

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)

2008

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10/01, 2008, and ending 9/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C 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 Group Exemption Number ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ SDCMSF.ORG

J Organization type (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 661,053.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	1 Contributions, gifts, grants, and similar amounts received	1	639,606.
	2 Program service revenue including government fees and contracts	2	86.
	3 Membership dues and assessments	3	
	4 Investment income	4	427.
REVENUE	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch.)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶ <u>SEE STATEMENT 1</u>)	8	20,934.
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	661,053.
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	7,050.
	14 Occupancy, rent, utilities, and maintenance	14	32,821.
	15 Printing, publications, postage, and shipping	15	4,170.
	16 Other expenses (describe ▶ <u>SEE STATEMENT 2</u>)	16	600,280.
	17 Total expenses (add lines 10 through 16)	17	644,321.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16,732.
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	483,374.
	20 Other changes in net assets or fund balances (attach explanation) <u>SEE STATEMENT 3</u>	20	-44,581.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	455,525.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	784,578.	671,062.
23 Land and buildings	23	
24 Other assets (describe ▶ <u>SEE STATEMENT 4</u>)	75,205.	102,969.
25 Total assets	859,783.	774,031.
26 Total liabilities (describe ▶ <u>SEE STATEMENT 5</u>)	376,409.	318,506.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	483,374.	455,525.

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

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? SEE STATEMENT 6		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<u>SEE STATEMENT 7</u>		
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	28a	585,846.
29			
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	29a	
30			
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	30a	
31	Other program services (attach schedule) _____		
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) _____	32	585,846.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)				
(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	(e) Expense account and other allowances
JAMES HAY MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	PAST PRESIDENT 1.00	0.	0.	0.
CAROL YOUNG, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	PRESIDENT 1.00	0.	0.	0.
RALPH OCAMPO, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	SECRETARY/TREAS 1.00	0.	0.	0.
ELLEN BECK, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	DIRECTOR 1.00	0.	0.	0.
JOHN BERGER, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	DIRECTOR 1.00	0.	0.	0.
EDGAR D. CANADA, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	DIRECTOR 1.00	0.	0.	0.
KATHERINE BAILEY 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	EXECUTIVE DIREC 40.00	0.	0.	0.
JUDY FORRESTER 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	DIRECTOR 1.00	0.	0.	0.
TOM GEHRING 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	CEO 1.00	0.	0.	0.
THEODORE MAZER, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	DIRECTOR 1.00	0.	0.	0.
ALBERT RAY, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	DIRECTOR 1.00	0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b N/A		
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	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 (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,' complete Schedule L, Part I.		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d	Enter amount of tax on line 40c 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? If 'Yes,' complete Form 8886-T.		X
41	List the states with which a copy of this return is filed ▶ CA		

42a The books are in care of ▶ KITTY BAILEY Telephone no. ▶ 858-565-8888
 Located at ▶ 5575 RUFFIN ROAD SUITE 250 SAN DIEGO CA ZIP + 4 ▶ 92123

		Yes	No
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)?		X
	If 'Yes,' enter the name of the foreign country: . . . ▶ _____		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If 'Yes,' enter the name of the foreign country: . . . ▶ _____		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. SEE STATEMENT 8

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49b If 'Yes,' was the related organization(s) a section 527 organization?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(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
NONE				
Total number of other employees paid over \$100,000..... ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000..... ▶		

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

Sign Here

▶ Signature of officer _____ Date _____
 ▶ **TOM GEHRING** CEO
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ **JULIE A. FIRL** Date **1/29/10** Check if self-employed ▶ Preparer's Identifying Number (See instructions) **P00085551**
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **LEAF & COLE, LLP**
2810 CAMINO DEL RIO SOUTH, SUITE 200 EIN ▶ **95-2076568**
SAN DIEGO, CA 92108-3820 Phone no. ▶ **619.294.7200**

May the IRS discuss this return with the preparer shown above? See instructions..... ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public Inspection

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

Name of the organization SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION	Employer identification number 95-2568714
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Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11 g (i)	
(ii) a family member of a person described in (i) above?	11 g (ii)	
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

h Provide the following information about the organizations the organization supports.

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . .						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions).					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	%
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
16b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	220,263.	156,898.	162,097.	386,395.	639,606.	1,565,259.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	20,936.	67,816.	1,921.	1,811.	86.	92,570.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1-5	241,199.	224,714.	164,018.	388,206.	639,692.	1,657,829.
7a Amounts included on lines 1, 2, 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						1,657,829.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	241,199.	224,714.	164,018.	388,206.	639,692.	1,657,829.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	3,077.	29,734.	52,015.	4,037.	427.	89,290.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	3,077.	29,734.	52,015.	4,037.	427.	89,290.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . SEE PART IV.					20,934.	20,934.
13 Total support. (add lns 9, 10c, 11, and 12.)						1,768,053.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	93.8 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	88.1 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	5.1 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	11.9 %

19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

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

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

(This area contains horizontal dashed lines for supplemental information.)

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
BAD DEBT RECOVERY	20,934.				
TOTAL	<u>\$ 20,934.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2008

Department of the Treasury
Internal Revenue Service (99)

▶ 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	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 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 2009. 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 2008	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 2008 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 2008 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	

STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

BAD DEBT RECOVERY.....	\$	20,934.
TOTAL	\$	<u>20,934.</u>

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

CONFERENCES, CONVENTIONS, AND MEETINGS.....	\$	10,561.
DEPRECIATION.....		1,263.
DUES AND SUBSCRIPTIONS.....		4,134.
EMPLOYEE TRAINING.....		8,394.
GRANTS/SCHOLARSHIPS.....		9,450.
INFORMATION TECHNOLOGY.....		13,657.
INSURANCE.....		262.
INTEREST.....		1,175.
MEDICAL SERVICES.....		53,884.
MISCELLANEOUS.....		400.
OFFICE EXPENSES.....		35,373.
OUTSIDE SERVICES.....		112,697.
PAYROLL REIMBURSEMENT EXPENSE.....		292,097.
RECRUITMENT.....		383.
SUPPLIES.....		13,221.
TRAVEL.....		7,693.
WEBHOST.....		35,636.
TOTAL	\$	<u>600,280.</u>

STATEMENT 3
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED LOSSES ON INVESTMENTS.....	\$	-44,581.
TOTAL	\$	<u>-44,581.</u>

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE.....	\$ 19,486.	\$ 53,928.
MACHINERY AND EQUIPMENT.....	1,893.	630.
NOTES AND LOANS RECEIVABLE.....	53,681.	48,411.
PREPAID EXPENSES AND DEFERRED CHARGES.....	145.	0.
TOTAL	<u>\$ 75,205.</u>	<u>\$ 102,969.</u>

STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 18,616.	\$ 5,921.
DEFERRED REVENUE	357,793.	312,585.
TOTAL	<u>\$ 376,409.</u>	<u>\$ 318,506.</u>

STATEMENT 6
FORM 990-EZ, 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 7
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE FOUNDATION'S PROGRAMS CONSIST OF THE FOLLOWING FIVE INITIATIVES:

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.

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:

- .SCHOLARSHIPS TO UCSD MEDICAL SCHOOL STUDENTS WHO ARE FROM SAN DIEGO OR INTEND TO PRACTICE IN SAN DIEGO.
- .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.

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 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.

**STATEMENT 8
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

9/30/09

2008 FEDERAL BOOK DEPRECIATION SCHEDULE
SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION

PAGE 1

CLIENT 03-049

95-2568714

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
MACHINERY AND EQUIPMENT																
1	COMPUTER FOR PROJ ACCESS	8/22/07		1,262							1,262	631	S/L MQ	3	.33330	421
2	COMPUTER FOR PROJ ACCESS	8/22/07		1,262							1,262	631	S/L MQ	3	.33330	421
3	COMPUTER FOR PROJ ACCESS	8/22/07		1,262							1,262	631	S/L MQ	3	.33330	421
TOTAL MACHINERY AND EQUIPME				3,786		0	0	0	0	0	3,786	1,893				1,263
TOTAL DEPRECIATION				<u>3,786</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>3,786</u>	<u>1,893</u>				<u>1,263</u>
GRAND TOTAL DEPRECIATION				<u>3,786</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>3,786</u>	<u>1,893</u>				<u>1,263</u>

California Exempt Organization Annual Information Return

Calendar year 2008 or fiscal year beginning month 10 day 01 year 2008, and ending month 09 day 30 year 2009

A First Return Filed? Yes No **B** Type of organization Exempt under Section 23701 D (insert letter) IRC Section 4947(a)(1) trust **CORP #** D-0545424

Corporation/Organization Name **SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION** **FEIN** 95-2568714

Address **5575 RUFFIN ROAD #250** City **SAN DIEGO, CA 92123** State ZIP Code

C Amended Return? Yes No **H** Accounting method used. 1 Cash 2 Accrual 3 Other

D Are you a subordinate/affiliate in a group exemption? Yes No **I** 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

a Is this a group filing for affiliates? See General Instruction L. Yes No **J** 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

b If 'Yes,' enter the number of affiliates. **c** Are all affiliates included? Yes No (If 'No,' attach a list. See instructions.) **d** Is this a separate return filed by an organization covered by a group ruling? Yes No **e** Federal Group Exemption Number. **f** Is a roster of subordinates attached? Yes No

E Final return? Dissolved Surrendered (Withdrawn) Merged/Reorganized (attach explanation) If a box is checked, enter date. **F** Check the box if the organization filed: 1 990T 2 990PF 3 990H **K** Is the organization exempt under R&TC Section 23701g? Yes No If 'Yes,' enter amount of gross receipts from nonmember sources. \$ **L** Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No **M** Is the organization a Limited Liability Corporation? Yes No **N** Did the organization file Form 100 or Form 109 to report taxable income? Yes No

G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	● 1	21,447.
	2	Gross dues and assessments from members and affiliates.	● 2	
	3	Gross contributions, gifts, grants, and similar amounts received.	● 3	639,606.
	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	661,053.
	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	661,053.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	● 9	644,321.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	● 10	16,732.
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F.	11	10.
	12	Total Payments	12	
	13	Penalties and Interest. See General Instruction J.	13	
	14	Use tax. See General Instruction K.	● 14	
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.

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

Signature of officer **JULIE A. FIRL** Title **CEO** Date **1/29/10** Telephone **858-565-8888**

Paid Preparer's Use Only Preparer's signature **JULIE A. FIRL** Date **1/29/10** Check if self-employed Preparer's SSN/PTIN **P00085551**

Firm's name (or yours, if self-employed) and address **LEAF & COLE, LLP** Telephone **95-2076568**
2810 CAMINO DEL RIO SOUTH, SUITE 200
SAN DIEGO, CA 92108-3820 Telephone **619.294.7200**

May the FTB discuss this return with the preparer shown above? See instructions. Yes No

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	427.
	3	Dividends	● 3	
	4	Gross rents	● 4	
	5	Gross royalties	● 5	
	6	Gross amount received from sale of assets (See Instructions)	● 6	
	7	Other income. Attach schedule SEE STATEMENT 1	● 7	21,020.
	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	21,447.
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	
	13	Interest	● 13	1,175.
	14	Taxes	● 14	
	15	Rents	● 15	32,821.
	16	Depreciation and depletion (See Instructions)	● 16	1,263.
	17	Other. Attach schedule SEE STATEMENT 3	● 17	609,062.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	644,321.

Schedule L Balance Sheets

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		95,189.		● 166,254.
2 Net accounts receivable		19,486.		● 53,928.
3 Net notes receivable. Attach schedule ST. 4		53,681.		● 48,411.
4 Inventories				●
5 Federal and state government obligations				●
6 Investments in other bonds. Attach sch				●
7 Investments in stock. Attach schedule				●
8 Mortgage loans (number of loans _____)				●
9 Other investments. Attach schedule		689,389.		● 504,808.
10a Depreciable assets	3,786.		3,786.	
b Less accumulated depreciation	1,893.	1,893.	3,156.	630.
11 Land				●
12 Other assets. Attach schedule		145.		●
13 Total assets		859,783.		774,031.
Liabilities and net worth				
14 Accounts payable		18,616.		● 5,921.
15 Contributions, gifts, or grants payable				●
16 Bonds and notes payable. Attach schedule				●
17 Mortgages payable				●
18 Other liabilities. Attach schedule STM. 5		357,793.		● 312,585.
19 Capital stock or principle fund		483,374.		● 455,525.
20 Paid-in or capital surplus. Attach reconciliation				●
21 Retained earnings or income fund				●
22 Total liabilities and net worth		859,783.		774,031.

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	● -27,849.	7	Income recorded on books this year not included in this return. Attach schedule	●
2	Federal income tax	●	8	Deductions in this return not charged against book income this year. Attach schedule	●
3	Excess of capital losses over capital gains	●	9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule	●	10	Net income per return. Subtract line 9 from line 6	16,732.
5	Expenses recorded on books this year not deducted in this return. Attach schedule SEE ST. 6	● 44,581.			
6	Total. Add line 1 through line 5	16,732.			

2008 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 taxable 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 taxable 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 2009. 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.	631.	S/L	3	421.	
COMPUTER FOR PRO	8/22/07	1,262.	631.	S/L	3	421.	
COMPUTER FOR PRO	8/22/07	1,262.	631.	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					

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

BAD DEBT RECOVERY.....	\$	20,934.
TOTAL	\$	<u>20,934.</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 1.00	\$ 0.	\$ 0.	\$ 0.
CAROL YOUNG, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	PRESIDENT 1.00	0.	0.	0.
RALPH OCAMPO, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	SECRETARY/TREAS 1.00	0.	0.	0.
ELLEN BECK, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	DIRECTOR 1.00	0.	0.	0.
JOHN BERGER, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	DIRECTOR 1.00	0.	0.	0.
EDGAR D. CANADA, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	DIRECTOR 1.00	0.	0.	0.
KATHERINE BAILEY 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	EXECUTIVE DIREC 40.00	0.	0.	0.
JUDY FORRESTER 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	DIRECTOR 1.00	0.	0.	0.
TOM GEHRING 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	CEO 1.00	0.	0.	0.
THEODORE MAZER, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	DIRECTOR 1.00	0.	0.	0.

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
ALBERT RAY, MD 5575 RUFFIN ROAD #250 SAN DIEGO, CA 92123	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
		TOTAL \$ 0.	\$ 0.	\$ 0.

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

ACCOUNTING FEES.....	\$ 5,350.
CONFERENCES, CONVENTIONS, AND MEETINGS.....	10,561.
DUES AND SUBSCRIPTIONS.....	4,134.
EMPLOYEE TRAINING.....	8,394.
GRANTS/SCHOLARSHIPS.....	9,450.
INFORMATION TECHNOLOGY.....	13,657.
INSURANCE.....	262.
LEGAL FEES.....	1,700.
MEDICAL SERVICES.....	53,884.
MISCELLANEOUS.....	400.
OFFICE EXPENSES.....	35,373.
OUTSIDE SERVICES.....	112,697.
PAYROLL REIMBURSEMENT EXPENSE.....	292,097.
POSTAGE AND SHIPPING.....	1,811.
PRINTING AND PUBLICATIONS.....	2,359.
RECRUITMENT.....	383.
SUPPLIES.....	13,221.
TRAVEL.....	7,693.
WEBHOST.....	35,636.
	TOTAL \$ 609,062.

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

OTHER NOTES AND LOANS	BALANCE DUE	DOUBTFUL ACCOUNTS ALLOWANCE
MEDICAL STUDENT LOANS	\$ 54,180.	\$ 5,769.
	TOTAL NET OTHER NOTES AND LOANS \$	48,411.
	TOTAL NET RECEIVABLES \$	48,411.

STATEMENT 5
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

DEFERRED REVENUE TOTAL \$ 312,585.
312,585.

STATEMENT 6
FORM 199, SCHEDULE M-1, LINE 5
EXPENSES RECORDED ON BOOKS NOT DEDUCTED ON RETURN

UNREALIZED LOSSES ON INVESTMENTS TOTAL \$ 44,581.
44,581.

SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION

CLIENT 03-049

95-2568714

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			631	S/L MQ	3	421
2	COMPUTER FOR PROJ ACCESS	8/22/07		1,262			631	S/L MQ	3	421
3	COMPUTER FOR PROJ ACCESS	8/22/07		1,262			631	S/L MQ	3	421
TOTAL MACHINERY AND EQUIPME				3,786		0	1,893			1,263
TOTAL DEPRECIATION				3,786		0	1,893			1,263
GRAND TOTAL DEPRECIATION				3,786		0	1,893			1,263

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			631	S/L MQ	3	421
2	COMPUTER FOR PROJ ACCESS	8/22/07		1,262			631	S/L MQ	3	421
3	COMPUTER FOR PROJ ACCESS	8/22/07		1,262			631	S/L MQ	3	421
TOTAL MACHINERY AND EQUIPME				3,786		0	1,893			1,263
TOTAL DEPRECIATION				3,786		0	1,893			1,263
GRAND TOTAL DEPRECIATION				3,786		0	1,893			1,263

9/30/09

2008 CALIFORNIA BOOK DEPRECIATION SCHEDULE
SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION

PAGE 1

CLIENT 03-049

95-2568714

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 199																
MACHINERY AND EQUIPMENT																
1	COMPUTER FOR PROJ ACCESS	8/22/07		1,262							1,262	631	S/L MQ	3	.33330	421
2	COMPUTER FOR PROJ ACCESS	8/22/07		1,262							1,262	631	S/L MQ	3	.33330	421
3	COMPUTER FOR PROJ ACCESS	8/22/07		1,262							1,262	631	S/L MQ	3	.33330	421
TOTAL MACHINERY AND EQUIPME				3,786		0	0	0	0	0	3,786	1,893				1,263
TOTAL DEPRECIATION				<u>3,786</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>3,786</u>	<u>1,893</u>				<u>1,263</u>
GRAND TOTAL DEPRECIATION				<u>3,786</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>3,786</u>	<u>1,893</u>				<u>1,263</u>