART XI, LINE 8					_	
								_
	~~~							
TN	COMI	E AND EXPENSES REPORTED BY OTHER ENTITIES	<u> </u>	NCTODI	SD TN	THE	<del></del>	_
~	NTCOT	TDAMOD AUDIMOD EINAMOIAL OMAMONDAMO. 60	22 4	22 04.	,			
<u>CO.</u>	<u> </u>	LIDATED AUDITED FINANCIAL STATEMENTS: \$8	33,4	43,07.	<u> </u>	<del></del>	<del></del>	
				<del> </del>				_
gr.	יתאַע	JLE D, PART XII, LINE 2D						
<u>ی ر</u>	الانديد	ODD D   LAMI ALL DIME 2D						_
								—
IN	COMI	E REPORTED BY OTHER ENTITIES INCLUDED IN	<b>ит</b> и	E CON	OT.TO	ATED	AUDITED	

032054 12-20-10 Schedule D (Form 990) 2010

### SAN DIEGO CHARITABLE REAL ESTATE Schedule D (Form 990) 2010 FOUNDATION 33-0701029 Page 5 Part XIV Supplemental Information (continued) FINANCIAL STATEMENTS: \$135,090,364 SCHEDULE D, PART XII, LINE 4B RENTAL EXPENSES <\$462,789> SCHEDULE D, PART XIII, LINE 2D EXPENSES REPORTED BY OTHER ENTITIES INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS: \$51,667,291 SCHEDULE D, PART XIII, LINE 4B RENTAL EXPENSES <\$462,789>

### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

2010

Open to Public Inspection

Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

SAN DIEGO CHARITABLE REAL ESTATE

FOUNDATION

Employer identification number 33-0701029

**Questions Regarding Compensation** Part I No Yes 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. X Compensation committee X Written employment contract X Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment from the organization or a related organization? X X Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4¢ If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? X 5a X Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? X 6a b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2010

Regulations section 53.4958-6(c)?

33-0701029

## SAN DIEGO CHARITABLE KEAL FOUNDATION

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VIII, line 1a.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(Q)	(E)	(F)
(А) Мате		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	€		0	0	0,	0.		0
1 ROBERT KELLY	3 3	282,619.	0	0	0.	0	282,619.	D
2	: <b>=</b>							
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16	Œ							
				(			Schedule	Schedule J (Form 990) 2010

33-0701029

Page 3

Schedule J (Form 990) 2010 FOUNDATION

Part III | Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 3

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

SUPPORTED ORGANIZATION AND RECEIVES COMPENSATION DIRECTLY FROM THE

HE DOES NOT SUPPORTED ORGANIZATION FOR HIS CAPACITY AS PRESIDENT AND CEO.

RECEIVE ANY COMPENSATION FOR HIS ROLE AS SECRETARY OF THE SAN DIEGO

THEREFORE CHARITABLE REAL ESTATE FOUNDATION, THE SUPPORTING ORGANIZATION.

ALL COMPENSATION LISTED IS DETERMINED AT THE SUPPORTED ORGANIZATION LEVEL.

SCHEDULE J, PART I, LINE 4B

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

PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ORGANIZATION,

THAT WAS ESTABLISHED BY THE SAN DIEGO FOUNDATION AND ACCRUED \$92,176 INTO

THE PLAN. ALL ACCRUALS WRE MADE AT THE SUPPORTED ORGANIZATION LEVEL

Schedule J (Form 990) 2010

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

SAN DIEGO CHARITABLE REAL ESTATE FOUNDATION

Employer identification number 33-0701029

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INCREASE RESPONSIBLE AND EFFECTIVE PHILANTHROPY BY ACCEPTING, MANAGING
AND MARKETING REAL ESTATE GIFTS. THIS ORGANIZATION ALSO PROVIDES
SELECTED REAL ESTATE SERVICES TO OTHER NONPROFIT ORGANIZATIONS WITHIN
THE SAN DIEGO COMMUNITY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE PRIMARY EXEMPT PURPOSE IS TO SUPPORT THE SAN DIEGO FOUNDATION IN
ITS MISSION TO PROMOTE AND INCREASE RESPONSIBLE AND EFFECTIVE
PHILANTHROPY BY ACCEPTING, MANAGING AND MARKETING REAL ESTATE GIFTS.
THIS ORGANIZATION ALSO PROVIDES SELECTED REAL ESTATE SERVICES TO OTHER
NONPROFIT ORGANIZATIONS WITHIN THE SAN DIEGO COMMUNITY.
FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:
GIFTS OF REAL ESTATE ARE MANAGED AND LIQUIDATED THROUGH THIS ENTITY
WITH THE PROCEEDS CREATING OR SUPPLEMENTING AN ESTABLISHED FUND AT THE
SAN DIEGO FOUNDATION. THE CHARITABLE REAL ESTATE FOUNDATION HELD TWO
PROPERTIES VALUED AT \$780,000 AS OF JUNE 30, 2011. PROCEEDS FOR SALE
OF PROPERTIES ARE TRANSFERRED TO A DONOR ADVISED FUND AT THE SAN DIEGO
FOUNDATION FOR GRANTING TO THE COMMUNITY.
FORM 990, PART IV, LINE 12B

THE SAN DIEGO CHARITABLE REAL ESTATE FOUNDATION IS A SUPPORTING

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization SAN DIEGO CHARITABLE REAL ESTATE FOUNDATION	Employer identification number 33-0701029
ORGANIZATION OF THE SAN DIEGO FOUNDATION. THE FINANCIAL	STATEMENTS OF
THE SAN DIEGO FOUNDATION AND ALL SUPPORTING ORGANIZATION	NS, INCLUDING
SAN DIEGO CHARITABLE REAL ESTATE FOUNDATION, ARE AUDITED	ON A
CONSOLIDATED BASIS.	
HODY OOD DARW III GROWTON A LINE OR MUR ON I GOOGTEM	
FORM 990, PART VI, SECTION A, LINE 8B: THE ONLY COMMITTE	
CHARITABLE REAL ESTATE FOUNDATION IS THE BOARD. THERE IS	S NO OTHER COMMITTEE
WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.	
FORM 990, PART VI, SECTION B, LINE 11B	
THE FORM 990 HAS BEEN REVIEWED BY THE CFO OF THE SAN DIE	EGO FOUNDATION, THE
SAN DIEGO CHARITABLE REAL ESTATE FOUNDATION'S BOARD CHAR	IR, AND THE SAN
DIEGO CHARITABLE REAL ESTATE FOUNDATION'S CONSULTANT PR	OR TO FILING WITH
THE IRS. AN ELECTRONIC COPY OF THE 990 RETURN WILL BE EN	MAILED TO ALL BOARD
MEMBERS FOR THEIR REVIEW PRIOR TO MAILING. ALL QUESTION	NS WERE ADDRESSED BY
THE CFO OF THE SAN DIEGO FOUNDATION.	
FORM 990, PART VI, SECTION B, LINE 12C	

THE ORGANIZATION MONITORS COMPLIANCE WITH THE POLICY BY ENSURING THAT EACH BOARD MEETING HAS AN AGENDA ITEM TO REVIEW AND DISCLOSE ANY EXISTING AND/OR NEW CONFLICT OF INTERESTS. AT THE FIRST BOARD MEETING OF THE FISCAL YEAR, EACH MEMBER IS ASKED TO COMPLETE AND SIGN AN UPDATED CONFLICT OF INTEREST STATEMENT .
032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 9		Page 2
Name of the organization	SAN DIEGO CHARITABLE REAL ESTATE FOUNDATION	Employer identification number 33-0701029
		33 0701029
FORM 990, PAR	r VI, SECTION C, LINE 19	
THE BYLAWS, AI	RTICLES OF INCORPORATION, IRS DETERMINATION	LETTER, AND THE
CONFLICT OF I	NTEREST POLICY ARE AVAILABLE TO THE PUBLIC	BY CONTACTING THE
SUPPORTED ORGA	ANIZATION - THE SAN DIEGO FOUNDATION. THE	FINANCIAL
STATEMENTS AR	E REPORTED ON A CONSOLIDATED BASIS AND ARE	AVAILABLE ON THE
SAN DIEGO FOU	NDATION'S WEBSITE, WWW.SDFOUNDATION.ORG	
	<u> </u>	
FORM 990, PAR	T VI, SECTION B, LINE 13	
THE ORGANIZAT	ION DOES NOT HAVE A WHISTLEBLOWER POLICY SI	NCE THERE ARE
	OF THIS ORGANIZATION.	
110 1111 1101 110	JI IIID ONOIRII DIII I OIVI	
FORM 990, PAR	T XII, LINE 2C	
MUE CAN DIECO		
	CHARITABLE REAL ESTATE FOUNDATION IS A SUF	
	OF THE SAN DIEGO FOUNDATION. THE FINANCIAL	-
	FOUNDATION AND ALL SUPPORTING ORGANIZATION	
SAN DIEGO CHA	RITABLE REAL ESTATE FOUNDATION , ARE AUDITE	D ON A
CONSOLIDATED	BASIS.	
THE SAN DIEGO	FOUNDATION HAS AN AUDIT COMMITTEE WHICH IS	CHARGED WITH
	ILITY OF OVERSIGHT OF THE AUDIT OF ITS FINA	
		MCIMI
STATEMENTS AN 032212 01-24-11	D SELECTION OF AN INDEPENDENT ACCOUNTANT. Sch	nedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or s	990·EZ) (2010)	Page 2
Name of the organization	SAN DIEGO CHARITABLE REAL ESTATE FOUNDATION	Employer identification number 33-0701029
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OMB No 1545-0047

SCHEDIII E D	- au		Related Organizations	Organizations and Unrelated Partnerships	erships		3	9
(Form 990)	(Form 990) Department of the Treasury	► Comple		es" to Form 990, Part IV, line 33, 3	13, 34, 35, 36, or 37		ZOTU Open to Public Inspection	Public tion
Name of	Name of the organization	SAN DIEGO CHARITABLE	ITABLE REAL ESTATE	•	:	<u> </u>	Employer identification number 33-0701029	number
Part	Identification of Disre	Identification of Disregarded Entities (Complete if the organ	if the organization answered "Yes" t	ization answered "Yes" to Form 990, Part IV, line 33.)				
	(a) Name, address, and EIN	s, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-year assets	Direct	Bu
	of disregarded entity	d entity		foreign country)			entity	
					_			
		i						
Part II	Identification of Related Tax-Exe organizations during the tax year.)	Identification of Related Tax-Exempt Organizations (Complorganizations during the tax year.)	ions (Complete if the organization an	ete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	t IV, line 34 becaus	e it had one or more	erelated tax-exempt	
				3	5	3	-	3

(g) ion 512(b)(13) controlled entity?	Š			×				
(g) Section \$12(b)(13) controlled entity?	Yes							
(f) Direct controlling entity				N/A				
(e) Public charity status (if section	501(c)(3))			509(A)(1)				
(d) Exempt Code section				501(C)(3)				
(c) Legal domicile (state or foreign country)				CALIFORNIA				
(b) Primary activity				GRANT MAKING				
(a) Name, address, and EIN of related organization		SAN DIEGO FOUNDATION - 95-2942582	2508 HISTORIC DECATUR RD, 200					

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

032161 12-21-10 LHA

Schedule R (Form 990) 2010

SAN DIEGO CHARITABLE REAL ESTATE

Page 2

33-0701029

FOUNDATION Schedule R (Form 990) 2010

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.) Part III

(j) (k) General or Percentage managing ownership			
(j) General or managing partner?			
Code V-UBI G amount in box m 20 of Schedule K-1 (Form 1065)			
(h) Disproportion- ate allocations?			
(g) Share of end-of-year assets		,	
Share of total income			
(e) Predominant income (related, unrelated, excluded from tax under sections, 5/20-5/4)			
(d) Direct controlling entity			
Legal domicile (state or foreign			
(b) Primary activity			
(a) Name, address, and EIN of related organization			

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.) Part IV

(a)	<b>(</b> g)	<u></u>	<u>©</u>	(e)		(6)	<b>E</b>
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entrty (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
032162 12-21-10	29	6			<b>3</b> ,	Schedule R (Form 990) 2010	n 990) 2010

Page 3 33-0701029

Schedule R (Form 990) 2010

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), Part IV, line 34, 35, 35a, or
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ith Related Organizations (Complete if the organization answered "Yes" to Form 9
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Note. Complete line I if any entity is listed in Parts II, III, of 10 of this scriedule.	s with one or more re	lated organizations listed	in Parts II-IV?	<u>.</u>	-
a Receipt of (i) Interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity				1a	×
				16	×
				2	×
				7	>
d Loans or loan guarantees to or for otner organization(s)				2	<b>(</b>  :
e Loans or loan guarantees by other organization(s)				<del>-</del>	×
f Colored to other presentation (a)				÷	×
T date di assets to oti ei digalizzation(s)				į	<b> </b> >
g Purchase of assets from other organization(s)				18	<b>4</b> :
h Exchange of assets				두	×
i Lease of facilities, equipment, or other assets to other organization(s)				; <del>=</del>	×
i Lease of faculties equipment or other assets from other organization(s)				=	×
k Performance of services or membership or fundraising solicitations for other organization(s)	ization(s)			¥	×
Performance of services or membership or fundraising solicitations by	ization(s)			=	
				£	×
n Sharing of paid employees				ţ	×
					; 
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>				9	×
p Reimbursement paid by other organization for expenses				1p	×
<ul> <li>q Other transfer of cash or property to other organization(s)</li> <li>r Other transfer of cash or property from other organization(s)</li> </ul>				1-	××
ns for infor	who must complete the	is line, including covered	mation 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	(d) Method of determining amount involved		
(1)					
2)					
3)					
12163 12-21-10	30		Schedule	Schedule R (Form 990) 2010	0) 2010

33-0701029

# SAN DIEGO CHARITABLE REAL ESTATE

Schedule R (Form 990) 2010 FOUNDATION

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

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

triat was not a related organization. See instructions regarding exclusion to contain investment parties on por		1	4,	3	٩	(2)	(E)
(a)	(c)	9	<u>)</u>	<u>(a</u>		(A)	
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
Same to		country)	Yes No	,		of Schedule K·1 (Form 1065)	Yes No
							+
	•						
		i	-				_
			,				
					7		_

Schedule R (Form 990) 2010