

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

| | |
|--|---|
| State Charity Registration Number: CT 010373 SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION <small>Name of Organization</small> 5575 RUFFIN ROAD, SUITE 250 <small>Address (Number and Street)</small> SAN DIEGO, CA 92123 <small>City or Town, State and ZIP Code</small> | Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. 0545424 Federal Employer I.D. No. 95-2568714 |
|--|---|

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

| Gross Annual Revenue | Fee | Gross Annual Revenue | Fee | Gross Annual Revenue | Fee |
|--------------------------------|------|-----------------------------------|------|---------------------------------------|-------|
| Less than \$25,000 | 0 | Between \$100,001 and \$250,000 | \$50 | Between \$1,000,001 and \$10 million | \$150 |
| Between \$25,000 and \$100,000 | \$25 | Between \$250,001 and \$1 million | \$75 | Between \$10,000,001 and \$50 million | \$225 |
| | | | | Greater than \$50 million | \$300 |

PART A - ACTIVITIES

For your most recent full accounting period (beginning 10/01/2013 ending 09/30/2014) list:
 Gross annual revenue \$ 867,046. Total assets \$ 496,433.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

| | Yes | No |
|---|----------|----------|
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? | | X |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | | X |
| 3. During this reporting period, did non-program expenditures exceed 50% of gross revenues? | | X |
| 4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. | | X |
| 5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. | | X |
| 6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. | | X |
| 7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. | | X |
| 8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. | | X |
| 9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? | X | |

Organization's area code and telephone number **858-300-2780**

Organization's e-mail address **FOUNDATION@SDCMS.ORG**

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer

TOM GEHRING
Printed Name

CEO
Title

Date

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning OCT 1, 2013, and ending SEP 30, 2014

2013

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879e

Name of exempt organization

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION**

Employer identification number

95-2568714

Name and title of officer
**TOM GEHRING
CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

| | | | | | | |
|----|--------------------------|---------------------------------------|---|--|----|-----------------|
| 1a | Form 990 check here | ▶ <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 867,046. |
| 2a | Form 990-EZ check here | ▶ <input type="checkbox"/> | b | Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a | Form 1120-POL check here | ▶ <input type="checkbox"/> | b | Total tax (Form 1120-POL, line 22) | 3b | |
| 4a | Form 990-PF check here | ▶ <input type="checkbox"/> | b | Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a | Form 8868 check here | ▶ <input type="checkbox"/> | b | Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) | 5b | |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **CONSIDINE & CONSIDINE** to enter my PIN **68714**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶  Date ▶ **07/15/15**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

33731394444
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ **07/15/15**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

TAXABLE YEAR
2013

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

| | |
|--|---|
| Exempt Organization name SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION | Identifying number 95-2568714 |
|--|---|

Part I Electronic Return Information (whole dollars only)

| | | |
|---|---|---------------------|
| 1 Total gross receipts (Form 199, line 4) | 1 | 1,142,818.00 |
| 2 Total gross income (Form 199, line 8) | 2 | 947,168.00 |
| 3 Total expenses and disbursements (Form 199, line 9) | 3 | 984,116.00 |

Part II Settle Your Account Electronically for Taxable Year 2013

| | | |
|--|-----------|---------------------------------|
| 4 <input type="checkbox"/> Electronic funds withdrawal | 4a Amount | 4b Withdrawal date (mm/dd/yyyy) |
|--|-----------|---------------------------------|

Part III Banking Information (Have you verified the exempt organization's banking information?)

| | |
|------------------|---|
| 5 Routing number | 7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| 6 Account number | |

Part IV Declaration of Officer


I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2013 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, the reason(s) for the delay.

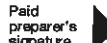
| | | | |
|------------------|--|----------|-------|
| Sign Here |  | 07/15/15 | CEO |
| | Signature of Officer | Date | Title |

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2013 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | | |
|----------------------|---|-------------------------------------|---|---|----------------------------|
| ERO Must Sign | ERO's signature | Date | Check if also paid preparer <input checked="" type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN |
| |  | | | | P00452784 |
| | Firm's name (or yours if self-employed) and address | CONSIDINE & CONSIDINE | | | FEIN 95-2694444 |
| | | 1501 FIFTH AVENUE, SUITE 400 | | | ZIP Code 92101-3297 |
| | | SAN DIEGO, CA | | | |

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | |
|--------------------------------|---|----------|---|----------------------|
| Paid Preparer Must Sign | Paid preparer's signature | Date | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN |
| |  | | | |
| | Firm's name (or yours if self-employed) and address | FEIN | | |
| | | ZIP Code | | |

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning OCT 1, 2013, and ending SEP 30, 2014

2013

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION**

Employer identification number

95-2568714

Name and title of officer

**TOM GEHRING
CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

| | | | | | | |
|----|--------------------------|---------------------------------------|---|--|----|-----------------|
| 1a | Form 990 check here | ▶ <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | <u>867,046.</u> |
| 2a | Form 990-EZ check here | ▶ <input type="checkbox"/> | b | Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a | Form 1120-POL check here | ▶ <input type="checkbox"/> | b | Total tax (Form 1120-POL, line 22) | 3b | |
| 4a | Form 990-PF check here | ▶ <input type="checkbox"/> | b | Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a | Form 8868 check here | ▶ <input type="checkbox"/> | b | Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) | 5b | |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CONSIDINE & CONSIDINE to enter my PIN 68714
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ 07/15/15

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

33731394444
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ 07/15/15

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

TAXABLE YEAR
2013

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

| | |
|--|---|
| Exempt Organization name SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION | Identifying number 95-2568714 |
|--|---|

Part I Electronic Return Information (whole dollars only)

| | | |
|---|---|---------------------|
| 1 Total gross receipts (Form 199, line 4) | 1 | 1,142,818.00 |
| 2 Total gross income (Form 199, line 8) | 2 | 947,168.00 |
| 3 Total expenses and disbursements (Form 199, line 9) | 3 | 984,116.00 |

Part II Settle Your Account Electronically for Taxable Year 2013

4 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy)

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____
6 Account number _____ 7 Type of account: Checking Savings

Part IV Declaration of Officer


I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2013 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, the reason(s) for the delay.

Sign Here Signature of Officer: _____ Date: **07/15/15** Title: **CEO**

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2013 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign ERO's signature:  Date: **7-16-15** Check if also paid preparer: Check if self-employed: ERO's PTIN: **P00452784**

Firm's name (or yours if self-employed) and address: **CONSIDINE & CONSIDINE**
1501 FIFTH AVENUE, SUITE 400
SAN DIEGO, CA FEIN: **95-2694444** ZIP Code: **92101-3297**

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign Paid preparer's signature: _____ Date: _____ Check if self-employed: Paid preparer's PTIN: _____

Firm's name (or yours if self-employed) and address: _____ FEIN: _____ ZIP Code: _____

EXTENSION GRANTED TO AUGUST 17, 2015

OMB No. 1545-0047

Form 990

Return of Organization Exempt From Income Tax

2013

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

For the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014

Form header section containing organization name (SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION), EIN (95-2568714), address (5575 RUFFIN ROAD, SUITE 250, SAN DIEGO, CA 92123), and principal officer (TOM GEHRING).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown, and expense breakdown.

Part II Signature Block

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

Signature block containing officer signature (TOM GEHRING, CEO), preparer signature (RICHARD HOTZ), and firm information (CONSIDINE & CONSIDINE).

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

TAXABLE YEAR
2013

**California Exempt Organization
Annual Information Return**

329841 11-14-13
FORM
199

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) **10/01/2013**, and ending (mm/dd/yyyy) **09/30/2014**

| | | |
|---|--------------------|---|
| Corporation/Organization Name SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION | | California corporation number 0545424 |
| Address (suite, room, or PMB no.) 5575 RUFFIN ROAD, SUITE 250 | | FEIN 95-2568714 |
| City SAN DIEGO | State CA | ZIP Code 92123 |

A First Return Yes No

B Amended Information Return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final Information Return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized Enter date: (mm/dd/yyyy) _____

E Check accounting method:
 (1) Cash (2) Accrual (3) Other

F Federal return filed?
 (1) 990T (2) 990 PF (3) Sch H (990)

G Is this a group filing for the subordinates/affiliates? ... Yes No
 If "Yes," attach a roster. See instructions

H Is this organization in a group exemption? Yes No
 If "Yes," what is the parent's name? _____

I 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? Yes No
 If "Yes," explain, and attach copies of revised documents.

J 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)? Yes No
 If "Yes," complete and attach form FTB 3509.

K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____

L 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. No filing fee is required.

M Is the organization a Limited Liability Company? Yes No


N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

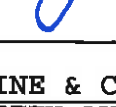
O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

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 | 461,248.00 |
| | 2 | Gross dues and assessments from members and affiliates | 2 | 00 |
| | 3 | Gross contributions, gifts, grants, and similar amounts received STMT 1 | 3 | 681,570.00 |
| | 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 \$50,000, see General Instruction B | 4 | 1,142,818.00 |
| | 5 | Cost of goods sold | 5 | 00 |
| | 6 | Cost or other basis, and sales expenses of assets sold | 6 | 195,650.00 |
| | 7 | Total costs. Add line 5 and line 6 | 7 | 195,650.00 |
| | 8 | Total gross income. Subtract line 7 from line 4 | 8 | 947,168.00 |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 984,116.00 |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | -36,948.00 |
| Filing Fee | 11 | Filing fee \$10 or \$25. See General Instruction F | 11 | 10.00 |
| | 12 | Total payments AMT PAID WITH FM 3539: | 12 | 10.00 |
| | 13 | Penalties and interest. See General Instruction J | 13 | 00 |
| | 14 | Use tax. See General Instruction K | 14 | 00 |
| | 15 | Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result | 15 | 00 |

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.

Sign Here
 Signature of officer:  Title: **CEO** Date: **10/15/15** Telephone: _____

Paid Preparer's Use Only
 Preparer's signature:  Date: **07/15/15** Check if self-employed: PTIN: **P00452784**
 Firm's name (or yours, if self-employed) and address: **CONSIDINE & CONSIDINE
1501 FIFTH AVENUE, SUITE 400
SAN DIEGO, CA 92101-3297** Telephone: **619.231.1977**

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

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014

| | | |
|---|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5575 RUFFIN ROAD, SUITE 250 City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO, CA 92123 F Name and address of principal officer: TOM GEHRING SAME AS C ABOVE | D Employer identification number 95-2568714 E Telephone number 858-300-2780 G Gross receipts \$ 1,142,818. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ SDCMSF.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 2013 |
| M State of legal domicile: CA | | |

| Part I Summary | | | |
|---|---|---|-------------------------|
| | 1 Briefly describe the organization's mission or most significant activities: TO IMPROVE COMMUNITY HEALTH AND WELLNESS, ACCESS TO CARE FOR ALL, AND SUPPORT FOR PHYSICIANS THROUGH | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| Activities & Governance | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 11 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 11 |
| | 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) | 5 | 10 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 575 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |
| | Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 695,355. |
| 9 Program service revenue (Part VIII, line 2g) | | 0. | 103,683. |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0. | 27,114. |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | -7,096. | 54,679. |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 688,259. | 867,046. |
| Expenses | | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 537,643. | 536,371. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 78,753. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 404,505. | 367,623. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 942,148. | 903,994. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -253,889. | -36,948. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 738,934. | End of Year 496,433. |
| | 21 Total liabilities (Part X, line 26) | 342,744. | 157,300. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 396,190. | 339,133. |

| | | | | |
|---|---|-------------------------|----------|--|
| Part II Signature Block | | | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. | | | | |
| Sign Here | ▶ Signature of officer | Date | | |
| | ▶ TOM GEHRING, CEO | | | |
| | ▶ Type or print name and title | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed PTIN |
| | RICHARD HOTZ | | 07/15/15 | P00452784 |
| | Firm's name ▶ CONSIDINE & CONSIDINE | Firm's EIN ▶ 95-2694444 | | |
| | Firm's address ▶ 1501 FIFTH AVENUE, SUITE 400 SAN DIEGO, CA 92101-3297 | Phone no. 619.231.1977 | | |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
IMPROVE COMMUNITY HEALTH & WELLNESS, ACCESS TO CARE FOR ALL, AND SUPPORT FOR PHYSICIANS THROUGH ENGAGED VOLUNTEERISM.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **779,564.** including grants of \$) (Revenue \$ **103,683.**)
THE FOUNDATION'S PROGRAM CONSIST OF THE FOLLOWING THREE INITIATIVES:

PROJECT ACCESS SAN DIEGO

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 THIER SERVICES, HELPING TO CONNECT THE NEEDY TO LOW-COST SPECIAL CARE, OR PROVIDING DIRECT FINANCIAL SUPPORT TO THESE ORGANIZATIONS. THE FOUNDATION IS COMMITTED TO PLAYING AN ACTIVE ROLE IN SOLVING THIS COMMUNITY-WIDE PROBLEM. THE FOUNDATION RECRUITED OVER 600 PHYSICIANS WHO PROVIDED DONATED SERVICES DIRECTLY TO LOCAL ORGANIZATIONS TOTALING \$1,386,418 FOR THE YEAR ENDED SEPTEMBER 30,

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **779,564.**

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION**

Part IV Checklist of Required Schedules

| | | Yes | No |
|-----|--|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | X | |
| c | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | X | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION**

Form 990 (2013)

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Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|--|------------|-----|----|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | | X |
| 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | 26 | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | X | |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 38 | X | |

Note. All Form 990 filers are required to complete Schedule O

Form **990** (2013)

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION**

Form 990 (2013)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | | |
| 4a | 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 |
| 4b | If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | X | |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the organization make any taxable distributions under section 4966? | | |
| 9b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | |
| 13b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | |
| 13c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

Form 990 (2013)

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION**

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| | 11 | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 11 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | The governing body? | X | |
| 8b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **BARBARA MANDEL - 858-300-2780**
5575 RUFFIN ROAD, SUITE 250, SAN DIEGO, CA 92123

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JAMES HAY, MD DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (2) CAROL YOUNG, MD DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (3) TOM GEHRING, CEO OFFICER | 5.00 | X | | X | | | 0. | 150,500. | 0. | |
| (4) ROBERT DESIMONE OFFICER | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (5) RON MITCHELL DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (6) STUART COHEN, MD OFFICER | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (7) WILLIAM TSENG, MD OFFICER | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (8) JEFFREY WILLMANN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (9) ROSEMARIE MARSHALL JOHNSON, MD DIRECTOR | 3.00 | X | | | | | 21,600. | 0. | 0. | |
| (10) ALBERT RAY, MD OFFICER | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (11) JAMES SCHULTZ, MD DIRECTOR | 1.00 | X | | | | | 36,000. | 0. | 0. | |
| (12) OSCAR MEDINA DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (13) MARY ROBBERSON, ESQ DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (14) EILEN NATUZZI, MD DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (15) MELINDA FLOROS DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (16) BARBARA MANDEL EXECUTIVE DIRECTOR | 40.00 | | | | X | | 103,784. | 0. | 21,190. | |

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-total | | | | | | | 161,384. | 150,500. | 21,190. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 161,384. | 150,500. | 21,190. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

| | | Yes | No |
|--|---|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION**

Form 990 (2013)

95-2568714 Page **9**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|---|--|--|---|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c 16,956. | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 664,614. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | |
| | h Total. Add lines 1a-1f | | 681,570. | | | |
| | Program Service Revenue | 2 a CONTRACT REVENUE | Business Code 900099 | 103,683. | 103,683. | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | 103,683. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 4,688. | | 4,688. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6 a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | 218,076. | | | |
| | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | 195,650. | | | |
| | | c Gain or (loss) | 22,426. | | | |
| | d Net gain or (loss) | | 22,426. | | 22,426. | |
| | 8 a Gross income from fundraising events (not including \$ 16,956. of contributions reported on line 1c). See Part IV, line 18 | a 134,801. | | | | |
| | | b Less: direct expenses | 80,122. | | | |
| c Net income or (loss) from fundraising events | | | 54,679. | | 54,679. | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less: cost of goods sold | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a | | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | | | | | |
| 12 Total revenue. See instructions. | | 867,046. | 103,683. | 0. | 81,793. | |

332009
10-29-13

Form **990** (2013)

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION**

Form 990 (2013)

95-2568714 Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 500,047. | 415,864. | 29,911. | 54,272. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 36,324. | 32,003. | 1,520. | 2,801. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 6,376. | 6,074. | 124. | 178. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 Advertising and promotion | 24,751. | 23,231. | | 1,520. |
| 13 Office expenses | 10,842. | 4,896. | 5,408. | 538. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 30,137. | 25,591. | 1,845. | 2,701. |
| 17 Travel | 10,727. | 9,811. | 309. | 607. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 11,426. | 10,521. | 10. | 895. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 2,998. | 2,498. | 500. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a OUTSIDE SERVICES | 141,406. | 132,910. | 579. | 7,917. |
| b MEDICAL SERVICES | 61,430. | 61,430. | | |
| c TECHNOLOGY | 20,334. | 16,810. | 2,396. | 1,128. |
| d MEDICAL SUPPLIES | 14,076. | 14,076. | | |
| e All other expenses | 33,120. | 23,849. | 3,075. | 6,196. |
| 25 Total functional expenses. Add lines 1 through 24e | 903,994. | 779,564. | 45,677. | 78,753. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION**

Form 990 (2013)

95-2568714 Page 11

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | | (B) End of year | |
|---|--|--------------------------|----------|--------------------|----|
| Assets | 1 Cash - non-interest-bearing | 96,677. | 1 | 42,536. | |
| | 2 Savings and temporary cash investments | | 2 | | |
| | 3 Pledges and grants receivable, net | | 3 | | |
| | 4 Accounts receivable, net | 160,014. | 4 | 16,002. | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | | 6 | |
| | 7 Notes and loans receivable, net | | | 7 | |
| | 8 Inventories for sale or use | | | 8 | |
| | 9 Prepaid expenses and deferred charges | | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 2,524. | | | |
| | b Less: accumulated depreciation | 2,524. | 0. | 10c | 0. |
| | 11 Investments - publicly traded securities | | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | 482,243. | 12 | 394,249. | |
| | 13 Investments - program-related. See Part IV, line 11 | | | 13 | |
| | 14 Intangible assets | | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 0. | 15 | 43,646. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 738,934. | 16 | 496,433. | | |
| Liabilities | 17 Accounts payable and accrued expenses | 59,201. | 17 | 142,847. | |
| | 18 Grants payable | | 18 | | |
| | 19 Deferred revenue | 251,194. | 19 | 0. | |
| | 20 Tax-exempt bond liabilities | | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 32,349. | 25 | 14,453. | |
| | 26 Total liabilities. Add lines 17 through 25 | 342,744. | 26 | 157,300. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 Unrestricted net assets | 312,774. | 27 | 229,743. | |
| | 28 Temporarily restricted net assets | 83,416. | 28 | 109,390. | |
| | 29 Permanently restricted net assets | | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 Capital stock or trust principal, or current funds | | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| 33 Total net assets or fund balances | 396,190. | 33 | 339,133. | | |
| 34 Total liabilities and net assets/fund balances | 738,934. | 34 | 496,433. | | |

Form 990 (2013)

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION**

Form 990 (2013)

95-2568714 Page 12

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|-----------|--|-----------|----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 867,046. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 903,994. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -36,948. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 396,190. |
| 5 | Net unrealized gains (losses) on investments | 5 | -20,109. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 339,133. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

| | | Yes | No |
|-----------|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2013

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 - Non-functionally integrated
- 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 it 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? | 11g(i) | |
| (ii) A family member of a person described in (i) above? | 11g(ii) | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | |
- h Provide the following information about the supported organization(s).

| (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 monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
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| Total | | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and 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"/> |
| b 33 1/3% support test - 2012. 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 - 2013. 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"/> |
| b 10% -facts-and-circumstances test - 2012. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 767,589. | 961,320. | 854,529. | 695,355. | 1,164,168. | 4,442,961. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | 767,589. | 961,320. | 854,529. | 695,355. | 1,164,168. | 4,442,961. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| c Add lines 7a and 7b | | | | | | 0. |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | 4,442,961. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|------------|------------|
| 9 Amounts from line 6 | 767,589. | 961,320. | 854,529. | 695,355. | 1,164,168. | 4,442,961. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,303. | 1,650. | 10,981. | | 4,688. | 18,622. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 1,303. | 1,650. | 10,981. | | 4,688. | 18,622. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | 26,502. | | 26,502. |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 768,892. | 962,970. | 865,510. | 721,857. | 1,168,856. | 4,488,085. |

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 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | 98.99 % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | 98.45 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|-------|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | .41 % |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | .36 % |

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Multiple horizontal lines for supplemental information.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization
**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION**

Employer identification number
95-2568714

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 1 | AKT, LLP 5946 PRIESTLY DRIVE, SUITE 200 CARLSBAD, CA 92008-8848 | \$ 7,701. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | ALLIANCE HEALTHCARE FOUNDATION 5060 SHOREHAM PLACE, SUITE 350 SAN DIEGO, CA 92122-5977 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | CALIFORNIA COLORECTAL CANCER COALITION 2253 SOLEDAD RANCHO ROAD SAN DIEGO, CA 92109-1537 | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | CALIFORNIA WELLNESS FOUNDATION 6320 CANOGA AVENUE, SUITE 1700 WOODLAND HILLS, CA 91367 | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | CCC-COMMUNITY CLINICS HEALTH NETWORK 7535 METROPOLITAN DRIVE SAN DIEGO, CA 92108 | \$ 90,095. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | CHULA VISTA CHARITABLE FOUNDATION 2508 HISTORIC DECATUR ROAD, SUITE 200 SAN DIEGO, CA 92106 | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 7 | CMA FOUNDATION - COVERED CA 3840 ROSIN COURT, SUITE 200 SACRAMENTO, CA 95834 | \$ 9,173. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | COUNTY OF SD DEPT. OF FINANCIAL PLANNING 1600 PACIFIC HIGHWAY, ROOM 352 SAN DIEGO, CA 92101 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | CVS CAREMARK COMMUNITY RELATIONS EAST, 1 CVS DRIVE WOONSOCKET, RI 02895-6146 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | DOCTORS INSURANCE AGENCY 215 S HIGWAY 101, SUITE 117 SOLANA BEACH, CA 92075-1845 | \$ 21,704. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | GENENTECH FOUNDATION 1 DNA WAY SOUTH SAN FRANCISCO, CA 94080 | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | KAISER PERMANENTE 4647 ZION AVENUE SAN DIEGO, CA 92120 | \$ 37,647. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 13 | MICHAEL CHANNICK 821 B AVENUE CORONADO, CA 92118-2615 | \$ 11,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | PACIFIC FOUNDATION FOR MEDICAL CARE 3510 UNOCAL PLACE, 108 SANTA ROSA, CA 95403-0900 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | RGK FOUNDATION 1301 WEST 25TH STREET, SUITE 300 AUSTIN, TX 78705 | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | SAN DIEGO BEACON 5575 RUFFIN ROAD, SUITE 250 SAN DIEGO, CA 92123 | \$ 23,600. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | SDCMS 5575 RUFFIN ROAD, SUITE 250 SAN DIEGO, CA 92123 | \$ 5,038. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | SURGERY ONE/GLOBAL ONE VENTURES 6183 PASEO DEL NORTE CARLSBAD, CA 92011 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 19 | SUSAN G. KOMEN 4699 MURPHY CANYON ROAD, SUITE 102B SAN DIEGO, CA 92123-4320 | \$ 64,933. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 20 | THE DOCTORS COMPANY FOUNDATION 185 GREENWOOD ROAD NAPA, CA 94558-6270 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 21 | WEINGART FOUNDATION 1055 W 7TH STREET, SUITE 3200 LOS ANGELES, CA 90017-2557 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 22 | WELLS FARGO FOUNDATION 5575 RUFFIN ROAD, SUITE 250 SAN DIEGO, CA 92123 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 2,524. | 2,524. | 0. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 0. |

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|-----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) INVESTMENTS | 394,249. | END-OF-YEAR MARKET VALUE |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 394,249. | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) GRANTS AND CONTRACTS RECEIVABLE | 43,646. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 43,646. |

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) FISCAL AGENCY PAYABLE | 14,453. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 14,453. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | |
|---|-----------|-----------|------------|
| 1 Total revenue, gains, and other support per audited financial statements | | 1 | 1,611,406. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a Net unrealized gains on investments | 2a | | -20,109. |
| b Donated services and use of facilities | 2b | | 764,469. |
| c Recoveries of prior year grants | 2c | | |
| d Other (Describe in Part XIII.) | 2d | | |
| e Add lines 2a through 2d | | 2e | 744,360. |
| 3 Subtract line 2e from line 1 | | 3 | 867,046. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b Other (Describe in Part XIII.) | 4b | | |
| c Add lines 4a and 4b | | 4c | 0. |
| 5 Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 867,046. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | |
|--|-----------|-----------|------------|
| 1 Total expenses and losses per audited financial statements | | 1 | 1,668,463. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a Donated services and use of facilities | 2a | | 764,469. |
| b Prior year adjustments | 2b | | |
| c Other losses | 2c | | |
| d Other (Describe in Part XIII.) | 2d | | |
| e Add lines 2a through 2d | | 2e | 764,469. |
| 3 Subtract line 2e from line 1 | | 3 | 903,994. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b Other (Describe in Part XIII.) | 4b | | |
| c Add lines 4a and 4b | | 4c | 0. |
| 5 Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 903,994. |

Part XIII Supplemental Information.

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

PART X, LINE 2:

EXPLANATION: THE FOUNDATION IS A NONPROFIT ORGANIZATION AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. THE FOUNDATION IS NOT A PRIVATE FOUNDATION. THE FOUNDATION'S RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FOR THE YEARS ENDED SEPTEMBER 30, 2012, 2011, 2010 AND 2009 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND STATE TAXING AUTHORITIES, GENERALLY THREE TO FOUR YEARS AFTER THE RETURNS WERE FILED.

SAN DIEGO COUNTY MEDICAL SOCIETY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|--|---|------------------------------------|--------------------------------------|---------------------|--|
| | | ACES FOR HEALTH (event type) | HERO'S FALL EVENT (event type) | 2 (total number) | |
| Revenue | 1 Gross receipts | 87,045. | 64,712. | | 151,757. |
| | 2 Less: Contributions | 13,247. | 3,709. | | 16,956. |
| | 3 Gross income (line 1 minus line 2) | 73,798. | 61,003. | | 134,801. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | 1,962. | 3,610. | | 5,572. |
| | 6 Rent/facility costs | 23,312. | 1,650. | 8,415. | 33,377. |
| | 7 Food and beverages | 967. | 9,648. | | 10,615. |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 11,734. | 18,442. | 382. | 30,558. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 80,122. |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 54,679. | |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|---|--------------------------------------|---|---|---|---|
| | | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | | |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | | |

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990**

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

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2013

SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION

95-2568714

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) TOM GEHRING, CEO OFFICER | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 150,500. | 0. | 0. | 0. | 0. | 150,500. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (i) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| JAMES SCHULTZ | DIRECTOR | 36,000. | CONTRACT LA | | X |
| ROSEMARIE JOHNSON | DIRECTOR | 21,600. | CONTRACT LA | | X |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JAMES SCHULTZ

(D) DESCRIPTION OF TRANSACTION: CONTRACT LABOR - MEDICAL DIRECTOR

(A) NAME OF PERSON: ROSEMARIE JOHNSON

(D) DESCRIPTION OF TRANSACTION: CONTRACT LABOR - MEDICAL COMMUNITY

LIAISON

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization
**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION**

Employer identification number
95-2568714

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENGAGED VOLUNTEERISM.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

EXPLANATION: PREVENTION SERVICES UNCLUDING FLU SHOTS & BREAST

SCREENING.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

2014. THE 2014 PRO BONO CARE HAS BEEN INCLUDED IN INCOME AND EXPENSES

AND ARE NORMALIZED AT MEDICARE RATES.

CONTRACT SERVICES

THE FOUNDATION PROVIDES SUPPORT FOR PHYSICIANS THROUGH TECHNICAL

ASSISTANCE FOR THE ADOPTION OF ELECTRONIC HEALTH RECORDS.

MEDICAL STUDENT SUPPORT

BY EXPANDING THE ORIGINAL MISSION OF THE ORGANIZATION, THE FOUNDATION

PROVIDES SCHOLARSHIPS TO MEDICAL STUDENTS AND NEW RESIDENTS SERVING IN

SAN DIEGO COUNTY.

FORM 990, PART VI, SECTION A, LINE 7B:

EXPLANATION: BOARD SLATE IS APPROVED BY SDCMS.

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

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

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

EXPLANATION: AT BOARD OF DIRECTORS MEETING.

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

EXPLANATION: IN CASE OF A CONFLICT OF INTEREST ISSUE, THE BOARD WOULD REVIEW THE SITUATION. THERE HAVE BEEN NO KNOWN CONFLICTS OF INTEREST FOR THE YEAR ENDED SEPTEMBER 30, 2013.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: ANNUAL REVIEW BY EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE ORGANIZATION WILL PROVIDE THE GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS TO ANY PERSON WHO REQUESTS THIS INFORMATION IN WRITING. THIS INFORMATION CAN BE OBTAINED IN THE FORM OF PDF DOCUMENTS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|---------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| SAN DIEGO COUNTY MEDICAL SOCIETY - 95-1436927, 5575 RUFFIN ROAD, SUITE 250, SAN DIEGO, CA 92123 | EDUCATION AND INFORMATION | CALIFORNIA | 501(C)(6) | | N/A | | X |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION**

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

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

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--------------------------------------|----------------------------------|------------------------|--|
| (1) SAN DIEGO COUNTY MEDICAL SOCIETY | N | 68,166. | ACTUAL COST |
| (2) SAN DIEGO COUNTY MEDICAL SOCIETY | O | 530,707. | ACTUAL COST |
| (3) SAN DIEGO COUNTY MEDICAL SOCIETY | P | 72,300. | ACTUAL COST |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Depreciation and Amortization 990 (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Attachment Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION

FORM 990 PAGE 10

95-2568714

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.

Table with 5 columns: Line number, Description, Amount, and sub-headers (a) Description of property, (b) Cost, (c) Elected cost. Includes lines 1-13.

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.)

Table with 3 columns: Line number, Description, Amount. Includes lines 14-16.

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

Section A

Table with 3 columns: Line number, Description, Amount. Includes lines 17-18.

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes lines 19a-i.

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

Table with 7 columns: Line number, Description, Amount, and sub-headers (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes lines 20a-c.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, Amount. Includes lines 21-23.

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION**

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

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

Section B - Information on Use of Vehicles

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

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

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

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

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

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

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|--|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2013 tax year: | | | | | |
| | : | | | | |
| | : | | | | |
| 43 Amortization of costs that began before your 2013 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 |

**California Exempt Organization
Annual Information Return**

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) **10/01/2013**, and ending (mm/dd/yyyy) **09/30/2014**

| | | | |
|---|--------------------|---|--|
| Corporation/Organization Name SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION | | California corporation number 0545424 | |
| Address (suite, room, or PMB no.) 5575 RUFFIN ROAD, SUITE 250 | | FEIN 95-2568714 | |
| City SAN DIEGO | State CA | ZIP Code 92123 | |

| | |
|---|--|
| <p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Information Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990 PF (3) <input type="checkbox"/> Sch H (990)</p> <p>G Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions</p> <p>H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.</p> | <p>J 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L 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. No filing fee is required. <input type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
|---|--|

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 | 461,248.00 |
| | 2 | Gross dues and assessments from members and affiliates | 2 | 00 |
| | 3 | Gross contributions, gifts, grants, and similar amounts received STMT 1 | 3 | 681,570.00 |
| | 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 \$50,000, see General Instruction B | 4 | 1,142,818.00 |
| | 5 | Cost of goods sold | 5 | 00 |
| | 6 | Cost or other basis, and sales expenses of assets sold | 6 | 195,650.00 |
| | 7 | Total costs. Add line 5 and line 6 | 7 | 195,650.00 |
| | 8 | Total gross income. Subtract line 7 from line 4 | 8 | 947,168.00 |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 984,116.00 |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | -36,948.00 |
| Filing Fee | 11 | Filing fee \$10 or \$25. See General Instruction F | 11 | 10.00 |
| | 12 | Total payments AMT PAID WITH FM 3539: | 12 | 10.00 |
| | 13 | Penalties and Interest. See General Instruction J | 13 | 00 |
| | 14 | Use tax. See General Instruction K | 14 | 00 |
| | 15 | Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result | 15 | 00 |

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.

| | | | |
|---------------------------------|--|------------------------|---|
| Sign Here | Signature of officer CEO | Date | Telephone |
| | Preparer's signature | Date 07/15/15 | Check if self-employed <input type="checkbox"/> PTIN P00452784 |
| Paid Preparer's Use Only | Firm's name (or yours, if self-employed) and address CONSIDINE & CONSIDINE 1501 FIFTH AVENUE, SUITE 400 SAN DIEGO, CA 92101-3297 | FEIN 95-2694444 | Telephone 619.231.1977 |
| | May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

| | | | | | |
|---|----|--|---|----|------------|
| Receipts from Other Sources Expenses and Disbursements | 1 | Gross sales or receipts from all business activities. See instructions | • | 1 | 134,801.00 |
| | 2 | Interest | • | 2 | 00 |
| | 3 | Dividends | • | 3 | 4,688.00 |
| | 4 | Gross rents | • | 4 | 00 |
| | 5 | Gross royalties | • | 5 | 00 |
| | 6 | Gross amount received from sale of assets (See Instructions) | • | 6 | 218,076.00 |
| | 7 | Other income | • | 7 | 103,683.00 |
| | 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 | 461,248.00 |
| | 9 | Contributions, gifts, grants, and similar amounts paid | • | 9 | 00 |
| | 10 | Disbursements to or for members | • | 10 | 00 |
| | 11 | Compensation of officers, directors, and trustees | • | 11 | 0.00 |
| | 12 | Other salaries and wages | • | 12 | 500,047.00 |
| | 13 | Interest | • | 13 | 00 |
| | 14 | Taxes | • | 14 | 36,324.00 |
| | 15 | Rents | • | 15 | 30,137.00 |
| | 16 | Depreciation and depletion (See instructions) | • | 16 | 00 |
| | 17 | Other Expenses and Disbursements | • | 17 | 417,608.00 |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | • | 18 | 984,116.00 |

| Schedule L Balance Sheets | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---|---------------------------|----------|---------------------|----------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | 96,677. | | 42,536. |
| 2 | Net accounts receivable | | 160,014. | | 16,002. |
| 3 | Net notes receivable | | | | |
| 4 | Inventories | | | | |
| 5 | Federal and state government obligations | | | | |
| 6 | Investments in other bonds | | | | |
| 7 | Investments in stock | | | | |
| 8 | Mortgage loans | | | | |
| 9 | Other investments | | 482,243. | | 394,249. |
| 10 | a Depreciable assets | 2,524. | | 2,524. | |
| | b Less accumulated depreciation | (2,524.) | | (2,524.) | |
| 11 | Land | | | | |
| 12 | Other assets | | | | 43,646. |
| 13 | Total assets | | 738,934. | | 496,433. |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | 59,201. | | 142,847. |
| 15 | Contributions, gifts, or grants payable | | | | |
| 16 | Bonds and notes payable | | | | |
| 17 | Mortgages payable | | | | |
| 18 | Other liabilities | | 283,543. | | 14,453. |
| 19 | Capital stock or principle fund | | | | |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | | |
| 21 | Retained earnings or income fund | | 396,190. | | 339,133. |
| 22 | Total liabilities and net worth | | 738,934. | | 496,433. |

| 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 \$50,000. | | | |
| 1 | Net income per books | • | -36,948. |
| 2 | Federal income tax | • | |
| 3 | Excess of capital losses over capital gains | • | |
| 4 | Income not recorded on books this year | • | |
| 5 | Expenses recorded on books this year not deducted in this return | • | |
| 6 | Total. Add line 1 through line 5 | • | -36,948. |
| 7 | Income recorded on books this year not included in this return. | • | |
| 8 | Deductions in this return not charged against book income this year | • | |
| 9 | Total. Add line 7 and line 8 | • | |
| 10 | Net income per return. Subtract line 9 from line 6 | • | -36,948. |

FORM 199 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1
 INCLUDED ON PART I, LINE 3

| CONTRIBUTOR'S NAME | CONTRIBUTOR'S ADDRESS | DATE OF GIFT | AMOUNT |
|---|---|--------------|----------|
| AKT, LLP | 5946 PRIESTLY DRIVE, SUITE 200 CARLSBAD, CA 92008-8848 | 09/19/14 | 7,701. |
| ALLIANCE HEALTHCARE FOUNDATION | 5060 SHOREHAM PLACE, SUITE 350 SAN DIEGO, CA 92122-5977 | 04/17/14 | 25,000. |
| CALIFORNIA COLORECTAL CANCER COALITION | 2253 SOLEDAD RANCHO ROAD SAN DIEGO, CA 92109-1537 | 02/24/14 | 8,000. |
| CALIFORNIA WELLNESS FOUNDATION | 6320 CANOGA AVENUE, SUITE 1700 WOODLAND HILLS, CA 91367 | 04/29/14 | 100,000. |
| CCC-COMMUNITY CLINICS HEALTH NETWORK | 7535 METROPOLITAN DRIVE SAN DIEGO, CA 92108 | 07/07/14 | 90,095. |
| CHULA VISTA CHARITABLE FOUNDATION | 2508 HISTORIC DECATUR ROAD, SUITE 200 SAN DIEGO, CA 92106 | 06/12/14 | 15,000. |
| CMA FOUNDATION - COVERED CA | 3840 ROSIN COURT, SUITE 200 SACRAMENTO, CA 95834 | 05/08/14 | 9,173. |
| COUNTY OF SD DEPT. OF FINANCIAL PLANNING | 1600 PACIFIC HIGHWAY, ROOM 352 SAN DIEGO, CA 92101 | 09/29/14 | 10,000. |
| CVS CAREMARK | COMMUNITY RELATIONS EAST, 1 CVS DRIVE WOONSOCKET, RI 02895-6146 | 10/24/13 | 5,000. |
| DOCTORS INSURANCE AGENCY | 215 S HIGWAY 101, SUITE 117 SOLANA BEACH, CA 92075-1845 | 09/30/14 | 21,704. |
| GENENTECH FOUNDATION | 1 DNA WAY SOUTH SAN FRANCISCO, CA 94080 | 08/15/14 | 50,000. |
| KAISER PERMANENTE | 4647 ZION AVENUE SAN DIEGO, CA 92120 | 09/05/14 | 37,647. |
| MICHAEL CHANNICK | 821 B AVENUE CORONADO, CA 92118-2615 | 09/26/14 | 11,000. |
| PACIFIC FOUNDATION FOR MEDICAL CARE | 3510 UNOCAL PLACE, 108 SANTA ROSA, CA 95403-0900 | 02/04/14 | 10,000. |
| RGK FOUNDATION | 1301 WEST 25TH STREET, SUITE 300 AUSTIN, TX 78705 | 11/21/13 | 20,000. |

SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDAT

95-2568714

| | | | |
|------------------------------------|---|----------|-----------------|
| SAN DIEGO BEACON | 5575 RUFFIN ROAD, SUITE 250 SAN DIEGO, CA 92123 | 11/21/13 | 23,600. |
| SDCMS | 5575 RUFFIN ROAD, SUITE 250 SAN DIEGO, CA 92123 | 11/21/13 | 5,038. |
| SURGERY ONE/GLOBAL ONE VENTURES | 6183 PASEO DEL NORTE CARLSBAD, CA 92011 | 03/07/14 | 5,000. |
| SUSAN G. KOMEN | 4699 MURPHY CANYON ROAD, SUITE 102B SAN DIEGO, CA 92123-4320 | 06/09/14 | 64,933. |
| THE DOCTORS COMPANY FOUNDATION | 185 GREENWOOD ROAD NAPA, CA 94558-6270 | 12/16/13 | 10,000. |
| WEINGART FOUNDATION | 1055 W 7TH STREET, SUITE 3200 LOS ANGELES, CA 90017-2557 | 06/11/14 | 10,000. |
| WELLS FARGO FOUNDATION | 5575 RUFFIN ROAD, SUITE 250 SAN DIEGO, CA 92123 | 03/25/14 | 5,000. |
| TOTAL INCLUDED ON LINE 3 | | | <u>543,891.</u> |

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED | |
|-------------|---------------------|-----------|-----------------|-------------------|
| | | | PURCHASED | |
| | COST OR OTHER BASIS | DEPREC. | EXPENSE OF SALE | GROSS SALES PRICE |
| | 128,097. | 0. | 1,629. | 128,866. |

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED | |
|-------------|---------------------|-----------|-----------------|-------------------|
| | | | PURCHASED | |
| | COST OR OTHER BASIS | DEPREC. | EXPENSE OF SALE | GROSS SALES PRICE |
| | 65,924. | 0. | 0. | 89,210. |

TOTAL TO FORM 199, PAGE 2, LN 6 194,021. 0. 1,629. 218,076.

FORM 199 OTHER INCOME STATEMENT 3

| DESCRIPTION | AMOUNT |
|------------------------------------|----------|
| CONTRACT REVENUE | 103,683. |
| TOTAL TO FORM 199, PART II, LINE 7 | 103,683. |

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE HRS WORKED/WK</u> | <u>COMPENSATION</u> |
|--|--|---------------------|
| JAMES HAY, MD 5575 RUFFIN ROAD, SUITE 250 SAN DIEGO, CA 92123 | DIRECTOR 1.00 | 0. |
| CAROL YOUNG, MD 5575 RUFFIN ROAD, SUITE 250 SAN DIEGO, CA 92123 | DIRECTOR 1.00 | 0. |
| TOM GEHRING, CEO 5575 RUFFIN ROAD, SUITE 250 SAN DIEGO, CA 92123 | OFFICER 5.00 | 0. |
| ROBERT DESIMONE 5575 RUFFIN ROAD, SUITE 250 SAN DIEGO, CA 92123 | OFFICER 2.00 | 0. |
| RON MITCHELL 5575 RUFFIN ROAD, SUITE 250 SAN DIEGO, CA 92123 | DIRECTOR 1.00 | 0. |
| STUART COHEN, MD 5575 RUFFIN ROAD, SUITE 250 SAN DIEGO, CA 92123 | OFFICER 2.00 | 0. |
| WILLIAM TSENG, MD 5575 RUFFIN ROAD, SUITE 250 SAN DIEGO, CA 92123 | OFFICER 1.00 | 0. |
| JEFFREY WILLMANN 5575 RUFFIN ROAD, SUITE 250 SAN DIEGO, CA 92123 | DIRECTOR 1.00 | 0. |
| ROSEMARIE MARSHALL JOHNSON, MD 5575 RUFFIN ROAD, SUITE 250 SAN DIEGO, CA 92123 | DIRECTOR 3.00 | 0. |
| ALBERT RAY, MD 5575 RUFFIN ROAD, SUITE 250 SAN DIEGO, CA 92123 | OFFICER 2.00 | 0. |
| JAMES SCHULTZ, MD 5575 RUFFIN ROAD, SUITE 250 SAN DIEGO, CA 92123 | DIRECTOR 1.00 | 0. |

| | | |
|-----------------------------|--------------------|----|
| OSCAR MEDINA | DIRECTOR | 0. |
| 5575 RUFFIN ROAD, SUITE 250 | 1.00 | |
| SAN DIEGO, CA 92123 | | |
| MARY ROBBERSON, ESQ | DIRECTOR | 0. |
| 5575 RUFFIN ROAD, SUITE 250 | 1.00 | |
| SAN DIEGO, CA 92123 | | |
| EILEN NATUZZI, MD | DIRECTOR | 0. |
| 5575 RUFFIN ROAD, SUITE 250 | 1.00 | |
| SAN DIEGO, CA 92123 | | |
| MELINDA FLOROS | DIRECTOR | 0. |
| 5575 RUFFIN ROAD, SUITE 250 | 1.00 | |
| SAN DIEGO, CA 92123 | | |
| BARBARA MANDEL | EXECUTIVE DIRECTOR | 0. |
| 5575 RUFFIN ROAD, SUITE 250 | 40.00 | |
| SAN DIEGO, CA 92123 | | |

TOTAL TO FORM 199, PART II, LINE 11 0.

FORM 199 OTHER EXPENSES STATEMENT 5

| DESCRIPTION | AMOUNT |
|---------------------------------------|-----------------|
| OUTSIDE SERVICES | 141,406. |
| MEDICAL SERVICES | 61,430. |
| TECHNOLOGY | 20,334. |
| MEDICAL SUPPLIES | 14,076. |
| DIRECT EXPENSES OF FUNDRAISING EVENTS | 80,122. |
| ACCOUNTING FEES | 6,376. |
| ADVERTISING AND PROMOTION | 24,751. |
| OFFICE EXPENSES | 10,842. |
| TRAVEL | 10,727. |
| CONFERENCES AND CONVENTIONS | 11,426. |
| INSURANCE | 2,998. |
| ALL OTHER EXPENSES | 33,120. |
| TOTAL TO FORM 199, PART II, LINE 17 | <u>417,608.</u> |

| FORM 199 | OTHER INVESTMENTS | STATEMENT | 6 |
|---------------------------------------|-------------------|--------------|-------------|
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| INVESTMENTS | | 482,243. | 394,249. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 9 | | 482,243. | 394,249. |

| FORM 199 | OTHER ASSETS | STATEMENT | 7 |
|--|--------------|--------------|-------------|
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| GRANTS AND CONTRACTS RECEIVABLE | | 0. | 43,646. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | | 0. | 43,646. |

| FORM 199 | OTHER LIABILITIES | STATEMENT | 8 |
|--|-------------------|--------------|-------------|
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| FISCAL AGENCY PAYABLE | | 32,349. | 14,453. |
| DEFERRED REVENUE | | 251,194. | 0. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | | 283,543. | 14,453. |

| FORM 199 | FUND BALANCES | STATEMENT | 9 |
|--|---------------|--------------|-------------|
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| UNRESTRICTED ASSETS | | 312,774. | 229,743. |
| TEMPORARILY RESTRICTED ASSETS | | 83,416. | 109,390. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 21 | | 396,190. | 339,133. |

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 95-2568714

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

Part I Election To Expense Certain Property Under IRC Section 179

| 1 Maximum deduction under IRC Section 179 for California | 1 | \$25,000 | | | | | | |
|--|------------------------------|------------------|-----------------------------|------------------------------|------------------|----------|--|--|
| 2 Total cost of IRC Section 179 property placed in service | 2 | | | | | | | |
| 3 Threshold cost of IRC 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 | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;">(a) Description of property</th> <th style="width:20%;">(b) Cost (business use only)</th> <th style="width:35%;">(c) Elected cost</th> </tr> </thead> <tbody> <tr> <td>6</td> <td></td> <td></td> </tr> </tbody> </table> | | | (a) Description of property | (b) Cost (business use only) | (c) Elected cost | 6 | | |
| (a) Description of property | (b) Cost (business use only) | (c) Elected cost | | | | | | |
| 6 | | | | | | | | |
| 7 Listed property (elected IRC Section 179 cost) | 7 | | | | | | | |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 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 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 | 12 | | | | | | | |
| 13 Carryover of disallowed deduction to 2014. Add line 9 and line 10, less line 12 | 13 | | | | | | | |

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

| (a) Description property | (b) Date acquired (mm/dd/yyyy) | (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 | |
|--|--------------------------------------|-------------------------------|--|-------------------------------|------------------------|--------------------------------------|---|--|
| 14 1 COMPUTER FOR PROJ ACCESS | 08/22/07 | 1,262. | 1,262. | SL | 3.00 | 0. | | |
| 2 COMPUTER FOR PROJ ACCESS | 08/22/07 | 1,262. | 1,262. | SL | 3.00 | 0. | | |
| TOTALS | | 2,524. | 2,524. | | | | | |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) | | | | | | | 15 | |

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

| (a) Description of property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC section (see instructions) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------------|-------------------------------|--|--|--------------------------------|--------------------------------------|
| 19 | | | | | | |
| 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 |

TAXABLE YEAR
2013

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

| | |
|--|---|
| Exempt Organization name SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION | Identifying number 95-2568714 |
|--|---|

Part I Electronic Return Information (whole dollars only)

| | | |
|--|----------|---------------------|
| 1 Total gross receipts (Form 199, line 4) | 1 | 1,142,818 00 |
| 2 Total gross income (Form 199, line 8) | 2 | 947,168 00 |
| 3 Total expenses and disbursements (Form 199, line 9) | 3 | 984,116 00 |

Part II Settle Your Account Electronically for Taxable Year 2013

| | | |
|---|------------------|--|
| 4 <input type="checkbox"/> Electronic funds withdrawal | 4a Amount | 4b Withdrawal date (mm/dd/yyyy) |
|---|------------------|--|

Part III Banking Information (Have you verified the exempt organization's banking information?)

| | |
|-------------------------------|--|
| 5 Routing number _____ | 7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| 6 Account number _____ | |

Part IV Declaration of Officer


I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2013 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, the reason(s) for the delay.**


| | | | | |
|------------------|--|-------------------------|--|---------------------|
| Sign Here |  | 07/15/15 Date |  | CEO Title |
|------------------|--|-------------------------|--|---------------------|

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2013 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | | |
|----------------------|--|------|---|---|--|
| ERO Must Sign | ERO's- signature  | Date | Check if also paid preparer <input checked="" type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN P00452784 |
| | Firm's name (or yours if self-employed) and address CONSIDINE & CONSIDINE 1501 FIFTH AVENUE, SUITE 400 SAN DIEGO, CA | | | | FEIN 95-2694444 ZIP Code 92101-3297 |

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | |
|--------------------------------|---|------|---|----------------------|
| Paid Preparer Must Sign | Paid preparer's signature  | Date | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN |
| | Firm's name (or yours if self-employed) and address | | | FEIN ZIP Code |

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

| | |
|---|--|
| State Charity Registration Number: CT <u>010373</u> SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION <small>Name of Organization</small> <u>5575 RUFFIN ROAD, SUITE 250</u> <small>Address (Number and Street)</small> <u>SAN DIEGO, CA 92123</u> <small>City or Town, State and ZIP Code</small> | Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>0545424</u> Federal Employer I.D. No. <u>95-2568714</u> |
|---|--|

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

| Gross Annual Revenue | Fee | Gross Annual Revenue | Fee | Gross Annual Revenue | Fee |
|--------------------------------|------|-----------------------------------|------|---------------------------------------|-------|
| Less than \$25,000 | 0 | Between \$100,001 and \$250,000 | \$50 | Between \$1,000,001 and \$10 million | \$150 |
| Between \$25,000 and \$100,000 | \$25 | Between \$250,001 and \$1 million | \$75 | Between \$10,000,001 and \$50 million | \$225 |
| | | | | Greater than \$50 million | \$300 |

PART A - ACTIVITIES

For your most recent full accounting period (beginning 10/01/2013 ending 09/30/2014) list:
 Gross annual revenue \$ 867,046 . Total assets \$ 496,433 .

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

| | Yes | No |
|---|-----|----|
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? | | X |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | | X |
| 3. During this reporting period, did non-program expenditures exceed 50% of gross revenues? | | X |
| 4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. | | X |
| 5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. | | X |
| 6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. | | X |
| 7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. | | X |
| 8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. | | X |
| 9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? | X | |

Organization's area code and telephone number 858-300-2780

Organization's e-mail address FOUNDATION@SDCMS.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

| | |
|--|-----------------------------|
| TOM GEHRING | CEO |
| <small>Signature of authorized officer</small> | <small>Printed Name</small> |
| | <small>Title</small> |
| | <small>Date</small> |