

5/10/11

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	2009	2008	DIFF
<b>REVENUE</b>			
CONTRIBUTIONS AND GRANTS.....	6,045,222	7,269,657	-1,224,435
PROGRAM SERVICE REVENUE.....	579,626	505,948	73,678
INVESTMENT INCOME.....	369,033	-181,751	550,784
OTHER REVENUE.....	-17,707	1,286	-18,993
TOTAL REVENUE.....	6,976,174	7,595,140	-618,966
<b>EXPENSES</b>			
SALARIES, OTHER COMPEN., EMP. BENEFITS...	2,849,413	2,786,214	63,199
OTHER EXPENSES.....	4,943,191	2,597,867	2,345,324
TOTAL EXPENSES.....	7,792,604	5,384,081	2,408,523
<b>NET ASSETS OR FUND BALANCES</b>			
REVENUE LESS EXPENSES.....	-816,430	2,211,059	-3,027,489
TOTAL ASSETS AT END OF YEAR.....	21,931,118	21,941,328	-10,210
TOTAL LIABILITIES AT END OF YEAR.....	6,559,621	5,853,659	705,962
NET ASSETS/FUND BALANCES AT END OF YEAR.	15,371,497	16,087,669	-716,172

5/10/11

10:25 AM

	2009	2008	DIFF
<b>REVENUE</b>			
INTEREST.....	34,296	46,765	-12,469
DIVIDENDS.....	7,741	52,274	-44,533
GROSS AMOUNT FROM SALE OF ASSETS.....	1,109,917	2,739,288	-1,629,371
OTHER INCOME.....	896,942	717,472	179,470
GROSS CONTRIBUTIONS, GIFTS, & GRANTS.....	6,045,222	7,269,657	-1,224,435
COST OR OTHER BASIS OF ASSETS SOLD.....	1,086,155	3,204,828	-2,118,673
TOTAL INCOME.....	7,007,963	7,620,628	-612,665
<b>EXPENSES AND DISBURSEMENTS</b>			
COMPENSATION OF OFFICERS, ETC.....	282,264	348,548	-66,284
OTHER SALARIES AND WAGES.....	2,124,112	1,962,382	161,730
INTEREST.....	99,765	194,375	-94,610
TAXES.....	223,329	205,264	18,065
RENTS.....	471,069	260,814	210,255
DEPRECIATION AND DEPLETION.....	112,486	123,306	-10,820
OTHER DEDUCTIONS.....	4,511,368	2,314,880	2,196,488
TOTAL DEDUCTIONS.....	7,824,393	5,409,569	2,414,824
EXCESS OF RECEIPTS OVER DISBURSEMENTS....	-816,430	2,211,059	-3,027,489
<b>FILING FEE</b>			
FILING FEE.....	0	0	0
BALANCE DUE.....	0	0	0
<b>SCHEDULE L</b>			
BEGINNING ASSETS.....	21,941,328	17,888,005	4,053,323
BEGINNING LIABILITIES & NET WORTH.....	21,941,328	17,888,005	4,053,323
ENDING ASSETS.....	21,931,118	21,941,328	-10,210
ENDING LIABILITIES & NET WORTH.....	21,931,118	21,941,328	-10,210

5/10/11

10:25AM

**FORM 990, PART IX, LINE 24  
OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
AUTO	41,085.	41,049.	36.	
EQUIPMENT	39,062.	31,479.	5,882.	1,701.
OTHER	42,900.	22,081.	14,279.	6,540.
POSTAGE AND SHIPPING	2,642.	1,802.	323.	517.
PRINTING AND PUBLICATIONS	5,389.	3,381.	1,401.	607.
PROFESSIONAL FEES	19,810.	14,989.	4,821.	
REPAIRS & MAINTENANCE	31,707.	21,557.	5,274.	4,876.
TELEPHONE	26,448.	21,514.	2,471.	2,463.
<b>TOTAL</b>	<b>\$ 209,043.</b>	<b>\$ 157,852.</b>	<b>\$ 34,487.</b>	<b>\$ 16,704.</b>

**SCHEDULE D, PART V  
ENDOWMENT FUNDS**

	CURRENT YEAR	PRIOR YEAR	TWO YRS. BACK	THREE YRS. BACK	FOUR YRS. BACK
BEGINNING OF YEAR BALANCE	581,430.	704,397.	0.	0.	0.
CONTRIBUTIONS					
INVESTMENT EARNINGS (LOSSES)	79,415.	-122,967.			
GRANTS OR SCHOLARSHIPS					
EXPEND. FOR FACILITIES & PROGS					
ADMINISTRATIVE EXPENSES					
END OF YEAR BALANCE	660,845.	581,430.	0.	0.	0.

**Return of Organization Exempt From Income Tax**

**2009**

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

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

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

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>PROVIDE A NETWORK OF SERVICES TO LOW-INCOME, AT RISK SENIORS INCLUDING BALANCED CONGREGATE &amp; HOME DELIVERED MEALS, NUTRITION AND HEALTH EDUCATION, TRANSITIONAL &amp; PERMANENT SUPPORTIVE HOUSING AND ALSO ACTIVITIES &amp; SOCIALIZATION OPPORTUNITIES.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	20
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	20
	<b>5</b>	Total number of employees (Part V, line 2a) .....	<b>5</b>	78
	<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	400
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) .....	7,269,657.	6,045,222.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	505,948.	579,626.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	-181,751.	369,033.
	<b>12</b>	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	1,286.	-17,707.
			<b>7,595,140.</b>	<b>6,976,174.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....		
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	2,786,214.	2,849,413.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>264,307.</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....	2,597,867.	4,943,191.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	5,384,081.	7,792,604.	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	2,211,059.	-816,430.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) .....	<b>Beginning of Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26) .....	21,941,328.	21,931,118.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	5,853,659.	6,559,621.
		<b>16,087,669.</b>	<b>15,371,497.</b>	

**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.

<b>Sign Here</b>	<b>▶</b> _____ Signature of officer			Date
	<b>▶</b> <u>PAUL DOWNEY</u> Type or print name and title.			<b>PRESIDENT &amp; CEO</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature <b>▶</b> <u>STEVEN W. NORTHCOTE</u>	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions) <b>P00085554</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>▶</b> <u>LEAF &amp; COLE, LLP</u> <u>2810 CAMINO DEL RIO SOUTH, SUITE 200</u> <u>SAN DIEGO, CA 92108-3820</u>		EIN <b>▶</b> <u>95-2076568</u>	Phone no. <b>▶</b> <u>619.294.7200</u>
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

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

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

Yes No

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

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

Yes No

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

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

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

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

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

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

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

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

4d Other program services. (Describe in Schedule O.)

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

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

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III.</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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; 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 term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	X	
11	Is the organization's answer to any of the following questions 'Yes'? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	X	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>		
	• 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? <i>If 'Yes,' complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statement for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If 'Yes,' completing Schedule D, Parts XI, XII, and XIII 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
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I.</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II.</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III.</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
20	Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i>		X

**Part IV Checklist of Required Schedules (continued)**

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

BAA

Form 990 (2009)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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



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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosures**

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

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

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOY VACCARI DIRECTOR	0.2	X					0.	0.	0.	
ANNE DE MEULES MYERS DIRECTOR	0.2	X					0.	0.	0.	
DEBI ZUMTOBEL DIRECTOR	0.2	X					0.	0.	0.	
MAUREEN PIWOWARSKI COO & SECRETARY	40			X	X		113,352.	0.	0.	
PAUL DOWNEY PRESIDENT & CEO	40			X			168,912.	0.	0.	
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<b>1 b Total</b>							<b>282,264.</b>	<b>0.</b>	<b>0.</b>	

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		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>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>		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.

(A) Name and business address	(B) Description of Services	(C) Compensation
KEYSTONE MANAGEMENT GROUP 943 10TH AVENUE SAN DIEGO, CA 92101	RENT PAYMENTS THP	221,375.
SONNENSHEIN NATH & ROSENTHAL, LLP 601 S FIGUEROA ST, STE 2500 LOS AN	LEGAL SERVICES	142,000.

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

**Part VIII Statement of Revenue**

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

**Part IX Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	282,264.	221,411.	38,894.	21,959.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))	0.	0.	0.	0.
7 Other salaries and wages	2,124,112.	1,739,326.	213,763.	171,023.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	219,708.	173,855.	34,794.	11,059.
9 Other employee benefits				
10 Payroll taxes	223,329.	185,280.	21,082.	16,967.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	471,069.	437,021.	34,048.	
17 Travel	13,808.	10,675.	1,192.	1,941.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	99,765.	98,681.	1,084.	
21 Payments to affiliates	2,477,055.	2,477,055.		
22 Depreciation, depletion, and amortization	126,798.	109,280.	17,518.	
23 Insurance	22,294.	21,592.	702.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>FOOD COST</u>	977,974.	977,923.	51.	
b <u>PROGRAM SERVICES</u>	264,051.	264,051.		
c <u>SUPPLIES</u>	145,592.	140,401.	3,595.	1,596.
d <u>MAIL HOUSE SERVICES</u>	86,395.	64,030.		22,365.
e <u>CONSULTANTS</u>	49,347.	46,549.	2,105.	693.
f All other expenses	209,043.	157,852.	34,487.	16,704.
25 Total functional expenses. Add lines 1 through 24f	7,792,604.	7,124,982.	403,315.	264,307.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash — non-interest-bearing		1	
	2	Savings and temporary cash investments	963,144.	2	889,773.
	3	Pledges and grants receivable, net	1,058,732.	3	811,473.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	40,830.	5	55,058.
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	12,305,000.	7	17,405,000.
	8	Inventories for sale or use	34,876.	8	43,952.
	9	Prepaid expenses and deferred charges	38,104.	9	9,501.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,184,800.		
	b	Less: accumulated depreciation	10b 945,798.	10c	239,002.
	11	Investments — publicly-traded securities	2,062,286.	11	1,793,167.
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets	5,518.	14	65,074.
	15	Other assets. See Part IV, line 11	509,500.	15	619,118.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	21,941,328.	16	21,931,118.	
LIABILITIES	17	Accounts payable and accrued expenses	213,626.	17	351,869.
	18	Grants payable		18	
	19	Deferred revenue	525,308.	19	436,705.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	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	4,325,000.	23	4,872,211.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	789,725.	25	898,836.
	26	<b>Total liabilities.</b> Add lines 17 through 25	5,853,659.	26	6,559,621.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>				
	27	Unrestricted net assets	6,014,383.	27	5,348,803.
	28	Temporarily restricted net assets	9,317,638.	28	9,266,503.
	29	Permanently restricted net assets	755,648.	29	756,191.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	16,087,669.	33	15,371,497.	
34	Total liabilities and net assets/fund balances	21,941,328.	34	21,931,118.	

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**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	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.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? .....	X	
<b>2c</b>	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? .....	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>d</b>	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: .....		
	<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	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	
<b>3b</b>	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....	X	

BAA

Form 990 (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

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

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

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

	Yes	No
<b>11 g (i)</b> 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? .....		
<b>11 g (ii)</b> a family member of a person described in (i) above? .....		
<b>11 g (iii)</b> a 35% controlled entity of a person described in (i) or (ii) above? .....		

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions).					12	

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

**Section C. Computation of Public Support Percentage**

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

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

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")	2,565,969.	4,674,366.	3,682,720.	7,236,507.	5,961,028.	24,120,590.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.	1,409,249.	229,182.	613,562.	505,948.	579,626.	3,337,567.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
<b>6 Total.</b> Add lines 1 through 5.	3,975,218.	4,903,548.	4,296,282.	7,742,455.	6,540,654.	27,458,157.
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
<b>8 Public support</b> (Subtract line 7c from line 6.)						27,458,157.

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

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

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

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



5/10/11

10:25AM

**PART III, LINE 12 - OTHER INCOME**

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

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

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization

SENIOR COMMUNITY CENTERS OF SAN DIEGO

Employer identification number

95-2850121

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule** –

For 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)/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, aggregate 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 aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year..... ▶ \$ \_\_\_\_\_

**Caution:** 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 their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2009)

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

SENIOR COMMUNITY CENTERS OF SAN DIEGO

Employer identification number

95-2850121

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

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

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

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? . . . . .  Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . .  Yes  No

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

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

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

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

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

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

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

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

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

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

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

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

	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 XIV.

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

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

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  100.00 %
- c Term endowment  \_\_\_\_\_ %

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

	Yes	No
(i) unrelated organizations	X	
(ii) related organizations		X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

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

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

BAA

**Part VII Investments—Other Securities** See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives . . . . .		
Closely-held equity interests . . . . .		
Other _____		
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Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related** (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.) ▶		

**Part IX Other Assets** (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B), line 15) . . . . . ▶	

**Part X Other Liabilities** (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED INTEREST PAYABLE	587,452.
ACCRUED VACATION	183,108.
CAPITAL LEASE OBLIGATIONS	52,140.
PAYROLL LIABILITIES	76,136.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	898,836.

2. FIN 48 Footnote. In Part XIV, 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.



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

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

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

**Part XIV Supplemental Information**

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

**PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND**

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



5/10/11

10:25AM

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

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

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

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

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

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

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

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

SENIOR COMMUNITY CENTERS OF SAN DIEGO

Employer identification number

95-2850121

**Part I Questions Regarding Compensation**

	Yes	No
<b>1 a</b> 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>b</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.....	<b>1 b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?.....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?.....	<b>4 a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?.....	<b>4 b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?.....	<b>4 c</b>	X
If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?.....	<b>5 a</b>	X
<b>b</b> Any related organization?.....	<b>5 b</b>	X
If 'Yes' to line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?.....	<b>6 a</b>	X
<b>b</b> Any related organization?.....	<b>6 b</b>	X
If 'Yes' to line 6a or 6b, describe in Part III.		
<b>7</b> For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.....	<b>7</b>	X
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.....	<b>8</b>	X
If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?.....	<b>9</b>	X

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

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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

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

(A) Name		(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 in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
PAUL DOWNEY	(i)	168,912.	0.	0.	0.	0.	168,912.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

Dashed lines for supplemental information.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

▶ **Attach to Form 990.**

OMB No. 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization

SENIOR COMMUNITY CENTERS OF SAN DIEGO

Employer identification number

95-2850121

**Part I Types of Property**

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

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

29

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

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

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

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

b If 'Yes,' describe in Part II.

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

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2009





**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

SENIOR COMMUNITY CENTERS OF SAN DIEGO

Employer identification number

95-2850121

**Part I Identification of Disregarded Entities** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
GMWSWC, LLC 525 14TH STREET, STE 200 SAN DIEGO, CA 92101 95-2850121	REAL ESTATE	CA	0.	0.	N/A

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
SENIOR HOUSING CORPORATION 525 14TH STREET, STE 200 SAN DIEGO, CA 92101 33-0909249	LOW/MODERATE INCOME HOUSING	CA	501 (C) (3)	501 (A) (2)	N/A
CITY HEIGHTS SENIOR HOUSING CORPORATION 525 14TH STREET, STE 200 SAN DIEGO, CA 92101 20-4303474	LOW/MODERATE INCOME HOUSING	CA	501 (C) (3)	501 (A) (2)	N/A
WEST SENIOR WELLNESS CENTER 525 14TH STREET, STE 200 SAN DIEGO, CA 92101 27-0297631	CARRYING ON SCC OF SD'S CHARITABLE PURPOSE	CA	501 (C) (3)	501 (A) (2)	N/A

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No
MARKET SQUARE MANOR ASSOCIATES, LP 5993 AVENIDA ENCINAS, SUITE 101 CARLSBAD, CA 92008 33-0939545	REAL ESTATE	CA	SHC - PT 2	RELATED	-286,431.	-513,620.	X		N/A	X	
CITY HEIGHTS SQUARE, LP 5993 AVENIDA ENCINAS, STE 101 CARLSBAD, CA 92008 20-3616099	REAL ESTATE	CA	CHSHC -PT2	RELATED	-72.	231,810.		X	N/A	X	
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
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**Part V Transactions With Related Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

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

	Yes	No
<b>1</b> 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:		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties <b>(iv)</b> rent from a controlled entity.....		X
<b>b</b> Gift, grant, or capital contribution to other organization(s).....		X
<b>c</b> Gift, grant, or capital contribution from other organization(s).....		X
<b>d</b> Loans or loan guarantees to or for other organization(s).....	X	
<b>e</b> Loans or loan guarantees by other organization(s).....		X
<b>f</b> Sale of assets to other organization(s).....		X
<b>g</b> Purchase of assets from other organization(s).....		X
<b>h</b> Exchange of assets.....	X	
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s).....		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s).....		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s).....		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s).....		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets.....		X
<b>n</b> Sharing of paid employees.....		X
<b>o</b> Reimbursement paid to other organization for expenses.....		X
<b>p</b> Reimbursement paid by other organization for expenses.....		X
<b>q</b> Other transfer of cash or property to other organization(s).....		X
<b>r</b> Other transfer of cash or property from other organization(s).....		X

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

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

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

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Dispropor- tionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
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**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990**

OMB No. 1545-0047

**2009**

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

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SENIOR COMMUNITY CENTERS OF SAN DIEGO

Employer identification number

95-2850121

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

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

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

THE BOARD SIGNS CONFLICT OF INTEREST POLICY ANNUALLY.

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

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

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

UPON REQUEST



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

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

Name(s) shown on return

SENIOR COMMUNITY CENTERS OF SAN DIEGO

Identifying number

95-2850121

Business or activity to which this form relates

FORM 990/990-PF

**Part I Election To Expense Certain Property Under Section 179**

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

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

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

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

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

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

**Section A**

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

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

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

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

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

**Part IV Summary** (See instructions.)

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

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

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

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

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No									<b>24b</b> 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			
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions).....								<b>25</b>			
<b>26</b> Property used more than 50% in a qualified business use:											
<b>27</b> Property used 50% or less in a qualified business use:											
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .....								<b>28</b>			
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .....								<b>29</b>			

**Section B – Information on Use of Vehicles**

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

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

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

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

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?.....		
<b>38</b> 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 .....		
<b>39</b> Do you treat all use of vehicles by employees as personal use?.....		
<b>40</b> 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?.....		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.).....		

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

**Part VI Amortization**

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



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

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

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

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

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

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

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

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

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

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

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

**Signature and Verification**

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

Signature ▶ \_\_\_\_\_ Title ▶ **PRESIDENT & CEO** Date ▶ \_\_\_\_\_

Calendar year 2009 or fiscal year beginning month 07 day 01 year 2009, and ending month 06 day 30 year 2010

A First Return Filed? [X] No [ ] Yes
B Type of organization Exempt under Section 23701... D (insert letter)
CORP # D-0679863

Corporation/Organization Name SENIOR COMMUNITY CENTERS OF SAN DIEGO
FEIN 95-2850121

Address 525 14TH STREET, 2ND FLOOR ADMIN
City SAN DIEGO, CA 92101 State ZIP Code

C Amended Return? [ ] Yes [X] No
D Are you a subordinate/affiliate in a group exemption?.. [ ] Yes [X] No
a Is this a group filing for affiliates? [ ] Yes [X] No
b If 'Yes,' enter the number of affiliates.
c Are all affiliates included? [X] Yes [ ] No
d Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No
e Federal Group Exemption Number.
f Is a roster of subordinates attached? [ ] Yes [X] No
E Final return?
Dissolved [ ] Surrendered (Withdrawn) [ ]
Merged/Reorganized (attach explanation) [ ]
If a box is checked, enter date.
F Check the box if the organization filed the following federal forms or schedule:
1 [ ] 990T 2 [ ] 990PF 3 [ ] (Schedule H) 990
G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public

contributions, check box. See General Instruction F.
No filing fee is required. [X]
H Accounting method used .. 1 [ ] Cash 2 [X] Accrual 3 [ ] Other
I If exempt under R&TC Section 23701d, has the organization during the year:
(1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. [ ] Yes [X] No
J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. [ ] Yes [X] No
K Is the organization exempt under R&TC Section 23701g? [ ] Yes [X] No
If 'Yes,' enter amount of gross receipts from nonmember sources. \$
L Is the organization under audit by the IRS or has the IRS audited in a prior year? [ ] Yes [X] No
M Is the organization a Limited Liability Company? [ ] Yes [X] No
N Did the organization file Form 100 or Form 109 to report taxable income? [ ] Yes [X] No

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

Table with 3 columns: Description, Line Number, Amount. Rows include Receipts and Revenues (1-8), Expenses (9-10), and Filing Fee (11-15).

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer: STEVEN W. NORTHCOTE, Title: PRESIDENT & CEO, Date:
Preparer's signature: STEVEN W. NORTHCOTE, Date:
Firm's name (or yours, if self-employed) and address: LEAF & COLE, LLP, 2810 CAMINO DEL RIO SOUTH, SUITE 200, SAN DIEGO, CA 92108-3820

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

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

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	34,296.
	3	Dividends	●	3	7,741.
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See Instructions)	●	6	1,109,917.
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	896,942.
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	2,048,896.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STATEMENT 2	●	11	282,264.
	12	Other salaries and wages	●	12	2,124,112.
	13	Interest	●	13	99,765.
	14	Taxes	●	14	223,329.
	15	Rents	●	15	471,069.
	16	Depreciation and depletion (See Instructions)	●	16	112,486.
	17	Other. Attach schedule. SEE STATEMENT 3	●	17	4,511,368.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	7,824,393.

<b>Schedule L Balance Sheets</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		963,144.	●	889,773.
2	Net accounts receivable		1,058,732.	●	811,473.
3	Net notes receivable. Attach schedule		12,345,830.	●	17,460,058.
4	Inventories		34,876.	●	43,952.
5	Federal and state government obligations			●	
6	Investments in other bonds. Attach sch.			●	
7	Investments in stock. Attach schedule. STMT 4		1,722,094.	●	1,793,167.
8	Mortgage loans (number of loans _____)			●	
9	Other investments. Attach schedule		345,840.	●	6,191.
10a	Depreciable assets	3,269,409.		1,184,800.	
b	Less accumulated depreciation	846,071.	2,423,338.	945,798.	239,002.
11	Land		2,500,000.	●	
12	Other assets. Attach schedule. STM 5		547,474.	●	687,502.
13	<b>Total assets</b>		21,941,328.		21,931,118.
<b>Liabilities and net worth</b>					
14	Accounts payable		213,626.	●	351,869.
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable. Attach schedule			●	
17	Mortgages payable		4,325,000.	●	4,872,211.
18	Other liabilities. Attach schedule. STM 6		1,315,033.		1,335,541.
19	Capital stock or principle fund		16,087,669.	●	15,371,497.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	<b>Total liabilities and net worth</b>		21,941,328.		21,931,118.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1	Net income per books	●	-715,172.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	<b>Total.</b> Add line 1 through line 5		-715,172.
7	Income recorded on books this year not included in this return. Attach schedule. SEE ST 7	●	101,258.
8	Deductions in this return not charged against book income this year. Attach schedule	●	
9	<b>Total.</b> Add line 7 and line 8		101,258.
10	<b>Net income per return.</b> Subtract line 9 from line 6		-816,430.

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

Department of the Treasury  
Internal Revenue Service

CALIFORNIA COPY

**Schedule of Contributors**

▶ **Attach to Form 990, 990-EZ, or 990-PF**

OMB No. 1545-0047

**2009**

**Name of the organization**

SENIOR COMMUNITY CENTERS OF SAN DIEGO

**Employer identification number**

95-2850121

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule** –

For 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)/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, aggregate 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 aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year..... ▶ \$ \_\_\_\_\_

**Caution:** 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 their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

SENIOR COMMUNITY CENTERS OF SAN DIEGO

95-2850121

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	COUNTY OF SAN DIEGO ----- 9335 HAZARD WAY ----- SAN DIEGO, CA 92123 -----	\$ 2,473,216.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2	UNITED WAY ----- 525 14TH STREET, STE 200 ----- SAN DIEGO, CA 92101 -----	\$ 11,629.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3	NEAL SCHMALE ----- 525 14TH STREET, STE 200 ----- SAN DIEGO, CA 92101 -----	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
4	UNION BANK OF CALIFORNIA ----- 525 14TH STREET, STE 200 ----- SAN DIEGO, CA 92101 -----	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
5	HD SUPPLY FACILITIES MAINT. ----- 525 14TH STREET, STE 200 ----- SAN DIEGO, CA 92101 -----	\$ 14,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
6	MR & MRS PAUL STANNARD ----- 525 14TH STREET, STE 200 ----- SAN DIEGO, CA 92101 -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

Employer identification number

SENIOR COMMUNITY CENTERS OF SAN DIEGO

95-2850121

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	SEMPRA ENERGY FOUNDATION 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	GARY & MARY WEST FOUNDATION 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 656,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	ALLGAUER FOUNDATION 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	QUALCOMM INCORPORATED 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 35,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	STRANAHAN FOUNDATION 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	WELLS FARGO FOUNDATION 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

SENIOR COMMUNITY CENTERS OF SAN DIEGO

95-2850121

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	MARGARET A CARGILL FOUNDATION 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 13,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	PRICE FAMILY CHARITABLE FUND 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	MAZON: A JEWISH RESPONSE FOR HUNGER 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 11,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	HOME AID SAN DIEGO 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 179,843.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	FANNIE MAE FOUNDATION 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	HORTON HOUSE 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 48,288.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

SENIOR COMMUNITY CENTERS OF SAN DIEGO

95-2850121

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	MARKET SQUARE MANOR, LP 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 83,158.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	ST JOSEPH'S CATHEDRAL 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 7,325.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	LUCE FORWARD ATTORNEY AT LAW 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 30,612.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	CITY OF SAN DIEGO 1200 3RD AVE, SUITE 1400 SAN DIEGO, CA 92101-4157	\$ 265,376.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	CITY OF LA MESA 8130 ALLISON AVENUE PB BOX 937 LA MESA, CA 91944-0937	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	CAROLE SACHS 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization <b>SENIOR COMMUNITY CENTERS OF SAN DIEGO</b>	Employer identification number <b>95-2850121</b>
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**Part I Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	HUGHES POTIKER 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 329,645.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	FISCHER FAMILY FUND OF JCF 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	DARLENE SHILEY 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	PEG & PERI URVEK 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 35,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	THE ROSE FOUNDATION 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	WEBMD HEALTH FOUNDATION 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

SENIOR COMMUNITY CENTERS OF SAN DIEGO

95-2850121

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	MR & MRS. JEROME TURK 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	JOHN & MARY RAINSFORD CHARIT. FOUND 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	ROBERT M. GOLDEN FOUNDATION 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	GRACE T HAWKES 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 11,170.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	ELIZABETH KEADLE 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	HOWARD R HARRIS 525 14TH STREET, STE 200 SAN DIEGO, CA 92101	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>SENIOR COMMUNITY CENTERS OF SAN DIEGO</b>	Employer identification number <b>95-2850121</b>
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**Part I Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	CYNTHIA FATICA ----- 525 14TH STREET, STE 200 ----- SAN DIEGO, CA 92101 -----	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	TERRY FILIPPI ----- 525 14TH STREET, STE 200 ----- SAN DIEGO, CA 92101 -----	\$ 5,105.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	NORTH ISLAND CREDIT UNION ----- 525 14TH STREET, STE 200 ----- SAN DIEGO, CA 92101 -----	\$ 5,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	MR & MRS FRED HALLET ----- 525 14TH STREET, STE 200 ----- SAN DIEGO, CA 92101 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	HAEYOUNG TANG ----- 525 14TH STREET, STE 200 ----- SAN DIEGO, CA 92101 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	MICHELLE STERLING ----- 525 14TH STREET, STE 200 ----- SAN DIEGO, CA 92101 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

SENIOR COMMUNITY CENTERS OF SAN DIEGO

95-2850121

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	ROBERT E PRICE ----- 525 14TH STREET, STE 200 ----- SAN DIEGO, CA 92101 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
44	MR & MRS STEPHEN A MILLER ----- 525 14TH STREET, STE 200 ----- SAN DIEGO, CA 92101 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
45	SD DOWNTOWN BREAKFAST ROTARY CLUB ----- 525 14TH STREET, STE 200 ----- SAN DIEGO, CA 92101 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

SENIOR COMMUNITY CENTERS OF SAN DIEGO

Employer identification number

95-2850121

**Part II** Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
16	PROFESSIONAL SERVICES		
		\$ 179,843.	
18	DONATED FACILITIES		
		\$ 48,288.	
19	DONATED FACILITIES		
		\$ 83,158.	
20	DONATED FACILITIES		
		\$ 7,325.	
21	PRO BONO LEGAL FEES		
		\$ 30,612.	
		\$	

BAA

Name of organization

Employer identification number

SENIOR COMMUNITY CENTERS OF SAN DIEGO

95-2850121

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

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

(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

# 2009 Corporation Depreciation and Amortization

**3885**

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

Corporation name <b>SENIOR COMMUNITY CENTERS OF SAN DIEGO</b>	California corporation number <b>D-0679863</b>
--	---

**Part I Election to Expense Certain Property Under IRC Section 179**

1 Maximum deduction under Section 179 for California.....	1	\$25,000
2 Total cost of Section 179 property placed in service.....	2	
3 Threshold cost of Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected Section 179 cost).....	7	
8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2010. 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**

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
BUILDING IMPROVE	12/31/90	25,737.	21,815.	S/L	38	817.	
BUILDING IMPROVE	12/31/90	142,259.	120,583.	S/L	38	4,513.	
WATER HEATER	6/27/95	2,400.	2,400.	S/L	10		
DOOR, SECURITY L	6/27/95	1,190.	1,190.	S/L	10		
TILE/CARPET	6/08/95	7,853.	7,852.	S/L	10		
NEW OUTSIDE SIGN	12/15/99	4,014.	4,012.	S/L	10	2.	
ELECTRICAL	12/15/99	1,289.	1,289.	S/L	10		
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....	15					112,486.	

**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	112,486.
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

**Part IV Amortization**

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
LOAN COSTS	4/11/09	8,277.	2,759.		1	5,518.
LOAN COSTS	8/19/09	73,868.			7	8,794.
20 Total. Add the amounts in column (g).....	20					14,312.
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					

# 2009 Corporation Depreciation and Amortization

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Corporation name <b>SENIOR COMMUNITY CENTERS OF SAN DIEGO</b>	California corporation number <b>D-0679863</b>
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**Part I Election to Expense Certain Property Under IRC Section 179**

1 Maximum deduction under Section 179 for California.....	1	\$25,000
2 Total cost of Section 179 property placed in service.....	2	
3 Threshold cost of Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected Section 179 cost)..... 7		
8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2010. 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**

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
AIR CONDITIONING	12/15/99	16,251.	16,251.	S/L	10		
BRDWAY DOORS	3/29/00	14,635.	14,638.	S/L	10		
WINDOW COVERINGS	6/28/00	4,140.	4,139.	S/L	10	1.	
DESKS/CHAIRS	10/13/95	293.	293.	S/L	5		
PC NETWORK SYSTE	6/07/96	12,758.	12,758.	S/L	5		
VCR: HSU110 MITS	6/28/96	226.	226.	S/L	5		
TV: TS2542 MAGNA	6/30/96	300.	300.	S/L	5		
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

**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
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	18
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

**Part IV Amortization**

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



# 2009 Corporation Depreciation and Amortization

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Attach to Form 100 or Form 100W. FORM 199

Corporation name <b>SENIOR COMMUNITY CENTERS OF SAN DIEGO</b>	California corporation number <b>D-0679863</b>
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**Part I Election to Expense Certain Property Under IRC Section 179**

1 Maximum deduction under Section 179 for California.....	1	\$25,000
2 Total cost of Section 179 property placed in service.....	2	
3 Threshold cost of Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected Section 179 cost)..... 7		
8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2010. 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**

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
PHONE SYSTEM: CO	6/30/96	11,407.	11,407.	S/L	5		
PC EQMT/SFWARE I	10/07/96	429.	429.	S/L	5		
2 SONY CELLULAR	3/10/97	472.	472.	S/L	5		
PC HARD DRIVE, M	6/30/97	513.	513.	S/L	5		
REFRIGERATOR, RO	9/11/97	439.	439.	S/L	5		
NOTEBK, EPS: (1) PE	11/19/97	2,098.	2,098.	S/L	5		
SOFTWARE, WD5.1	1/31/98	430.	430.	S/L	5		
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

**Part III Summary**

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

**Part IV Amortization**

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

# 2009 Corporation Depreciation and Amortization

**3885**

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

Corporation name <b>SENIOR COMMUNITY CENTERS OF SAN DIEGO</b>	California corporation number <b>D-0679863</b>
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**Part I Election to Expense Certain Property Under IRC Section 179**

1 Maximum deduction under Section 179 for California.....	1	\$25,000
2 Total cost of Section 179 property placed in service.....	2	
3 Threshold cost of Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected Section 179 cost)..... 7		
8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2010. 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**

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
NOTEBK, EPS: (2)	2/13/98	4,341.	4,341.	S/L	5		
HARDWARE, (6) MEM	2/18/98	1,637.	1,637.	S/L	5		
HARDWARE, (4) ME	5/31/98	208.	208.	S/L	5		
PRINTER/SCANNER,	5/31/98	500.	500.	S/L	5		
NOTEBKS, EPS: ME	6/09/98	582.	582.	S/L	5		
CHAIRS, TASK, (1	6/11/98	1,284.	1,284.	S/L	5		
CHAIRS, TASK, AR	6/11/98	450.	450.	S/L	5		
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

**Part III Summary**

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

**Part IV Amortization**

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

2009 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (SENIOR COMMUNITY CENTERS OF SAN DIEGO) and California corporation number (D-0679863).

Part I Election to Expense Certain Property Under IRC Section 179

Table with 13 rows for Section 179 election, including lines 1-5 for cost and limitation, and lines 6-13 for detailed property listing and totals.

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

Table with 15 rows for depreciation, including columns for description, date, cost, depreciation allowed, method, life, and depreciation for this year.

Part III Summary

Table with 3 rows (16-18) for summary of depreciation, including total expense, total depreciation claimed, and adjustment.

Part IV Amortization

Table with 22 rows for amortization, including columns for description, date, cost, amortization allowed, R&TC section, and amortization for this year.

**2009 Corporation Depreciation and Amortization**

**3885**

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

Corporation name <b>SENIOR COMMUNITY CENTERS OF SAN DIEGO</b>	California corporation number <b>D-0679863</b>
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**Part I Election to Expense Certain Property Under IRC Section 179**

1 Maximum deduction under Section 179 for California.....	1	\$25,000
2 Total cost of Section 179 property placed in service.....	2	
3 Threshold cost of Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected Section 179 cost)..... 7		
8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2010. 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**

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
OVAN, MICROWAVE	6/23/99	1,580.	1,580.	S/L	5		
OVAN, MICROWAVE	6/28/99	3,107.	3,107.	S/L	5		
PC, PARKARD BELL	6/28/99	1,110.	1,110.	S/L	5		
WORKSTATION	6/30/99	8,189.	8,189.	S/L	5		
COMPUTER/MONITOR	9/24/99	1,185.	1,185.	S/L	5		
COMP FIREWALL	2/28/00	629.	629.	S/L	5		
TABLES & CHAIRS	6/25/00	9,920.	9,920.	S/L	5		
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

**Part III Summary**

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

**Part IV Amortization**

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

**2009 Corporation Depreciation and Amortization**

**3885**

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Corporation name <b>SENIOR COMMUNITY CENTERS OF SAN DIEGO</b>	California corporation number <b>D-0679863</b>
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**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

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PHONE SYS UPGRAD	3/29/00	3,877.	3,877.	S/L	5		
PHONE SYS UPGRAD	5/10/00	2,127.	2,127.	S/L	5		
SERVER	3/06/00	4,303.	4,303.	S/L	5		
DELL COMPUTER	3/06/00	1,184.	1,184.	S/L	5		
DELL COMPUTER	3/06/00	1,184.	1,184.	S/L	5		
REFRIGERATOR, 2-	8/23/94	2,322.	2,322.	S/L	5		
TOASTER, TOASTMA	10/31/94	535.	535.	S/L	5		
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

**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
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	18
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

**Part IV Amortization**

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
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# 2009 Corporation Depreciation and Amortization

**3885**

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Corporation name <b>SENIOR COMMUNITY CENTERS OF SAN DIEGO</b>	California corporation number <b>D-0679863</b>
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8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
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10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2010. 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**

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
MEAL CARD SWIPE	4/06/95	5,040.	5,040.	S/L	5		
TOASTER, TOASTMA	6/19/95	508.	508.	S/L	5		
CART, THRIFT-1,	6/27/95	297.	297.	S/L	5		
POLISHER, POWRFL	6/30/95	965.	965.	S/L	5		
POLISHER ATTACHM	6/30/95	143.	143.	S/L	5		
VAC, WET/DRY, PO	6/29/95	460.	460.	S/L	5		
REFRIGERATOR, 2-	6/30/95	1,991.	1,991.	S/L	5		
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

**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
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	18
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

**Part IV Amortization**

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

**2009 Corporation Depreciation and Amortization**

**3885**

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

Corporation name <b>SENIOR COMMUNITY CENTERS OF SAN DIEGO</b>	California corporation number <b>D-0679863</b>
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**Part I Election to Expense Certain Property Under IRC Section 179**

1 Maximum deduction under Section 179 for California.....	<b>1</b>	\$25,000									
2 Total cost of Section 179 property placed in service.....	<b>2</b>										
3 Threshold cost of Section 179 property before reduction in limitation.....	<b>3</b>	\$200,000									
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	<b>4</b>										
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	<b>5</b>										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;"><b>6</b> (a) Description of property</td> <td style="width:20%;"><b>(b)</b> Cost (business use only)</td> <td style="width:35%;"><b>(c)</b> Elected cost</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			<b>6</b> (a) Description of property	<b>(b)</b> Cost (business use only)	<b>(c)</b> Elected cost						
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7 Listed property (elected Section 179 cost).....	<b>7</b>										
8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7.....	<b>8</b>										
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	<b>9</b>										
10 Carryover of disallowed deduction from prior taxable years.....	<b>10</b>										
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	<b>11</b>										
12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	<b>12</b>										
13 Carryover of disallowed deduction to 2010. Add line 9 and line 10, less line 12.....	<b>13</b>										

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

14	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	TABLES, 60"	6/30/95	1,201.	1,201.	S/L	5		
	TREADMILL, BIKE,	5/28/99	4,565.	4,565.	S/L	5		
	CAR, MITSUBIS,	6/18/98	7,095.	7,095.	S/L	5		
	VAN, FORD E-150,	6/23/00	19,324.	19,324.	S/L	5		
	COMPUTER EQUIPME	6/30/00	2,539.	2,539.	S/L	5		
	COMPUTER EQUIPME	3/06/00	226.	226.	S/L	5		
	OFFICE DIVIDERS	6/30/00	3,000.	3,000.	S/L	5		
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....							<b>15</b>	

**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).....	<b>16</b>	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	<b>17</b>	
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.).....	<b>18</b>	

**Part IV Amortization**

19	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....							<b>20</b>
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....							<b>21</b>
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.....							<b>22</b>

# 2009 Corporation Depreciation and Amortization

**3885**

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Corporation name <b>SENIOR COMMUNITY CENTERS OF SAN DIEGO</b>	California corporation number <b>D-0679863</b>
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**Part I Election to Expense Certain Property Under IRC Section 179**

1 Maximum deduction under Section 179 for California.....	1	\$25,000
2 Total cost of Section 179 property placed in service.....	2	
3 Threshold cost of Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected Section 179 cost)..... 7		
8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
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**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
WEB SITE	6/30/00	5,100.	5,100.	S/L	5		
OTHER EQUIP	6/30/00	290.	290.	S/L	5		
VIDEO CAMERA (DI	3/27/01	860.	860.	S/L	5		
PHONE SYSTEM	6/27/01	10,296.	10,295.	S/L	5		
DELL COMPUTER-SE	6/28/01	2,562.	2,560.	S/L	5		
AIM-S-NETWORK	8/18/00	2,385.	2,386.	S/L	5		
DELL COMP	12/31/00	935.	936.	S/L	5		
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

**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	
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18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

**Part IV Amortization**

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



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6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected Section 179 cost).....	7	
8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
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**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
DELL COMP	1/21/01	863.	865.	S/L	5		
DELL COMP	1/21/01	863.	865.	S/L	5		
DELL COMP	1/21/01	863.	865.	S/L	5		
EXECUTIVE DESKS	6/15/01	4,500.	4,500.	S/L	5		
FLOOR MACHINE	1/11/01	2,483.	2,485.	S/L	5		
VAN, DODGE DAKOT	2/25/02	33,074.	33,074.	S/L	5		
WATER HEATERS	12/28/01	3,326.	3,326.	S/L	7		
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....					15		

**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
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	18
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**Part IV Amortization**

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....					20	
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<b>6</b> (a) Description of property	(b) Cost (business use only)	(c) Elected cost
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8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7.....	<b>8</b>	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	<b>9</b>	
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**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
APPLIANCES	10/08/01	896.	896.	S/L	5		
DELL COMPUTER (2)	6/24/02	2,182.	2,182.	S/L	5		
DELL COMPUTER (3)	10/01/01	2,270.	2,270.	S/L	5		
FOOD PROCESSOR	11/29/01	2,391.	2,391.	S/L	5		
FOOD SLICER	11/29/01	2,150.	2,150.	S/L	5		
CONVECTION STEAM	11/29/01	10,638.	10,638.	S/L	5		
STACK CONVECTION	11/29/01	5,120.	5,120.	S/L	5		
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						<b>15</b>	

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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).....	<b>16</b>	
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**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

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	BLAST CHILLER	11/29/01	10,126.	10,126.	S/L	5			
	RANGE WITH OVEN	11/29/01	2,868.	2,868.	S/L	5			
	RANGE 6 O.B.	11/29/01	1,267.	1,267.	S/L	5			
	ICE MAKER-MODULA	11/29/01	2,688.	2,688.	S/L	5			
	FOOD WARMER	11/29/01	1,715.	1,715.	S/L	5			
	WIRE BASKETS	11/29/01	2,243.	2,243.	S/L	5			
	TILTING SKILLET	11/29/01	4,163.	4,163.	S/L	5			
15	Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						<b>15</b>		

**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).....	<b>16</b>	
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**2009 Corporation Depreciation and Amortization**

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MISC FURNITURE	6/27/02	10,124.	10,124.	S/L	5		
DOORS	11/30/01	5,230.	5,230.	S/L	7		
KITCHEN IMPROVEM	11/30/02	9,104.	8,258.	S/L	10	846.	
PHONE SYSTEM	6/30/03	7,511.	7,511.	S/L	5		
PHONE SYSTEM	8/15/03	3,045.	3,045.	S/L	5		
OUTDOOR SIGNS/DO	6/30/04	16,994.	16,994.	S/L	5		
SERVER - BROADWA	6/09/04	2,639.	2,639.	S/L	5		
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

**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	16
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	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	18

**Part IV Amortization**

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year	
20 Total. Add the amounts in column (g).....						20	20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21	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	22

# 2009 Corporation Depreciation and Amortization

**3885**

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

Corporation name <b>SENIOR COMMUNITY CENTERS OF SAN DIEGO</b>	California corporation number <b>D-0679863</b>
--	---

**Part I Election to Expense Certain Property Under IRC Section 179**

1 Maximum deduction under Section 179 for California.....	1	\$25,000
2 Total cost of Section 179 property placed in service.....	2	
3 Threshold cost of Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected Section 179 cost)..... 7		
8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2010. 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**

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
OUTDOOR FURNITUR	6/30/04	12,537.	12,537.	S/L	5		
WINDOW BLINDS -	6/30/04	2,498.	2,498.	S/L	5		
JIB CRANE & BASK	6/30/04	21,051.	21,051.	S/L	5		
HOT FOOD TABLE -	6/30/04	1,406.	1,406.	S/L	5		
WIRE BASKETS	6/30/04	3,414.	3,414.	S/L	5		
WATER SOFTNERS -	6/30/04	4,407.	4,407.	S/L	5		
WINDOW TINTING	6/30/04	2,800.	2,800.	S/L	5		
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

**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
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	18
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

**Part IV Amortization**

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

# 2009 Corporation Depreciation and Amortization

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1 Maximum deduction under Section 179 for California.....	1	\$25,000
2 Total cost of Section 179 property placed in service.....	2	
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4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected Section 179 cost).....	7	
8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2010. 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**

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
VAN, 2005 FORD E	6/09/05	22,116.	18,061.	S/L	5	4,055.	
MEALSTAR DELIVER	5/23/05	31,105.	25,402.	S/L	5	5,702.	
GROEN TILT SKILL	6/29/05	11,308.	9,048.	S/L	5	2,260.	
GROEN STEAMER W/	6/29/05	12,036.	9,628.	S/L	5	2,408.	
FURNITURE-DINING	6/29/05	20,879.	17,047.	S/L	5	3,832.	
TRAULSEN ROLL IN	6/29/05	4,489.	3,667.	S/L	5	822.	
GARLAND CONVECTI	6/29/05	7,375.	6,060.	S/L	5	1,315.	
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....					15		

**Part III Summary**

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

**Part IV Amortization**

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

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2 Total cost of Section 179 property placed in service.....	2	
3 Threshold cost of Section 179 property before reduction in limitation.....	3	\$200,000
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5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected Section 179 cost)..... 7		
8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2010. 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**

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
EXCHANGE SERVER	5/13/06	5,175.	3,259.	S/L	5	1,025.	
LAPTOP	2/14/06	2,054.	1,403.	S/L	5	411.	
SERVER - PFSR	12/25/05	4,847.	3,392.	S/L	5	969.	
COOK CHILL KETTL	6/27/06	84,988.	50,994.	S/L	5	16,998.	
ERGO SERVER TABL	6/26/06	9,919.	5,952.	S/L	5	1,984.	
145 FILL TRAY SE	6/26/06	18,851.	11,310.	S/L	5	3,770.	
MEAL TRUCK ADD'L	9/25/05	3,027.	3,027.	S/L	4		
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

**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
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	18
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

**Part IV Amortization**

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

# 2009 Corporation Depreciation and Amortization

**3885**

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Corporation name <b>SENIOR COMMUNITY CENTERS OF SAN DIEGO</b>	California corporation number <b>D-0679863</b>
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**Part I Election to Expense Certain Property Under IRC Section 179**

1 Maximum deduction under Section 179 for California.....	1	\$25,000
2 Total cost of Section 179 property placed in service.....	2	
3 Threshold cost of Section 179 property before reduction in limitation.....	3	\$200,000
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5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected Section 179 cost)..... 7		
8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2010. 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**

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
FOUNTAIN	3/31/06	28,325.	9,207.	S/L	10	2,832.	
GREASE TRAP	6/13/06	1,500.	1,500.	S/L	2		
REFRIGERATORS	12/22/06	34,074.	17,037.	S/L	5	6,815.	
REFRIGERATORS	1/18/07	27,505.	13,294.	S/L	5	5,501.	
REFRIGERATORS	3/02/07	20,526.	9,578.	S/L	5	4,105.	
CLEANING EQUIPME	6/29/07	3,754.	1,498.	S/L	5	751.	
2008 FORD E-150	6/20/08	22,260.	4,451.	S/L	5	4,452.	
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

**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
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

**Part IV Amortization**

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



2009 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with 2 columns: Corporation name (SENIOR COMMUNITY CENTERS OF SAN DIEGO) and California corporation number (D-0679863)

Part I Election to Expense Certain Property Under IRC Section 179

Table with 5 columns for lines 1-13. Line 1: \$25,000; Line 3: \$200,000. Includes sub-table for description, cost, and elected cost.

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

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Depreciation allowed or allowable in earlier years, (e) Depreciation method, (f) Life or rate, (g) Depreciation for this year, (h) Additional first year depreciation. Includes items like FIREWALL VPN, LAPTOP, SLICER SEMI AUTO.

Part III Summary

Table with 2 columns for lines 16-18. Line 16: Total depreciation claimed for federal purposes from federal Form 4562, line 22.

Part IV Amortization

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Amortization allowed or allowable in earlier years, (e) R&TC section (see instr), (f) Period or percentage, (g) Amortization for this year. Includes lines 20-22.

# 2009 Corporation Depreciation and Amortization

**3885**

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

Corporation name <b>SENIOR COMMUNITY CENTERS OF SAN DIEGO</b>	California corporation number <b>D-0679863</b>
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**Part I Election to Expense Certain Property Under IRC Section 179**

1 Maximum deduction under Section 179 for California.....	1	\$25,000
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3 Threshold cost of Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected Section 179 cost).....	7	
8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2010. 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**

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
UTILITY CART	6/20/08	522.	104.	S/L	5	104.	
NEW AGE PAN RACK	6/20/08	1,483.	297.	S/L	5	297.	
COOLER RACK	6/20/08	1,435.	287.	S/L	5	287.	
UTILITY CARTS	6/20/08	26,955.	5,391.	S/L	5	5,391.	
ROBOT COUPE	6/20/08	7,872.	1,574.	S/L	5	1,574.	
UTILITY CARTS	6/20/08	1,047.	209.	S/L	5	209.	
COMPUTER FOR DEV	2/12/09	1,284.	86.	S/L	5	257.	
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....					15		

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

**Part IV Amortization**

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....					20	
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SLICERS & DICERS	7/03/08	1,013.	186.	S/L	5	203.	
NEW COMPUTRITION	2/19/09	46,077.	3,072.	S/L	5	9,256.	
CIP - WS WELLNES	6/30/09	314,863.		S/L	40		
BUILDING - WSW C	4/14/09	1,750,000.	12,760.	S/L	40		
LAND - WS WELLNE	4/14/09	2,500,000.			0		
SAN DIEGO RETAUR	6/30/09	99,226.		S/L	5		
NEW PHONE SYSTEM	7/31/09	59,680.		S/L	5	10,941.	
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....					15		

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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	16
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	17
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**Part IV Amortization**

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20 Total. Add the amounts in column (g).....					20	20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....					21	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	22

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9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2010. 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**

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation	
DELL COMPUTERS	8/31/09	7,106.		S/L	5	1,184.		
SERVER REPAIR	8/31/09	7,979.		S/L	5	1,330.		
KITCHEN CIRCUIT	10/26/09	3,090.		S/L	5	412.		
PHOTO IS SYSTEM	3/31/10	1,624.		S/L	5	108.		
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....							15	

**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	16,000
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	16,000
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

**Part IV Amortization**

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						
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.....						

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SENIOR COMMUNITY CENTERS OF SAN DIEGO

95-2850121

5/10/11

10:25AM

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

INCOME FROM SPECIAL EVENTS.....	\$	14,082.
OTHER INVESTMENT INCOME.....		303,234.
PROGRAM SERVICE REVENUE.....		579,626.
	TOTAL \$	<u>896,942.</u>

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

**CURRENT OFFICERS:**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
DALE GOLDMAN 525 14TH STREET SAN DIEGO, CA 92101	DIRECTOR 0.20	\$ 0.	\$ 0.	\$ 0.
NANCY VAUGHAN 525 14TH STREET SAN DIEGO, CA 92101	DIRECTOR 0.20	0.	0.	0.
SUSAN BOYLE, ESQ 525 14TH STREET SAN DIEGO, CA 92101	DIRECTOR 0.20	0.	0.	0.
JONATHAN HELLER 525 14TH STREET SAN DIEGO, CA 92101	DIRECTOR 0.20	0.	0.	0.
ROBERT BERNSTEIN 525 14TH STREET SAN DIEGO, CA 92101	DIRECTOR 0.20	0.	0.	0.
MICHELLE STERLING 525 14TH STREET SAN DIEGO, CA 92101	DIRECTOR 0.20	0.	0.	0.
ROSALIE GEREVAS 525 14TH STREET SAN DIEGO, CA 92101	DIRECTOR 0.20	0.	0.	0.
WILL BEAMER 525 14TH STREET SAN DIEGO, CA 92101	VICE-CHAIR FIN 0.20	0.	0.	0.
SUSAN A CHANNICK 525 14TH STREET SAN DIEGO, CA 92101	DIRECTOR 0.20	0.	0.	0.

5/10/11

10:25AM

**STATEMENT 2 (CONTINUED)**  
**FORM 199, PART II, LINE 11**

**COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CHRIS GOLD 525 14TH STREET SAN DIEGO, CA 92101	DIRECTOR 0.20	\$ 0.	\$ 0.	\$ 0.
TANA L CLEAVES 525 14TH STREET SAN DIEGO, CA 92101	DIRECTOR 0.20	0.	0.	0.
MAUREEN PIWOWARSKI 525 14TH STREET, STE 200 SAN DIEGO, CA 92104	COO & SECRETARY 40.00	113,352.	0.	0.
PAUL DOWNEY 525 14TH STREET SAN DIEGO, CA 92101	PRESIDENT & CEO 40.00	168,912.	0.	0.
SHEILA POTIKER 525 14TH STREET SAN DIEGO, CA 92101	DIRECTOR 0.20	0.	0.	0.
ARLENE PRATER, ESQ 525 14TH STREET SAN DIEGO, CA 92101	DIRECTOR 0.20	0.	0.	0.
MARK SHERWIN 525 14TH STREET SAN DIEGO, CA 92101	DIRECTOR 0.20	0.	0.	0.
MARGE SCHMALE 525 14TH STREET SAN DIEGO, CA 92101	BOARD CHAIR 0.20	0.	0.	0.
JANET STANNARD 525 14TH STREET SAN DIEGO, CA 92101	DIRECTOR 0.20	0.	0.	0.
KATHY PARKER 525 14TH STREET SAN DIEGO, CA 92101	DIRECTOR 0.20	0.	0.	0.
JOY VACCARI 525 14TH STREET SAN DIEGO, CA 92101	DIRECTOR 0.20	0.	0.	0.
ANNE DE MEULES MYERS 525 14TH STREET SAN DIEGO, CA 92101	DIRECTOR 0.20	0.	0.	0.

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

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DEBI ZUMTOBEL 525 14TH STREET SAN DIEGO, CA 92101	DIRECTOR 0.20	\$ 0.	\$ 0.	\$ 0.
TOTAL		<u>\$ 282,264.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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

AMORTIZATION.....	\$ 14,312.
AUTO.....	41,085.
CONSULTANTS.....	49,347.
EQUIPMENT.....	39,062.
FOOD COST.....	977,974.
INSURANCE.....	22,294.
MAIL HOUSE SERVICES.....	86,395.
OTHER.....	42,900.
PAYMENTS TO AFFILIATES.....	2,477,055.
PENSION PLAN CONTRIBUTIONS.....	219,708.
POSTAGE AND SHIPPING.....	2,642.
PRINTING AND PUBLICATIONS.....	5,389.
PROFESSIONAL FEES.....	19,810.
PROGRAM SERVICES.....	264,051.
REPAIRS & MAINTENANCE.....	31,707.
SPECIAL EVENT EXPENSES.....	31,789.
SUPPLIES.....	145,592.
TELEPHONE.....	26,448.
TRAVEL.....	13,808.
TOTAL	<u>\$ 4,511,368.</u>

**STATEMENT 4  
FORM 199, SCHEDULE L, LINE 7  
INVESTMENTS IN STOCKS**

INVESTMENT IN BONDS.....	\$ 1,139,205.
INVESTMENT IN EQUITY FUND.....	0.
INVESTMENT IN WEBMD.....	653,962.
TOTAL	<u>\$ 1,793,167.</u>

5/10/11

10:25AM

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

ACCRUED INTEREST RECEIVABLE.....	609,315.
DEPOSITS.....	3,612.
NET INTANGIBLE ASSETS.....	65,074.
PREPAID EXPENSES AND DEFERRED CHARGES.....	9,501.
TOTAL	\$ <u>687,502.</u>

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

ACCRUED INTEREST PAYABLE.....	587,452.
ACCRUED VACATION.....	183,108.
CAPITAL LEASE OBLIGATIONS.....	52,140.
DEFERRED REVENUE.....	436,705.
PAYROLL LIABILITIES.....	76,136.
TOTAL	\$ <u>1,335,541.</u>

**STATEMENT 7**  
**FORM 199, SCHEDULE M-1, LINE 7**  
**INCOME RECORDED ON BOOKS NOT ON RETURN**

UNREALIZED GAINS.....	\$ 101,258.
TOTAL	\$ <u>101,258.</u>



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

**WEBSITE 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 <u>015232</u>  <b>SENIOR COMMUNITY CENTERS OF SAN DIEGO</b> <small>Name of Organization</small> <u>525 14TH STREET, 2ND FLOOR ADMIN</u> <small>Address (Number and Street)</small> <u>SAN DIEGO, CA 92101</u> <small>City or Town State ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report  Corporate or Organization No. <u>D-0679863</u>  Federal Employer ID No. <u>95-2850121</u>
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**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 7/01/09 ending 6/30/10) list:  
 Gross annual revenue \$ 6,976,174. Total assets \$ 21,931,118.

**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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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. <span style="float: right;"><b>SEE STATEMENT 1</b></span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number (619) 235-6572

Organization's e-mail address SERVINGSENIORS@SERVINGSENIORS.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 <u>PAUL DOWNEY</u>	Printed Name <u>PAUL DOWNEY</u>	Title <u>PRESIDENT &amp; CEO</u>	Date
---	------------------------------------	-------------------------------------	------

5/10/11

10:25AM

**STATEMENT 1  
FORM RRF-1, PART B, LINE 6  
GOVERNMENT AGENCY THAT PROVIDED FUNDING**

COUNTY OF SAN DIEGO  
AGING AND INDEPENDENCE SERVICES  
9335 HAZARD WAY  
SAN DIEGO CA 92123  
JUDY WONG 619-235-6572

COUNTY OF SAN DIEGO  
COUNTY ADMINISTRATION CENTER  
1600 PACIFIC HIGHWAY

CLIENT 01-115

SENIOR COMMUNITY CENTERS OF SAN DIEGO

95-2850121

5/10/11

10:25AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 199										
AMORTIZATION										
147	LOAN COSTS	4/11/09		8,277			2,759	S/L	1	5,518
148	LOAN COSTS	8/19/09		73,868				S/L	7	8,794
TOTAL AMORTIZATION				82,145		0	2,759			14,312
AUTO / TRANSPORT EQUIPMENT										
59	CAR, MITSUBIBIS, EXPO,93	6/18/98		7,095			7,095	S/L	5	0
60	VAN, FORD E-150, 2000	6/23/00		19,324			19,324	S/L	5	0
76	VAN, DODGE DAKOTA	2/25/02		33,074			33,074	S/L	5	0
106	VAN, 2005 FORD E-150	6/09/05		22,116			18,061	S/L	5	4,055
107	MEALSTAR DELIVERY TRUCK	5/23/05		31,105			25,402	S/L	5	5,702
119	MEAL TRUCK ADD'L COSTS	9/25/05		3,027			3,027	S/L	4	0
126	2008 FORD E-150 VAN	6/20/08		22,260			4,451	S/L	5	4,452
TOTAL AUTO / TRANSPORT EQUI				138,001		0	110,434			14,209
BUILDINGS										
144	BUILDING - WSW CENTER	4/14/09	7/01/09	1,750,000			12,760	S/L	40	0
TOTAL BUILDINGS				1,750,000		0	12,760			0
IMPROVEMENTS										
1	BUILDING IMPROVEMENTS	12/31/90		25,737			21,815	S/L	37.5	817
2	BUILDING IMPROVEMENTS	12/31/90		142,259			120,583	S/L	37.5	4,513
3	WATER HEATER	6/27/95		2,400			2,400	S/L	10	0
4	DOOR, SECURITY LOBBY	6/27/95		1,190			1,190	S/L	10	0
5	TILE/CARPET	6/08/95		7,853			7,852	S/L	10	0
6	NEW OUTSIDE SIGNAGE	12/15/99		4,014			4,012	S/L	10	2
7	ELECTRICAL	12/15/99		1,289			1,289	S/L	10	0
8	AIR CONDITIONING	12/15/99		16,251			16,251	S/L	10	0
9	BRDWAY DOORS	3/29/00		14,635			14,638	S/L	10	0
10	WINDOW COVERINGS	6/28/00		4,140			4,139	S/L	10	1
77	WATER HEATERS	12/28/01		3,326			3,326	S/L	7	0
93	DOORS	11/30/01		5,230			5,230	S/L	7	0
94	KITCHEN IMPROVEMENTS	11/30/02		9,104			8,258	S/L	10	846
97	OUTDOOR SIGNS/DONOR WALL	6/30/04		16,994			16,994	S/L	5	0

CLIENT 01-115

SENIOR COMMUNITY CENTERS OF SAN DIEGO

95-2850121

5/10/11

10:25AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
100	WINDOW BLINDS - PFSR	6/30/04		2,498			2,498	S/L	5	0
105	WINDOW TINTING	6/30/04		2,800			2,800	S/L	5	0
120	FOUNTAIN	3/31/06		28,325			9,207	S/L	10	2,832
121	GREASE TRAP	6/13/06		1,500			1,500	S/L	1.8	0
143	CIP - WS WELLNESS CENTER	6/30/09	7/01/09	314,863				S/L	40	0
	TOTAL IMPROVEMENTS			604,408		0	243,982			9,011
	LAND									
145	LAND - WS WELLNESS CENTER	4/14/09	7/01/09	2,500,000						0
	TOTAL LAND			2,500,000		0	0			0
	MACHINERY AND EQUIPMENT									
11	DESKS/CHAIRS	10/13/95		293			293	S/L	5	0
12	PC NETWORK SYSTEM	6/07/96		12,758			12,758	S/L	5	0
13	VCR: HSU110 MITSUBISHI	6/28/96		226			226	S/L	5	0
14	TV: TS2542 MAGNAVOX	6/30/96		300			300	S/L	5	0
15	PHONE SYSTEM: COMM+	6/30/96		11,407			11,407	S/L	5	0
16	PC EQMT/SFWARE INSTALL	10/07/96		429			429	S/L	5	0
17	2 SONY CELLULAR PHONES	3/10/97		472			472	S/L	5	0
18	PC HARD DRIVE, MB, MEM	6/30/97		513			513	S/L	5	0
19	REFRIGERATOR, ROPER	9/11/97		439			439	S/L	5	0
20	NOTEBK, EPS:(1)PENTIUM	11/19/97		2,098			2,098	S/L	5	0
21	SOFTWARE, WD5.1	1/31/98		430			430	S/L	5	0
22	NOTEBK, EPS:(2) PENTIUM	2/13/98		4,341			4,341	S/L	5	0
23	HARDWARE,(6)MEM UPGRADE	2/18/98		1,637			1,637	S/L	5	0
24	HARDWARE, (4) MEM UPGRADE	5/31/98		208			208	S/L	5	0
25	PRINTER/SCANNER, BANNER	5/31/98		500			500	S/L	5	0
26	NOTEBKS, EPS: MEM UPGRADE	6/09/98		582			582	S/L	5	0
27	CHAIRS, TASK, (11) BUR	6/11/98		1,284			1,284	S/L	5	0
28	CHAIRS, TASK, ARM (3) BUR	6/11/98		450			450	S/L	5	0
29	SOFTWARE:DONOR PREF	6/15/98		6,291			6,291	S/L	5	0
30	PC HW: HD, PORT, BU TAPE	6/29/98		2,583			2,583	S/L	5	0
31	PC, PENT II, 233, 32MEG	6/30/98		1,640			1,640	S/L	5	0
32	SOFTWARE: MIP ACCOUNTING	6/30/98		10,930			10,930	S/L	5	0
33	PRINTER, LASERJET110	2/23/99		400			400	S/L	5	0
34	REFRIGERATORS	6/23/99		12,727			12,727	S/L	5	0
35	RETHEM CABINET, CARTER-	6/23/99		14,596			14,596	S/L	5	0

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10:25AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
36	OVAN, MICROWAVE AMANA RC2	6/23/99		1,580			1,580	S/L	5	0
37	OVAN, MICROWAVE PANASNE	6/28/99		3,107			3,107	S/L	5	0
38	PC, PARKARD BELL PENT II	6/28/99		1,110			1,110	S/L	5	0
39	WORKSTATION	6/30/99		8,189			8,189	S/L	5	0
40	COMPUTER/MONITOR	9/24/99		1,185			1,185	S/L	5	0
41	COMP FIREWALL	2/28/00		629			629	S/L	5	0
42	TABLES & CHAIRS	6/25/00		9,920			9,920	S/L	5	0
43	PHONE SYS UPGRADE	3/29/00		3,877			3,877	S/L	5	0
44	PHONE SYS UPGRADE	5/10/00		2,127			2,127	S/L	5	0
45	SERVER	3/06/00		4,303			4,303	S/L	5	0
46	DELL COMPUTER	3/06/00		1,184			1,184	S/L	5	0
47	DELL COMPUTER	3/06/00		1,184			1,184	S/L	5	0
48	REFRIGERATOR, 2-DR	8/23/94		2,322			2,322	S/L	5	0
49	TOASTER, TOASTMASTER	10/31/94		535			535	S/L	5	0
50	MEAL CARD SWIPE	4/06/95		5,040			5,040	S/L	5	0
51	TOASTER, TOASTMASTER	6/19/95		508			508	S/L	5	0
52	CART, THRIFT-1, 2 SHELF	6/27/95		297			297	S/L	5	0
53	POLISHER, POWRFLITE	6/30/95		965			965	S/L	5	0
54	POLISHER ATTACHMENTS	6/30/95		143			143	S/L	5	0
55	VAC, WET/DRY, POWRFLITE	6/29/95		460			460	S/L	5	0
56	REFRIGERATOR, 2-DR	6/30/95		1,991			1,991	S/L	5	0
57	TABLES, 60"	6/30/95		1,201			1,201	S/L	5	0
58	TREADMILL, BIKE, WGHTS	5/28/99		4,565			4,565	S/L	5	0
61	COMPUTER EQUIPMENT	6/30/00		2,539			2,539	S/L	5	0
62	COMPUTER EQUIPMENT	3/06/00		226			226	S/L	5	0
63	OFFICE DIVIDERS	6/30/00		3,000			3,000	S/L	5	0
64	WEB SITE	6/30/00		5,100			5,100	S/L	5	0
65	OTHER EQUIP	6/30/00		290			290	S/L	5	0
66	VIDEO CAMERA (DIGITAL)	3/27/01		860			860	S/L	5	0
67	PHONE SYSTEM	6/27/01		10,296			10,295	S/L	5	0
68	DELL COMPUTER-SERVER	6/28/01		2,562			2,560	S/L	5	0
69	AIM-S-NETWORK	8/18/00		2,385			2,386	S/L	5	0
70	DELL COMP	12/31/00		935			936	S/L	5	0
71	DELL COMP	1/21/01		863			865	S/L	5	0
72	DELL COMP	1/21/01		863			865	S/L	5	0
73	DELL COMP	1/21/01		863			865	S/L	5	0
74	EXECUTIVE DESKS (3)	6/15/01		4,500			4,500	S/L	5	0
75	FLOOR MACHINE	1/11/01		2,483			2,485	S/L	5	0
78	APPLIANCES	10/08/01		896			896	S/L	5	0

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5/10/11

10:25AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
79	DELL COMPUTER (2)	6/24/02		2,182			2,182	S/L	5	0
80	DELL COMPUTER (3)	10/01/01		2,270			2,270	S/L	5	0
81	FOOD PROCESSOR	11/29/01		2,391			2,391	S/L	5	0
82	FOOD SLICER	11/29/01		2,150			2,150	S/L	5	0
83	CONVECTION STEAMER	11/29/01		10,638			10,638	S/L	5	0
84	STACK CONVECTION OVEN	11/29/01		5,120			5,120	S/L	5	0
85	BLAST CHILLER	11/29/01		10,126			10,126	S/L	5	0
86	RANGE WITH OVEN	11/29/01		2,868			2,868	S/L	5	0
87	RANGE 6 O.B.	11/29/01		1,267			1,267	S/L	5	0
88	ICE MAKER-MODULAR CUBER	11/29/01		2,688			2,688	S/L	5	0
89	FOOD WARMER	11/29/01		1,715			1,715	S/L	5	0
90	WIRE BASKETS	11/29/01		2,243			2,243	S/L	5	0
91	TILTING SKILLET	11/29/01		4,163			4,163	S/L	5	0
92	MISC FURNITURE	6/27/02		10,124			10,124	S/L	5	0
95	PHONE SYSTEM	6/30/03		7,511			7,511	S/L	5	0
96	PHONE SYSTEM	8/15/03		3,045			3,045	S/L	5	0
98	SERVER - BROADWAY	6/09/04		2,639			2,639	S/L	5	0
99	OUTDOOR FURNITURE - PFSR	6/30/04		12,537			12,537	S/L	5	0
101	JIB CRANE & BASKET	6/30/04		21,051			21,051	S/L	5	0
102	HOT FOOD TABLE - 5 WELLS	6/30/04		1,406			1,406	S/L	5	0
103	WIRE BASKETS	6/30/04		3,414			3,414	S/L	5	0
104	WATER SOFTNERS - BOILERS	6/30/04		4,407			4,407	S/L	5	0
108	GROEN TILT SKILLET	6/29/05		11,308			9,048	S/L	5	2,260
109	GROEN STEAMER W/ H2O FILT	6/29/05		12,036			9,628	S/L	5	2,408
110	FURNITURE-DINING & REC	6/29/05		20,879			17,047	S/L	5	3,832
111	TRAULSEN ROLL IN REFER	6/29/05		4,489			3,667	S/L	5	822
112	GARLAND CONVECTION OVEN	6/29/05		7,375			6,060	S/L	5	1,315
113	EXCHANGE SERVER	5/13/06		5,175			3,259	S/L	5	1,025
114	LAPTOP	2/14/06		2,054			1,403	S/L	5	411
115	SERVER - PFSR	12/25/05		4,847			3,392	S/L	5	969
116	COOK CHILL KETTLE W/ COMP	6/27/06		84,988			50,994	S/L	5	16,998
117	ERGO SERVER TABLE TOP	6/26/06		9,919			5,952	S/L	5	1,984
118	145 FILL TRAY SEALER	6/26/06		18,851			11,310	S/L	5	3,770
122	REFRIGERATORS	12/22/06		34,074			17,037	S/L	5	6,815
123	REFRIGERATORS	1/18/07		27,505			13,294	S/L	5	5,501
124	REFRIGERATORS	3/02/07		20,526			9,578	S/L	5	4,105
125	CLEANING EQUIPMENT	6/29/07		3,754			1,498	S/L	5	751
127	FIREWALL VPN	7/14/07		1,429			548	S/L	5	286
128	NUTRITION COMPUTER	8/01/07		1,121			392	S/L	5	224

CLIENT 01-115

SENIOR COMMUNITY CENTERS OF SAN DIEGO

95-2850121

5/10/11

10:25AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
129	LAPTOP	10/18/07		2,462			820	S/L	5	492
130	LAPTOPS	1/31/08		5,112			1,448	S/L	5	1,022
131	COMPUTER	5/18/08		724			157	S/L	5	145
132	SLICER SEMI AUTOMATIC	6/16/08		5,883			1,177	S/L	5	1,177
133	DOUBLE DECK OVEN	6/16/08		7,004			1,401	S/L	5	1,401
134	UTILITY CART	6/20/08		522			104	S/L	5	104
135	NEW AGE PAN RACKS	6/20/08		1,483			297	S/L	5	297
136	COOLER RACK	6/20/08		1,435			287	S/L	5	287
137	UTILITY CARTS	6/20/08		26,955			5,391	S/L	5	5,391
138	ROBOT COUPE	6/20/08		7,872			1,574	S/L	5	1,574
139	UTILITY CARTS	6/20/08		1,047			209	S/L	5	209
140	COMPUTER FOR DEVELOPMENT	2/12/09		1,284			86	S/L	5	257
141	SLICERS & DICERS	7/03/08		1,013			186	S/L	5	203
142	NEW COMPUTRITION PROGRAM	2/19/09		46,077			3,072	S/L	5	9,256
146	SAN DIEGO RESTAURANT ADD'N	6/30/09	7/01/09	99,226				S/L	5	0
149	NEW PHONE SYSTEM	7/31/09		59,680				S/L	5	10,941
150	DELL COMPUTERS	8/31/09		7,106				S/L	5	1,184
151	SERVER REPAIR	8/31/09		7,979				S/L	5	1,330
152	KITCHEN CIRCUIT	10/26/09		3,090				S/L	5	412
153	PHOTO IS SYSTEM	3/31/10		1,624				S/L	5	108
	TOTAL MACHINERY AND EQUIPME			856,480		0	478,895			89,266
	TOTAL DEPRECIATION			<u>5,848,889</u>		<u>0</u>	<u>846,071</u>			<u>112,486</u>
	GRAND TOTAL AMORTIZATION			82,145		0	2,759			14,312
	GRAND TOTAL DEPRECIATION			<u>5,848,889</u>		<u>0</u>	<u>846,071</u>			<u>112,486</u>
	DEPRECIATION ASSETS SOLD			4,664,089		0	12,760			0
	DEPR REMAINING ASSETS			<u>1,184,800</u>		<u>0</u>	<u>833,311</u>			<u>112,486</u>

CLIENT 01-115

SENIOR COMMUNITY CENTERS OF SAN DIEGO

95-2850121

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10:26AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 199										
AMORTIZATION										
147	LOAN COSTS	4/11/09		8,277			2,759	S/L	1	5,518
148	LOAN COSTS	8/19/09		73,868				S/L	7	8,794
TOTAL AMORTIZATION				82,145		0	2,759			14,312
AUTO / TRANSPORT EQUIPMENT										
59	CAR, MITSUBIBIS, EXPO,93	6/18/98		7,095			7,095	S/L	5	0
60	VAN, FORD E-150, 2000	6/23/00		19,324			19,324	S/L	5	0
76	VAN, DODGE DAKOTA	2/25/02		33,074			33,074	S/L	5	0
106	VAN, 2005 FORD E-150	6/09/05		22,116			18,061	S/L	5	4,055
107	MEALSTAR DELIVERY TRUCK	5/23/05		31,105			25,402	S/L	5	5,702
119	MEAL TRUCK ADD'L COSTS	9/25/05		3,027			3,027	S/L	4	0
126	2008 FORD E-150 VAN	6/20/08		22,260			4,451	S/L	5	4,452
TOTAL AUTO / TRANSPORT EQUI				138,001		0	110,434			14,209
BUILDINGS										
144	BUILDING - WSW CENTER	4/14/09	7/01/09	1,750,000			12,760	S/L	40	0
TOTAL BUILDINGS				1,750,000		0	12,760			0
IMPROVEMENTS										
1	BUILDING IMPROVEMENTS	12/31/90		25,737			21,815	S/L	37.5	817
2	BUILDING IMPROVEMENTS	12/31/90		142,259			120,583	S/L	37.5	4,513
3	WATER HEATER	6/27/95		2,400			2,400	S/L	10	0
4	DOOR, SECURITY LOBBY	6/27/95		1,190			1,190	S/L	10	0
5	TILE/CARPET	6/08/95		7,853			7,852	S/L	10	0
6	NEW OUTSIDE SIGNAGE	12/15/99		4,014			4,012	S/L	10	2
7	ELECTRICAL	12/15/99		1,289			1,289	S/L	10	0
8	AIR CONDITIONING	12/15/99		16,251			16,251	S/L	10	0
9	BRDWAY DOORS	3/29/00		14,635			14,638	S/L	10	0
10	WINDOW COVERINGS	6/28/00		4,140			4,139	S/L	10	1
77	WATER HEATERS	12/28/01		3,326			3,326	S/L	7	0
93	DOORS	11/30/01		5,230			5,230	S/L	7	0
94	KITCHEN IMPROVEMENTS	11/30/02		9,104			8,258	S/L	10	846
97	OUTDOOR SIGNS/DONOR WALL	6/30/04		16,994			16,994	S/L	5	0



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100	WINDOW BLINDS - PFSR	6/30/04		2,498			2,498	S/L	5	0
105	WINDOW TINTING	6/30/04		2,800			2,800	S/L	5	0
120	FOUNTAIN	3/31/06		28,325			9,207	S/L	10	2,832
121	GREASE TRAP	6/13/06		1,500			1,500	S/L	1.8	0
143	CIP - WS WELLNESS CENTER	6/30/09	7/01/09	314,863				S/L	40	0
TOTAL IMPROVEMENTS				604,408		0	243,982			9,011
LAND										
145	LAND - WS WELLNESS CENTER	4/14/09	7/01/09	2,500,000						0
TOTAL LAND				2,500,000		0	0			0
MACHINERY AND EQUIPMENT										
11	DESKS/CHAIRS	10/13/95		293			293	S/L	5	0
12	PC NETWORK SYSTEM	6/07/96		12,758			12,758	S/L	5	0
13	VCR: HSU110 MITSUBISHI	6/28/96		226			226	S/L	5	0
14	TV: TS2542 MAGNAVOX	6/30/96		300			300	S/L	5	0
15	PHONE SYSTEM: COMM+	6/30/96		11,407			11,407	S/L	5	0
16	PC EQMT/SFWARE INSTALL	10/07/96		429			429	S/L	5	0
17	2 SONY CELLULAR PHONES	3/10/97		472			472	S/L	5	0
18	PC HARD DRIVE, MB, MEM	6/30/97		513			513	S/L	5	0
19	REFRIGERATOR, ROPER	9/11/97		439			439	S/L	5	0
20	NOTEBK, EPS:(1)PENTIUM	11/19/97		2,098			2,098	S/L	5	0
21	SOFTWARE, WD5.1	1/31/98		430			430	S/L	5	0
22	NOTEBK, EPS:(2) PENTIUM	2/13/98		4,341			4,341	S/L	5	0
23	HARDWARE,(6)MEM UPGRADE	2/18/98		1,637			1,637	S/L	5	0
24	HARDWARE, (4) MEM UPGRADE	5/31/98		208			208	S/L	5	0
25	PRINTER/SCANNER, BANNER	5/31/98		500			500	S/L	5	0
26	NOTEBKS, EPS: MEM UPGRADE	6/09/98		582			582	S/L	5	0
27	CHAIRS, TASK, (11) BUR	6/11/98		1,284			1,284	S/L	5	0
28	CHAIRS, TASK, ARM (3) BUR	6/11/98		450			450	S/L	5	0
29	SOFTWARE:DONOR PREF	6/15/98		6,291			6,291	S/L	5	0
30	PC HW: HD, PORT, BU TAPE	6/29/98		2,583			2,583	S/L	5	0
31	PC, PENT II, 233, 32MEG	6/30/98		1,640			1,640	S/L	5	0
32	SOFTWARE: MIP ACCOUNTING	6/30/98		10,930			10,930	S/L	5	0
33	PRINTER, LASERJET110	2/23/99		400			400	S/L	5	0
34	REFRIGERATORS	6/23/99		12,727			12,727	S/L	5	0
35	REThERM CABINET, CARTER-	6/23/99		14,596			14,596	S/L	5	0

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36	OVAN, MICROWAVE AMANA RC2	6/23/99		1,580			1,580	S/L	5	0
37	OVAN, MICROWAVE PANASNE	6/28/99		3,107			3,107	S/L	5	0
38	PC, PARKARD BELL PENT II	6/28/99		1,110			1,110	S/L	5	0
39	WORKSTATION	6/30/99		8,189			8,189	S/L	5	0
40	COMPUTER/MONITOR	9/24/99		1,185			1,185	S/L	5	0
41	COMP FIREWALL	2/28/00		629			629	S/L	5	0
42	TABLES & CHAIRS	6/25/00		9,920			9,920	S/L	5	0
43	PHONE SYS UPGRADE	3/29/00		3,877			3,877	S/L	5	0
44	PHONE SYS UPGRADE	5/10/00		2,127			2,127	S/L	5	0
45	SERVER	3/06/00		4,303			4,303	S/L	5	0
46	DELL COMPUTER	3/06/00		1,184			1,184	S/L	5	0
47	DELL COMPUTER	3/06/00		1,184			1,184	S/L	5	0
48	REFRIGERATOR, 2-DR	8/23/94		2,322			2,322	S/L	5	0
49	TOASTER, TOASTMASTER	10/31/94		535			535	S/L	5	0
50	MEAL CARD SWIPE	4/06/95		5,040			5,040	S/L	5	0
51	TOASTER, TOASTMASTER	6/19/95		508			508	S/L	5	0
52	CART, THRIFT-1, 2 SHELF	6/27/95		297			297	S/L	5	0
53	POLISHER, POWRFLITE	6/30/95		965			965	S/L	5	0
54	POLISHER ATTACHMENTS	6/30/95		143			143	S/L	5	0
55	VAC, WET/DRY, POWRFLITE	6/29/95		460			460	S/L	5	0
56	REFRIGERATOR, 2-DR	6/30/95		1,991			1,991	S/L	5	0
57	TABLES, 60"	6/30/95		1,201			1,201	S/L	5	0
58	TREADMILL, BIKE, WGHTS	5/28/99		4,565			4,565	S/L	5	0
61	COMPUTER EQUIPMENT	6/30/00		2,539			2,539	S/L	5	0
62	COMPUTER EQUIPMENT	3/06/00		226			226	S/L	5	0
63	OFFICE DIVIDERS	6/30/00		3,000			3,000	S/L	5	0
64	WEB SITE	6/30/00		5,100			5,100	S/L	5	0
65	OTHER EQUIP	6/30/00		290			290	S/L	5	0
66	VIDEO CAMERA (DIGITAL)	3/27/01		860			860	S/L	5	0
67	PHONE SYSTEM	6/27/01		10,296			10,295	S/L	5	0
68	DELL COMPUTER-SERVER	6/28/01		2,562			2,560	S/L	5	0
69	AIM-S-NETWORK	8/18/00		2,385			2,386	S/L	5	0
70	DELL COMP	12/31/00		935			936	S/L	5	0
71	DELL COMP	1/21/01		863			865	S/L	5	0
72	DELL COMP	1/21/01		863			865	S/L	5	0
73	DELL COMP	1/21/01		863			865	S/L	5	0
74	EXECUTIVE DESKS (3)	6/15/01		4,500			4,500	S/L	5	0
75	FLOOR MACHINE	1/11/01		2,483			2,485	S/L	5	0
78	APPLIANCES	10/08/01		896			896	S/L	5	0

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133	DOUBLE DECK OVEN	6/16/08		7,004			1,401	S/L	5	1,401
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135	NEW AGE PAN RACKS	6/20/08		1,483			297	S/L	5	297
136	COOLER RACK	6/20/08		1,435			287	S/L	5	287
137	UTILITY CARTS	6/20/08		26,955			5,391	S/L	5	5,391
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139	UTILITY CARTS	6/20/08		1,047			209	S/L	5	209
140	COMPUTER FOR DEVELOPMENT	2/12/09		1,284			86	S/L	5	257
141	SLICERS & DICERS	7/03/08		1,013			186	S/L	5	203
142	NEW COMPUTRITION PROGRAM	2/19/09		46,077			3,072	S/L	5	9,256
146	SAN DIEGO RESTAURANT ADD'N	6/30/09	7/01/09	99,226				S/L	5	0
149	NEW PHONE SYSTEM	7/31/09		59,680				S/L	5	10,941
150	DELL COMPUTERS	8/31/09		7,106				S/L	5	1,184
151	SERVER REPAIR	8/31/09		7,979				S/L	5	1,330
152	KITCHEN CIRCUIT	10/26/09		3,090				S/L	5	412
153	PHOTO IS SYSTEM	3/31/10		1,624				S/L	5	108
	TOTAL MACHINERY AND EQUIPME			856,480		0	478,895			89,266
	TOTAL DEPRECIATION			<u>5,848,889</u>		<u>0</u>	<u>846,071</u>			<u>112,486</u>
	GRAND TOTAL AMORTIZATION			82,145		0	2,759			14,312
	GRAND TOTAL DEPRECIATION			<u>5,848,889</u>		<u>0</u>	<u>846,071</u>			<u>112,486</u>
	DEPRECIATION ASSETS SOLD			4,664,089		0	12,760			0
	DEPR REMAINING ASSETS			<u>1,184,800</u>		<u>0</u>	<u>833,311</u>			<u>112,486</u>