

Return of Organization Exempt From Income Tax

2007

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning 10/01, 2007, and ending 9/30, 2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123

D Employer Identification Number 95-2568714 E Telephone number 858-565-8888 F Accounting method: Cash, Accrual, Other

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Schedule B

G Web site: N/A

J Organization type (check only one) 501(c) 3

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 393,243.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Amount. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Assets (lines 18-21).

Part I Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See *instruct.*)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule).....	23				
24 Benefits paid to or for members (attach schedule).....	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A.....	25a	0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B.....	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c.....	26	128,099.	92,836.	5,425.	29,838.
27 Pension plan contributions not included on lines 25a, b, and c.....	27				
28 Employee benefits not included on lines 25a - 27.....	28	20,404.	6,802.	6,801.	6,801.
29 Payroll taxes.....	29	11,583.	3,861.	3,861.	3,861.
30 Professional fundraising fees.....	30				
31 Accounting fees.....	31	7,000.	7,000.		
32 Legal fees.....	32	79.	79.		
33 Supplies.....	33	24,817.	22,882.	558.	1,377.
34 Telephone.....	34				
35 Postage and shipping.....	35	1,133.	617.	511.	5.
36 Occupancy.....	36	26,220.		1,200.	25,020.
37 Equipment rental and maintenance.....	37				
38 Printing and publications.....	38	1,727.	120.		1,607.
39 Travel.....	39	4,524.	3,847.	440.	237.
40 Conferences, conventions, and meetings.....	40	1,817.	309.	903.	605.
41 Interest.....	41				
42 Depreciation, depletion, etc (attach schedule).....	42	1,263.	1,263.		
43 Other expenses not covered above (itemize):					
a SEE STATEMENT 3	43a	159,442.	92,036.	23,211.	44,195.
b -----	43b				
c -----	43c				
d -----	43d				
e -----	43e				
f -----	43f				
g -----	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44	388,108.	231,652.	42,910.	113,546.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 4</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>SEE STATEMENT 5</u> ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	231,652.
b ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)..... ▶	231,652.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	7,874.	45	95,189.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47 a 19,486.		
	b Less: allowance for doubtful accounts	47 b	240.	47 c 19,486.
	48a Pledges receivable	48 a		
	b Less: allowance for doubtful accounts	48 b		48 c
	49 Grants receivable			49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50 a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50 b
	51a Other notes and loans receivable (attach schedule)	51 a 80,384.		
	b Less: allowance for doubtful accounts	51 b 26,703.	55,956.	51 c 53,681.
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges			53 145.
	54a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	567,552.	54 a 689,389.
	b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54 b
55a Investments — land, buildings, & equipment: basis	55 a			
b Less: accumulated depreciation (attach schedule)	55 b		55 c	
56 Investments — other (attach schedule)			56	
57a Land, buildings, and equipment: basis	57 a 3,786.			
b Less: accumulated depreciation (attach schedule)	57 b 1,893.	3,156.	57 c 1,893.	
58 Other assets, including program-related investments (describe			58	
59 Total assets (must equal line 74). Add lines 45 through 58		634,778.	59 859,783.	
LIABILITIES	60 Accounts payable and accrued expenses	16,504.	60	18,616.
	61 Grants payable		61	
	62 Deferred revenue	95,194.	62	357,793.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe		65	
66 Total liabilities. Add lines 60 through 65		111,698.	66 376,409.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	523,080.	67	443,859.
	68 Temporarily restricted		68	39,515.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	523,080.	73	483,374.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	634,778.	74	859,783.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	356,559.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	-36,684.
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): <u>SEE STM 8</u>	b4	8,157.
	Add lines b1 through b4	b	-28,527.
c	Subtract line b from line a	c	385,086.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	385,086.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	396,265.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): <u>SEE STMT 9</u>	b4	8,157.
	Add lines b1 through b4	b	8,157.
c	Subtract line b from line a	c	388,108.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	388,108.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 10		0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings .. <u>12</u>		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s).....	75b	X
c	Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'. If 'Yes,' attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?.....	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change.....	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.....	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?.....	78a	X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?.....	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.....	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?.....	80a	X
b	If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. (See line 81 instructions.)..... <u>81a</u> 0.		
b	Did the organization file Form 1120-POL for this year?.....	81b	X

Part VI Other Information (continued)		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?			X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?		X	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?			X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A	
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members	85c	N/A	
d Section 162(e) lobbying and political expenditures	85d	N/A	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?			N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A	
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.			X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.			X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.			X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization. ▶ 0.			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?			X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?			X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			X
90 a List the states with which a copy of this return is filed ▶ NONE			
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	3	
91 a The books are in care of ▶ KITTY BAILEY Telephone number ▶ 858-565-8888 Located at ▶ 5575 RUFFIN ROAD SUITE 250 SAN DIEGO CA ZIP + 4 ▶ 92123			
b 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)? If 'Yes,' enter the name of the foreign country ▶	91b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91 c** Yes No

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here N/A

and enter the amount of tax-exempt interest received or accrued during the tax year **92** N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a PROGRAM FEES					1,811.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					1,000.
95 Interest on savings & temporary cash invmnts			14	4,037.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	-7,157.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				-3,120.	2,811.
105 Total (add line 104, columns (B), (D), and (E))					-309.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	INCOME FROM PROGRAM SERVICES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.....

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.....

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?.....

Yes	No
	X

Please Sign Here

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

▶ _____
Signature of officer

_____ Date

▶ **TOM GEHRING, CEO**
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ JULIE A. FURL	Date 5/22/09	Check if self-employed ▶ <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X) P00085551
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LEAF & COLE, LLP 1843 HOTEL CIRCLE SOUTH, #300 SAN DIEGO, CA 92108-3322	EIN ▶ 95-2076568	Phone no. ▶ 619.294.7200	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust**

Supplementary Information — (See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No. 1545-0047

2007

Name of the organization **SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION** Employer identification number **95-2568714**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 11		128,099.	0.	0.
Total number of other employees paid over \$50,000	0			

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) STMT 12	X	
b Did the organization have a section 403(b) annuity plan for its employees?		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?		N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
d Enter the total number of donor advised funds owned at the end of the tax year. ▶		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. ▶		N/A
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts. ▶		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. . . ▶		0.

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc. 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0.

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	161,397.	156,698.	202,225.		520,320.
16 Membership fees received.	700.	200.	18,038.		18,938.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose.	1,921.	67,816.	20,936.		90,673.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975.	52,015.	29,734.	3,077.		84,826.
19 Net income from unrelated business activities not included in line 18.					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					0.
21 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.					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0.
23 Total of lines 15 through 22.	216,033.	254,448.	244,276.		714,757.
24 Line 23 minus line 17.	214,112.	186,632.	223,340.		624,084.
25 Enter 1% of line 23.	2,160.	2,544.	2,443.		

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. N/A . . . ▶	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. ▶	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e). ▶	26c	
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶	26d	
e Public support (line 26c minus line 26d total). ▶	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶	26f	%

27 Organizations described on line 12:		
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ 0. (2005) _____ 0. (2004) _____ 0. (2003) _____ 0.		
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ 0. (2005) _____ 0. (2004) _____ 0. (2003) _____ 0.		
c Add: Amounts from column (e) for lines: 15 _____ 520,320. 16 _____ 18,938. 17 _____ 90,673. 20 _____ 21 _____ ▶	27c	629,931.
d Add: Line 27a total. 0. and line 27b total. 0. ▶	27d	0.
e Public support (line 27c total minus line 27d total). ▶	27e	629,931.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e). ▶ 27f 714,757.	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶	27g	88.13 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶	27h	11.87 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----				
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----				
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----				
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
If you answered 'Yes' to either 34a or b, please explain using an attached statement.				
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying).....	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying).....	37	
38	Total lobbying expenditures (add lines 36 and 37).....	38	
39	Other exempt purpose expenditures.....	39	
40	Total exempt purpose expenditures (add lines 38 and 39).....	40	
41	Lobbying nontaxable amount. Enter the amount from the following table —		
	If the amount on line 40 is —		
	The lobbying nontaxable amount is —		
	Not over \$500,000..... 20% of the amount on line 40.....		
	Over \$500,000 but not over \$1,000,000..... \$100,000 plus 15% of the excess over \$500,000.....		
	Over \$1,000,000 but not over \$1,500,000..... \$175,000 plus 10% of the excess over \$1,000,000.....	41	
	Over \$1,500,000 but not over \$17,000,000..... \$225,000 plus 5% of the excess over \$1,500,000.....		
	Over \$17,000,000..... \$1,000,000.....		
42	Grassroots nontaxable amount (enter 25% of line 41).....	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.....	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.....	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount.....					
46 Lobbying ceiling amount (150% of line 45(e)).....					
47 Total lobbying expenditures.....					
48 Grassroots non-taxable amount.....					
49 Grassroots ceiling amount (150% of line 48(e)).....					
50 Grassroots lobbying expenditures.....					

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers.....			
b Paid staff or management (Include compensation in expenses reported on lines c through h .).....			
c Media advertisements.....			
d Mailings to members, legislators, or the public.....			
e Publications, or published or broadcast statements.....			
f Grants to other organizations for lobbying purposes.....			
g Direct contact with legislators, their staffs, government officials, or a legislative body.....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means.....			
i Total lobbying expenditures (add lines c through h .).....			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash		X
	(ii) Other assets		X
b	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization		X
	(ii) Purchases of assets from a noncharitable exempt organization		X
	(iii) Rental of facilities, equipment, or other assets		X
	(iv) Reimbursement arrangements		X
	(v) Loans or loan guarantees		X
	(vi) Performance of services or membership or fundraising solicitations		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If 'Yes,' complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION	Employer identification number 95-2568714
--	---

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the *General Rule* and a *Special Rule* – see instructions.)

General Rule –

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the *General Rule* and/or the *Special Rules* do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

SAN DIEGO COUNTY MEDICAL SOCIETY

95-2568714

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BLUE SHIELD OF CALIFORNIA FOUN ----- 5575 RUFFIN ROAD #250 ----- SAN FRANCISCO, CA 92123 -----	\$ 59,167.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2	THE CALIFORNIA ENDOWMENT ----- 5575 RUFFIN ROAD #250 ----- SAN DEIGO, CA 92123 -----	\$ 54,489.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3	CONSUMER HEALTH EDUCATION ----- 5575 RUFFIN ROAD #250 ----- SAN DEIGO, CA 92123 -----	\$ 14,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
4	ALLIANCE HEALTHCARE FOUNDATION ----- 5575 RUFFIN ROAD #250 ----- SAN DIEGO, CA 92123 -----	\$ 53,845.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
5	COUNTY OF SAN DIEGO ----- 5575 RUFFIN ROAD #250 ----- SAN DEIGO, CA 92123 -----	\$ 18,561.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
6	GROSSMONT HEALTHCARE DISTRICT ----- 5575 RUFFIN ROAD #250 ----- SAN DEIGO, CA 92123 -----	\$ 13,286.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization SAN DIEGO COUNTY MEDICAL SOCIETY	Employer identification number 95-2568714
---	---

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	KAISER ----- 5575 RUFFIN ROAD #250 ----- SAN DEIGO, CA 92123 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	GREG COX ----- 5575 RUFFIN ROAD #250 ----- SAN DEIGO, CA 92123 -----	\$ 16,088.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	SEPACOR ----- 5575 RUFFIN ROAD #250 ----- SAN DEIGO, CA 92123 -----	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	REACH OUT ----- 5575 RUFFIN ROAD #250 ----- SAN DEIGO, CA 92123 -----	\$ 9,640.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

SAN DIEGO COUNTY MEDICAL SOCIETY

Employer identification number

95-2568714

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A ----- ----- -----	----- \$-----	-----
_____	----- ----- -----	----- \$-----	-----
_____	----- ----- -----	----- \$-----	-----
_____	----- ----- -----	----- \$-----	-----
_____	----- ----- -----	----- \$-----	-----
_____	----- ----- -----	----- \$-----	-----

Name of organization

SAN DIEGO COUNTY MEDICAL SOCIETY

Employer identification number

95-2568714

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	

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

2007

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **67**

Name(s) shown on return **SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION**

Identifying number
95-2568714

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	\$125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$500,000.
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 2006 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 2008. 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	

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 2007.	17	1,263.
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 2007 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	
i Nonresidential real property			39 yrs	MM	S/L	

Section C – Assets Placed in Service During 2007 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	1,263.
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	

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).

Section 501(c) corporations 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 section 501(c) corporations 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	Name of Exempt Organization SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION	Employer identification number 95-2568714
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 5575 RUFFIN ROAD #250	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN DIEGO, CA 92123	

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 |

● The books are in the care of ▶ KITTY BAILEY -----

Telephone No. ▶ 858-565-8888 FAX No. ▶ 858-569-1334

- 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 section 501(c) corporation required to file Form 990-T) extension of time until 5/15, 20 09, 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 10/01, 20 07, and ending 9/30, 20 08.

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 **X**
- 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. You must file original and one copy.

Type or print <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION	Employer identification number 95-2568714 <small>For IRS use only</small>
	Number, street, and room or suite number. If a P.O. box, see instructions. 5575 RUFFIN ROAD #250	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN DIEGO, CA 92123	

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 **KITTY BAILEY**
 Telephone No. **858-565-8888** FAX No. **858-569-1334**
- 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 8/15, 2009.

5 For calendar year _____, or other tax year beginning 10/01, 2007, and ending 9/30, 2008.

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 Title **CEO** Date

Notice to Applicant. (To be Completed by the IRS)

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director By: Date

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name LEAF & COLE, LLP
	Number and street (include suite, room, or apartment number) or a P.O. box number 1843 HOTEL CIRCLE SOUTH, #300
	City or town, province or state, and country (including postal or ZIP code) SAN DIEGO, CA 92108-3322

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STATEMENT 1
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
SPONSOR FEES - EVENTS	1,000.	0.	1,000.	8,157.	-7,157.
TOTAL	<u>\$ 1,000.</u>	<u>\$ 0.</u>	<u>\$ 1,000.</u>	<u>\$ 8,157.</u>	<u>\$ -7,157.</u>

STATEMENT 2
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

REALIZED LOSSES ON INVESTMENTS.....	\$ -36,684.
TOTAL	<u>\$ -36,684.</u>

STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
DUES & SUBSCRIPTIONS	2,019.		69.	1,950.
GRANTS/SCHOLARSHIPS	3,850.	3,850.		
MISC EXPENSE	2,185.	2,092.	93.	
OFFICE EXPENSES	16,242.	663.	1,431.	14,148.
OUTSIDE SERVICES	129,983.	81,063.	20,823.	28,097.
RECRUITMENT	323.	50.	273.	
REPAIRS AND MAINTENANCE	1,330.	1,330.		
TECHNOLOGY	1,400.	1,400.		
WEBHOST	2,110.	1,588.	522.	
TOTAL	<u>\$ 159,442.</u>	<u>\$ 92,036.</u>	<u>\$ 23,211.</u>	<u>\$ 44,195.</u>

STATEMENT 4
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE FOUNDATION'S MISSION IS TO BUILD A HEALTHIER SAN DIEGO BY ADDRESSING UNMET HEALTHCARE NEEDS FOR ALL PATIENTS AND PHYSICIANS THROUGH EDUCATION, INNOVATION, AND SERVICE.

STATEMENT 5
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES		
<p>THE FOUNDATION'S PROGRAMS CONSIST OF THE FOLLOWING FIVE INITIATIVES:</p> <p>TECHNOLOGY: THE FOUNDATION WILL ENDEAVOR TO SUPPORT PHYSICIANS WITH TECHNOLOGY TO IMPROVE PATIENT SAFETY AND A MORE EFFICIENT EXCHANGE TO PATIENT INFORMATION THROUGH A PROJECT ENTITLED SAN DIEGO MINE. THE FOUNDATION HAS PARTNERED WITH THE CALIFORNIA INSTITUTE OF INFORMATION TECHNOLOGY AND TELECOMMUNICATIONS TO DELIVER COMPREHENSIVE, "REAL-TIME" MEDICAL INFORMATION TO THE POINT OF PATIENT CARE FOR ALL HEALTHCARE STAKEHOLDERS IN SAN DIEGO AND IMPERIAL COUNTIES.</p> <p>CONSUMER HEALTH EDUCATION: BEGINNING WITH AN INITIATIVE AROUND DIABETES AND OBESITY, THE FOUNDATION WILL FOCUS ON PROJECTS PROMOTING AWARENESS AND WILL ALSO PROVIDE PATIENT HEALTH EDUCATION IN MULTIPLE LANGUAGES AT APPROPRIATE READING LEVELS DESIGNED TO IMPROVE COMMUNICATION AND COMPENSATION.</p> <p>ACCESS TO CARE: THE FOUNDATION IS IN SUPPORT OF LOCAL ORGANIZATIONS THAT PROVIDE DIRECT CARE TO THE NEEDIEST OF OUR COMMUNITY. BY RECRUITING PHYSICIANS WHO WISH TO DONATE THEIR SERVICES, HELPING TO CONNECT THE NEEDY TO LOW-COST SPECIALITY CARE, OR PROVIDING DIRECT FINANCIAL SUPPORT TO THESE ORGANIZATIONS, THE FOUNDATION IS COMMITTED TO PLAYING AN ACTIVE ROLE IN SOLVING THIS COMMUNITY-WIDE PROBLEM.</p> <p>MEDICAL STUDENT SUPPORT: BY EXPANDING THE ORIGINAL MISSION OF THE ORGANIZATION, THE FOUNDATION WILL CONTINUE TO PROVIDE LOW-INTEREST STUDENT LOANS TO MEDICAL STUDENTS. ADDITIONAL SUPPORT TO THE STUDENTS INCLUDES: .PROJECT MINI-GRANTS FOR STUDENT-LEAD PROGRAMS AT THE UCSD STUDENT-RUN STREET CLINICS. .EXPANDED SUPPORT OF STUDENT LEGISLATIVE DAY, WHERE STUDENTS PARTICIPATE WITH PHYSICIANS FROM AROUND CALIFORNIA LEARNING ABOUT LEGISLATIVE IMPACT ON HEALTHCARE POLICY AND INTERACTING WITH LEGISLATORS IN SACRAMENTO. .CONNECTING STUDENTS WITH PRACTICING PHYSICIANS BY WAY OF MENTORSHIPS. .RECRUITMENT OF PRACTICING PHYSICIANS TO HELP THE STUDENTS IN THE STREET CLINICS. THESE PROGRAMS ARE DEVELOPED TO SENSITIZE STUDENTS TO THE NEEDS OF THE SAN DIEGO COMMUNITY AND TO PROMOTE PHYSICIAN RETENTION IN SAN DIEGO AFTER GRADUATION AND RESIDENCY.</p> <p>RETIRED PHYSICIANS SOCIETY: THE FOUNDATION IS CONVENING RETIRED PHYSICIANS LIVING IN THE SAN DIEGO COMMUNITY WHO ARE INTERESTED IN CONTINUING TO USE THEIR TALENTS AND SKILLS IN A VOLUNTARY CAPACITY. AT QUARTERLY MEETINGS, MEMBERS HAVE AN OPPORTUNITY TO NETWORK WITH A VARIETY OF COMMUNITY ORGANIZATIONS THAT WOULD VALUE AND UTILIZE THEIR KNOWLEDGE AND WISDOM. THEY WILL LEARN</p>				

STATEMENT 5 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
ABOUT CURRENT ISSUES IN MEDICAL PRACTICE AND CURRENT PUBLIC POLICY CONCERNS FACING OUR COMMUNITY. THE GOAL IS TO PROVIDE OPPORTUNITIES FOR RETIRED PHYSICIANS TO CONNECT WITH, BECOME INVOLVED WITH, PARTICIPANT IN, AND OFFER LEADERSHIP TO ORGANIZATIONS THAT SERVE THE HEALTHCARE NEEDS OF THE UNDERSERVED IN OUR COMMUNITY. INCLUDES FOREIGN GRANTS: NO		231,652.
	<u>\$ 0.</u>	<u>\$ 231,652.</u>

STATEMENT 6
FORM 990, PART IV, LINE 51
OTHER NOTES AND LOANS RECEIVABLE

OTHER NOTES AND LOANS	BALANCE DUE	DOUBTFUL ACCOUNTS ALLOWANCE
MEDICAL STUDENT LOANS	\$ 80,384.	\$ 26,703.
TOTAL OTHER NOTES AND LOANS	<u>\$ 80,384.</u>	<u>\$ 26,703.</u>
TOTAL NET RECEIVABLES		<u>\$ 53,681.</u>

STATEMENT 7
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 3,786.	\$ 1,893.	\$ 1,893.
TOTAL	<u>\$ 3,786.</u>	<u>\$ 1,893.</u>	<u>\$ 1,893.</u>

STATEMENT 8
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

SPECIAL EVENT EXPENSES.....	\$ 8,157.
TOTAL	<u>\$ 8,157.</u>

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**STATEMENT 9
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS**

SPECIAL EVENT EXPENSES..... \$ 8,157.
TOTAL \$ 8,157.

**STATEMENT 10
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JAMES HAY MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	PAST PRESIDENT 0	\$ 0.	\$ 0.	\$ 0.
CAROL YOUNG, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	PRESIDENT 0	0.	0.	0.
RALPH OCAMPO, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	SECRETARY/TREAS 0	0.	0.	0.
SARAH AGHASSI, ESQ 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
ELLEN BECK, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
JOHN BERGER, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
EDGAR D. CANADA, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
JUDY FORRESTER 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
TOM GEHRING 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	CEO 0	0.	0.	0.
THEODORE MAZER, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.

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STATEMENT 10 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DAVID PRIVER, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	VICE PRESIDENT 0	\$ 0.	\$ 0.	0.
ALBERT RAY, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
	TOTAL	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 11
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUT. EBP & DC	EXPENSE ACCOUNT
ARON FLECK 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	EXECUTIVE DIR 40.00	68,296.	0.	0.
CLAUDIA GASTELUM 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	CARE COORDINATO 40.00	39,566.	0.	0.
TANA LORAH 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	ASSOCIATE DIR 40.00	20,237.	0.	0.
	TOTAL	<u>\$ 128,099.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 12
SCHEDULE A, PART III, LINE 3A
QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS

MEDICAL STUDENT SUPPORT

BY EXPANDING THE ORIGINAL MISSION OF THE ORGANIZATION, THE FOUNDATION WILL CONTINUE TO PROVIDE LOW-INTEREST STUDENT LOANS TO MEDICAL STUDENTS. ADDITIONAL SUPPORT TO THE STUDENTS INCLUDES:

- .PROJECT MINI-GRANTS FOR STUDENT-LEAD PROGRAMS AT THE UCSD STUDENT-RUN STREET CLINICS.
- .EXPANDED SUPPORT OF STUDENT LEGISLATIVE DAY, WHERE STUDENTS PARTICIPATE WITH PHYSICIANS FROM AROUND CALIFORNIA LEARNING ABOUT LEGISLATIVE IMPACT ON HEALTHCARE POLICY AND INTERACTING WITH LEGISLATORS IN SACRAMENTO.
- .CONNECTING STUDENTS WITH PRACTICING PHYSICIANS BY WAY OF MENTORSHIPS.
- .RECRUITMENT OF PRACTICING PHYSICIANS TO HELP THE STUDENTS IN THE STREET CLINICS.

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STATEMENT 12 (CONTINUED)
SCHEDULE A, PART III, LINE 3A
QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS

THESE PROGRAMS ARE DEVELOPED TO SENSITIZE STUDENTS TO THE NEEDS OF THE SAN DIEGO COMMUNITY AND TO PROMOTE PHYSICIAN RETENTION IN SAN DIEGO AFTER GRADUATION AND RESIDENCY.

2007

California Exempt Organization Annual Information Return

199

For calendar year 2007 or fiscal year beginning month 10 day 01 year 2007, and ending month 09 day 30 year 2008

IMPORTANT: Your number is required.

California corporation number **D-0545424** Federal employer identification number (FEIN) **95-2568714**

Corporation/Organization name
SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION

Address (including suite, room, or PMB no.)
5575 RUFFIN ROAD #250

City State ZIP Code
SAN DIEGO, CA 92123

A Final return? Check applicable box. Yes No
 Dissolved Withdrawn Merged/Reorganized (attach explanation)
 If a box is checked, enter date

B Check forms filed this year: State: 109 100 100S 100W Fed: 990
 Fed: 990EZ 990T 990PF 1041 1120H 1120

C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. **See General Instruction F. No filing fee is required.**

D Is this a group filing? See General Instruction N. Yes No

E Accounting method used. **ACCRUAL**

F Type of organization Exempt under Section 23701 **D** (insert letter)
 IRC Section 4947(a)(1) trust

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

Receipts and Revenues <small>(Enclose, but do not staple, any payment.)</small>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1	6,848.
	2	Gross dues and assessments from members and affiliates.	2	1,000.
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions. SEE SCH. B	3	385,395.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C.	4	393,243.
	5	Cost of goods sold	5	
	6	Cost or other basis, and sales expenses of assets sold	6	
	7	Total costs. Add line 5 and line 6	7	
	8	Total gross income. Subtract line 7 from line 4	8	393,243.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	396,265.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	-3,022.
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F.	11	10.
	12	Penalty for failure to file on time. See General Instruction L.	12	
	13	Use tax. See 'General Instruction M'.	13	
	14	Balance due. Add line 11, line 12, and line 13.	14	10.

15 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. Yes No

16 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. Yes No

17 Is the organization exempt under R&TC Section 23701g? Yes No
 If 'Yes,' enter amount of gross receipts from nonmember sources. \$ _____

18 Did the organization file Form 100, Form 100S, Form 100W, or Form 109 to report taxable income? Yes No
 If 'Yes,' enter amount of total income reported. \$ _____

19 The financial records are in care of. **KITTY BAILEY** Daytime telephone **858-565-8888**
 located at **5575 RUFFIN ROAD SUITE 250 92123**

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 taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here	Signature of officer	Date	CEO Title
			858-565-8888 Daytime telephone
Paid Preparer's Use Only	Paid Preparer's signature JULIE A. FIRL	Date 5/22/09	Check if self-employed <input checked="" type="checkbox"/> Paid preparer's SSN or PTIN P00085551
	Firm's name (or yours, if self-employed) and address LEAF & COLE, LLP 1843 HOTEL CIRCLE SOUTH, #300 SAN DIEGO, CA 92108-3322		FEIN 95-2076568
			Daytime telephone 619.294.7200

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	1	
	2	Interest	2	4,037.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	7	2,811.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	6,848.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	9	
	10	Disbursements to or for members.	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STATEMENT 2	11	0.
	12	Other salaries and wages	12	128,099.
	13	Interest	13	
	14	Taxes	14	11,583.
	15	Rents	15	26,220.
	16	Depreciation and depletion	16	1,263.
	17	Other. Attach schedule. SEE STATEMENT 3	17	229,100.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	396,265.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		7,874.		95,189.
2	Net accounts receivable		240.		19,486.
3	Net notes receivable. Attach schedule. ST. 4		55,956.		53,681.
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds. Attach schedule				
7	Investments in stock. Attach schedule				
8	Mortgage loans (number of loans. _____)				
9	Other investments. Attach schedule		567,552.		689,389.
10a	Depreciable assets	3,786.		3,786.	
b	Less accumulated depreciation	630.	3,156.	1,893.	1,893.
11	Land				
12	Other assets. Attach schedule. ST. 5				145.
13	Total assets		634,778.		859,783.
Liabilities and net worth					
14	Accounts payable		16,504.		18,616.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable. Attach schedule				
17	Mortgages payable				
18	Other liabilities. Attach schedule. ST. 6		95,194.		357,793.
19	Capital stock or principle fund		523,080.		483,374.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	Total liabilities and net worth		634,778.		859,783.

Schedule M-1 Reconciliation of income per books with income per return				
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000				
1	Net income per books	-3,022.	7	Income recorded on books this year not included in this return.
2	Federal income tax			Attach schedule
3	Excess of capital losses over capital gains		8	Deductions in this return not charged against book income this year.
4	Income not recorded on books this year. Attach schedule			Attach schedule
5	Expenses recorded on books this year not deducted in this return. Attach schedule		9	Total. Add line 7 and line 8
6	Total. Add line 1 through line 5	-3,022.	10	Net income per return. Subtract line 9 from line 6
				-3,022.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY
Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION	Employer identification number 95-2568714
--	---

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.)

General Rule –

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization SAN DIEGO COUNTY MEDICAL SOCIETY	Employer identification number 95-2568714
--	--

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BLUE SHIELD OF CALIFORNIA FOUN 5575 RUFFIN ROAD #250 SAN FRANCISCO, CA 92123	\$ 59,167.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	THE CALIFORNIA ENDOWMENT 5575 RUFFIN ROAD #250 SAN DEIGO, CA 92123	\$ 54,489.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CONSUMER HEALTH EDUCATION 5575 RUFFIN ROAD #250 SAN DEIGO, CA 92123	\$ 14,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ALLIANCE HEALTHCARE FOUNDATION 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	\$ 53,845.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	COUNTY OF SAN DIEGO 5575 RUFFIN ROAD #250 SAN DEIGO, CA 92123	\$ 18,561.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	GROSSMONT HEALTHCARE DISTRICT 5575 RUFFIN ROAD #250 SAN DEIGO, CA 92123	\$ 13,286.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SAN DIEGO COUNTY MEDICAL SOCIETY	Employer identification number 95-2568714
---	---

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	KAISER ----- 5575 RUFFIN ROAD #250 ----- SAN DEIGO, CA 92123 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	GREG COX ----- 5575 RUFFIN ROAD #250 ----- SAN DEIGO, CA 92123 -----	\$ 16,088.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	SEPACOR ----- 5575 RUFFIN ROAD #250 ----- SAN DEIGO, CA 92123 -----	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	REACH OUT ----- 5575 RUFFIN ROAD #250 ----- SAN DEIGO, CA 92123 -----	\$ 9,640.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

SAN DIEGO COUNTY MEDICAL SOCIETY

Employer identification number

95-2568714

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A ----- ----- -----	----- \$-----	-----
_____	----- ----- -----	----- \$-----	-----
_____	----- ----- -----	----- \$-----	-----
_____	----- ----- -----	----- \$-----	-----
_____	----- ----- -----	----- \$-----	-----
_____	----- ----- -----	----- \$-----	-----

Name of organization

SAN DIEGO COUNTY MEDICAL SOCIETY

Employer identification number

95-2568714

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) ... \$ N/A

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Row 1 contains 'N/A' in column (b).

Table with 2 columns: (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4, and Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Row 1 is blank.

Table with 2 columns: (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4, and Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Row 1 is blank.

Table with 2 columns: (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4, and Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Row 1 is blank.

Table with 2 columns: (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4, and Relationship of transferor to transferee.

Voucher at bottom of page.

EFT TAXPAYERS: DO NOT FILE THIS FORM

WHERE TO FILE: Make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and '2007 FTB 3539' on the check or money order. Detach voucher below. Enclose, but do not staple payment with voucher and mail to:

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0551

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Calendar year corporations - Due March 17, 2008
Fiscal year filers - see instructions
Employees' trust and IRA - File and Pay by April 15, 2008
Calendar year exempt organizations - Due May 15, 2008

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ----- DETACH HERE -----

TAXABLE YEAR

2007

Payment for Automatic Extension
for Corps and Exempt Orgs

CALIFORNIA FORM

3539 (CORP)

0000000 SAND 95-2568714 858-565-8888 07 FORM 3
TYB 10-01-07 TYE 09-30-08
SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION
KITTY BAILEY
5575 RUFFIN ROAD STE 250
SAN DIEGO CA 92123

TOTAL PAYMENT AMT 10.

051

6141076

CACZ0401L 11/14/07

FTB 3539 2007

2007 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION	California corporation number D-0545424
--	---

Part I Election to Expense Certain Property Under IRC Section 179

1 Maximum deduction under Section 179 for California	1	\$25,000
2 Total cost of Section 179 property placed in service	2	
3 Threshold cost of Section 179 property before reduction in limitation	3	\$200,000
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-	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected Section 179 cost)	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 prior years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	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 2008. Add lines 9 and 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
COMPUTER FOR PRO	8/22/07	1,262.	210.	S/L	3	421.	
COMPUTER FOR PRO	8/22/07	1,262.	210.	S/L	3	421.	
COMPUTER FOR PRO	8/22/07	1,262.	210.	S/L	3	421.	
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	1,263.	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R & TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g)					20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44					21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12					22	

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STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

INCOME FROM SPECIAL EVENTS.....	\$	1,000.
PROGRAM SERVICE REVENUE.....		1,811.
	TOTAL \$	<u>2,811.</u>

STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JAMES HAY MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	PAST PRESIDENT 0	\$ 0.	\$ 0.	0.
CAROL YOUNG, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	PRESIDENT 0	0.	0.	0.
RALPH OCAMPO, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	SECRETARY/TREAS 0	0.	0.	0.
SARAH AGHASSI, ESQ 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
ELLEN BECK, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
JOHN BERGER, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
EDGAR D. CANADA, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
JUDY FORRESTER 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
TOM GEHRING 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	CEO 0	0.	0.	0.

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STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
THEODORE MAZER, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	DIRECTOR 0	\$ 0.	\$ 0.	0.
DAVID PRIVER, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	VICE PRESIDENT 0	0.	0.	0.
ALBERT RAY, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	DIRECTOR 0	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES.....	\$ 7,000.
CONFERENCES, CONVENTIONS, AND MEETINGS.....	1,817.
DUES & SUBSCRIPTIONS.....	2,019.
GRANTS/SCHOLARSHIPS.....	3,850.
LEGAL FEES.....	79.
MISC EXPENSE.....	2,185.
OFFICE EXPENSES.....	16,242.
OTHER EMPLOYEE BENEFIT.....	20,404.
OUTSIDE SERVICES.....	129,983.
POSTAGE AND SHIPPING.....	1,133.
PRINTING AND PUBLICATIONS.....	1,727.
RECRUITMENT.....	323.
REPAIRS AND MAINTENANCE.....	1,330.
SPECIAL EVENT EXPENSES.....	8,157.
SUPPLIES.....	24,817.
TECHNOLOGY.....	1,400.
TRAVEL.....	4,524.
WEBHOST.....	2,110.
TOTAL	\$ 229,100.

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STATEMENT 4
FORM 199, SCHEDULE L, LINE 3
NET NOTES RECEIVABLE

<u>OTHER NOTES AND LOANS</u>	<u>BALANCE DUE</u>	<u>DOUBTFUL ACCOUNTS ALLOWANCE</u>
MEDICAL STUDENT LOANS	\$ 80,384.	\$ 26,703.
TOTAL NET OTHER NOTES AND LOANS		\$ 53,681.
TOTAL NET RECEIVABLES		<u>\$ 53,681.</u>

STATEMENT 5
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

PREPAID EXPENSES AND DEFERRED CHARGES.....	145.
TOTAL	<u>\$ 145.</u>

STATEMENT 6
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

DEFERRED REVENUE.....	357,793.
TOTAL	<u>\$ 357,793.</u>

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 199										
MACHINERY AND EQUIPMENT										
1	COMPUTER FOR PROJ ACCESS	8/22/07		1,262			210	S/L MQ	3	421
2	COMPUTER FOR PROJ ACCESS	8/22/07		1,262			210	S/L MQ	3	421
3	COMPUTER FOR PROJ ACCESS	8/22/07		1,262			210	S/L MQ	3	421
TOTAL MACHINERY AND EQUIPME				3,786		0	630			1,263
TOTAL DEPRECIATION				3,786		0	630			1,263
GRAND TOTAL DEPRECIATION				3,786		0	630			1,263

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 199										
MACHINERY AND EQUIPMENT										
1	COMPUTER FOR PROJ ACCESS	8/22/07		1,262			210	S/L MQ	3	421
2	COMPUTER FOR PROJ ACCESS	8/22/07		1,262			210	S/L MQ	3	421
3	COMPUTER FOR PROJ ACCESS	8/22/07		1,262			210	S/L MQ	3	421
TOTAL MACHINERY AND EQUIPME				3,786		0	630			1,263
TOTAL DEPRECIATION				3,786		0	630			1,263
GRAND TOTAL DEPRECIATION				3,786		0	630			1,263