

Organization Information

Legal Name

San Diego County Medical Society Foundation

DBA (if Applicable)

Champions for Health

Year Founded - use date of incorporation

1968

Program Name/Title

Project Access San Diego

Brief Program Description

Project Access San Diego, our flagship program provides access to specialty care to restore health to low-income, uninsured individuals in need of specialty medical care. Our physicians, hospitals, surgery centers, and healthcare service partners provide a full-range of healthcare services at no cost to qualifying San Diego County residents.

Is this a new (pilot, recently developed) or established program?

Established Program

Program Information - Type

Time Bound

Requested Amount

32000

How much funding was received for this program in the previous 2021.2022 CHC Grant cycle?

32000

Organization's Mission Statement

Champions for Health is dedicated to providing access to critically needed healthcare for uninsured low-income residents of San Diego County who would otherwise face insurmountable barriers to care. We recruit, mobilize, and support hundreds of volunteer physicians and other professionals to provide free specialty healthcare

Organization's Vision Statement

Our vision: Physicians Improving Health, Changing Lives.

Agency Capability

CFH advances health and wellness for vulnerable populations in three ways, all connected to our mission. 1) CFH improves community health and wellness by working with existing service providers and events to provide and coordinate preventive healthcare screenings for COVID and chronic disease regardless of insurance, as well as health education presentations that are free to all participants. Community access to

these services increases the propensity that insured and uninsured San Diegans maximize care utilization for preventable illness and disease; 2). CFH coordinates access to pro bono quality specialty healthcare services via Project Access San Diego (PASD) including surgeries, to uninsured, poor and working poor individuals. Services are timely, appropriate, and effective in advancing health and wellness through intensive patient care management on which our network of physician volunteers relies for efficient medical visits. No-cost prescription medications, medical equipment, transportation, medical interpretation and diagnostic tests are secured to address social determinants of health, and ensure patient care. Staff empower patient partners to get healthy through PASD, and keep healthy through collaborative and community-based wellness activities. 3) Through our Physician Support programs, we increase physicians' abilities to serve their uninsured and uninsurable patients, extend community wellness services, and also work with local allied health teaching institutions to volunteer their practicum to serve San Diego's most vulnerable, teaching valuable empathy and soft skills, and also developing professionals who have a spirit to serve that they can carry on throughout their career from student to retirement.

Agency Collaborations

Our active referral collaborations for Project Access San Diego that affect/may affect FRHD residents include: Fallbrook Family Health Center, Fallbrook Medical Center, Neighborhood Health Care, TrueCare, St. Leo's Medical Clinic, San Ysidro Health Center. This program collaboration allows for referral partnerships between FQHC/free clinics and Champions for Health to connect patients at or below 250% Federal Poverty Level with specialty healthcare physicians.

Target Population - Age

	Percent of program participants
Children (infants to 12)	00
Young Adults (13-17)	00
Adults (18-60)	91
Seniors (60+)	9
We do not collect this data (indicate with 100%)*	

Target Population not collected - Age

NA

Gender

	Percent of program participants
Female	80
Male	20
Non-binary	
Unknown*	

*Target Population - Gender

NA

Income Level

	Percent of program participants
Extremely Low-Income Limits, ceiling of \$32,100	100
Very Low (50%) Income Limits, ceiling of \$53,500	
Low (80%) Income Limits, ceiling of \$85,600	
Higher Than Listed Limits	
We do not collect this data (indicate with 100%)*	

*Target Population - Income Level

NA

Projected number of residents that will directly benefit (participant/client) from this program.

42

Social Determinants of Health (SDOH)

Program/Services Description - Social Determinants of Health

Healthcare Access & Quality (Access to Health Care, Access to Primary Care, Health Literacy)

Program/Services Description - FRHD Community Needs Assessment

Health (Cholesterol, High Blood Pressure, Hypertension, Obesity)

Health (Mobility)

Health (Age Related Deficits)

Statement of Need/Problem

Project Access, our flagship program, is seeking support to meet the basic needs of low-income, uninsured or underinsured individuals in our community. During this pandemic there has been significant impact on vulnerable populations. As Project Access already has a pool of community

members seeking access to quality healthcare the efficiency and productivity of our proposed project is promising.

Increased time for intensive case management staff is vital to ensuring these surgeries get scheduled. There is coordination, documentation and reporting that is required to efficiently and effectively cut through the backlog of surgeries for PASD clients.

Patients in FRHD have a myriad of challenges accessing care at specialty healthcare providers in San Diego and elsewhere due to lack of transportation, benefits, or other access factors to provide a positive care experience. CFH provides transportation, medical interpreting, and medication access for free for all patients.

Many of the approximately 5,000 uninsured Fallbrook residents recognized by the American Community Survey, may not be eligible for public health services through MediCal, or MediCare, and are fee for service patients at community-based providers or Federally Qualified Health Centers, receive care across the border in Tijuana, or Mexicali, or forego care entirely. CentraForceHealth data from the 2018 Fallbrook Community Assessment, indicates that cold/cough/and flu were the highest reported non-chronic health condition (37.9%) - exacerbated by COVID. For homebound and other individuals who do not have a health home, insurance, and cannot afford a flu vaccine at minute clinics or pharmacies, especially older adults, access to Champions for Health's immunization clinics may be individuals' only option to get a flu or Hepatitis A vaccine.

Statement of Need/Problem - Others

While FQHC's have limited access to specialty healthcare service through provider networks, CFH is the only organization to provide pro bono medical care through specialty physicians,

Program/Services Description - Program Entry

Project Access San Diego (PASD), Champions for Health's flagship program, facilitates pro bono specialty care, such as gynecology, ophthalmology, cardiology, neurology, and general surgeries, to low-income adults who remain uninsured even after the implementation of the Affordable Care Act. Since 2008 we have connected more than 6,500 individuals with more than \$20.5M in pro bono specialty healthcare, and more than 25% of our patients reside in North County San Diego where healthcare access is tied to transportation access and other social determinants of health. Due to the close affiliation with the San Diego County Medical Society, Champions for Health is privileged to have access to hundreds of physicians, hospitals, surgery centers, and ancillary care providers in the San Diego community who contribute their resources, time, and expertise to care for uninsured patients.

Program/Services Description - Program Activities

CFH has three client axes related to our mission programs. For PASD, the provider-client relationship is one of intensive partnerships centered on care management and support for both the patient and pro-bono specialty healthcare provider to address transportation issues, medication access and management, access to diagnostics such as labs and imaging or nuclear medicine, access to quality medical interpretation, and documentation support for care coordination. For Community Wellness programs, the provider-client relationship is a relationship built on access and trust between CFH and partner organizations, that extends to the community members who ultimately access services, and are partners in community health prevention. The third provider-client relationship - and perhaps the most crucial, is the relationship between CFH and its staff and representatives, and our pro-bono specialty care physicians and allied health volunteers, without which our programs would not be able to be scaled, effective, and trusted.

Program Goal #1

By June 30, 2022, 40 patients will be served through PASD.

Program Objectives - Goal #1

Project Access San Diego (PASD), Champions for Health's flagship program, facilitates pro bono specialty care, such as gynecology, ophthalmology, cardiology, neurology, and general surgeries, to low-income adults who remain uninsured even after the implementation of the Affordable Care Act. Since 2008 we have connected more than 6,500 individuals with more than \$20.5M in pro bono specialty healthcare, and more than 25% of our patients reside in North County San Diego where healthcare access is t

Program Outcomes/Measurables - Goal & Objectives #1

Project Access San Diego evaluates impact against the following outcomes for FY2021-2022:

- A minimum of 550 uninsured patients will received donated medical care
- A minimum of 1,000 specialty appointments will be provided to patients
- 75% reduction in number of days PASD patients are unable to work or care for family
- 80% reduction in return visits to emergency departments for PASD patients
- 60% reduction in return visits to primary care physicians for untreated specialty health needs for PASD patients. CFH will track timely access to decreasing the number of backlogged surgeries and new specialty volunteers to meet the need. The number of patients served is tracked with database software; patient care managers track remaining objectives utilizing surveys. Six months after a patient completes their course of treatment and "graduates" from our program, they are surveyed on their post care status and CFH is able to report the following data:
 - Reduction of inpatient hospital days for PASD patients (benchmark 85% reduction)
 - Number of specialty care appointments, surgeries, and procedures
 - Average number of days from intake to specialty appointment
 - Improved health status and quality-of-life indicators.

Community Wellness data metrics are aggregated from vaccine clinic questionnaires and input into the San Diego Immunization Registry, health education coordination data (topic, place, number served, satisfaction) are collected for Live Well Speakers Bureau presentations.

Results are reported to our Board of Directors and our Program Leadership Team (physician volunteers), and included in annual reports, health magazine publications, materials to our funders, physician volunteers, and partners.

Anticipated Acknowledgment

Anticipated Acknowledgment

Social Media Postings

Print Materials to Service Recipients

Website Display

Other

Anticipated Acknowledgment

Through social media including Facebook, Instagram, and through San Diego Physicians Magazine, Giving Back Magazine, and our Annual Report.

FRHD CHC GRANT BUDGET INSTRUCTIONS

This file has a number of pre-formatted pages. Those sections for auto calculations and set formats are shaded in grey and should not be altered. Please keep a copy of this document as it will be used as part of the grant reporting process

There are five tabs to this file:

- 1 Instructions
- 2 Program Budget Form
- 3 Revenue Sources
- 4 Budget Narrative
- 5 Budget Reporting Form

1 Instructions:

- > All Yellow sections are to be filled out by the applicant. Grey sections will auto calculate and should not be edited by the applicant. All pages are formatted to print portrait, on 1

2 Program Budget Form:

- > PROGRAM COST: This section should reflect the true and total costs of the program.

APPLYING ORGANIZATION: This is the applicant agency's investment in their program.

- > This is the value of the resources the agency will contribute to the program's cost. These may include funds from fundraising events, private donors, in-kind goods and services, and volunteer efforts.

- > OTHER FUNDERS: These are funds or resources provided from contracts, grants and partnerships that are used to support the program's operations.

- > REQUESTED FROM FRHD: This is the funding request you are putting forward to the District.

- > The line item names may not fully align with your budget. Please edit those items to align with your budget. Explain those items on your Budget Narrative Form as necessary.

A INDIRECT EXPENSES:

This section is for expenses that are part of indirect operations of the program, necessary which may not be part of the direct service provision expenses (Administration, facility expenses, general liability ins., etc.). Please refer back to the training materials for clarification of these expenses. The District will not consider funding more than 25% of these expenses

B PERSONNEL EXPENSES - PROGRAM SPECIFIC:

As stated, this section is for staffing expenses that are directly related to the provision of the services/program. Please list each position title separately, unless there are multiple of the same title then use (x3) as an indicator. For example, if funding salaries for four separate Drivers, you would indicate as, Driver (x4) and the expense amount would be the cost of all four Drivers. Please include a single line items for general staffing expenses such as personnel expenses (Payroll taxes, WC, etc). Benefits (health, retirement, etc) should be listed on a separate line.

C DIRECT PROGRAM EXPENSES:

This section is for supplies, items and or specific expenses related to the provision of the services/program. This may include phone, rent, prining, program related insurance (e.g., vehicle), trainings and cetifications.

3 Revenue Sources

Please list all sources of revenue the agency recieves by category. This Form has two > sections, one for Agency Funding and one for Project Funding. Please fill out both sides of the table. Amounts do not need to be exact; however, we ask for best estimates.

4 Budget Narrative

There are headers that align with the Budget Form. These items should be explained (narrative) if they are unusual or have a specific project impact. Explanations regarding > utliity expenses are generally understood, but expenses relating to trianing or for a specilayty insurance could be expressed here.

5 Budget Reporting Form

This form will be used for those grantees who are awarded contracts. This form would be > submitted with the quarterly Impact Report and should demonstrate that funds were allocated according to the submitted proposal budget.

FRHD CHC GRANT BUDGET FORM

Agency Name: **Champions for Health** PROGRAM NAME: **Project Access San Diego**

Not all line items will correspond with your program budget. If the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized.

1) A	INDIRECT EXPENSES:	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
A1	Telephone/Internet	\$ 7,517.00	\$ -	\$ 7,517.00	\$ -
A2	Postage	\$ 795.00	\$ -	\$ 795.00	\$ -
A3	Office Expenses	\$ 3,920.00	\$ -	\$ 3,920.00	\$ -
A4	Equipment	\$ 500.00	\$ -	\$ 500.00	\$ -
A5	Marketing	\$ 7,400.00	\$ -	\$ 7,400.00	\$ -
A6	Mileage	\$ 3,500.00	\$ -	\$ 3,500.00	\$ -
A7	Professional Services	\$ 6,560.00	\$ -	\$ 6,560.00	\$ -
A8	Rent	\$ 23,211.00	\$ -	\$ 23,211.00	\$ -
A9	Insurance	\$ 2,800.00	\$ -	\$ 2,800.00	\$ -
A10					
A11					
TOTAL INDIRECT EXPENSE		\$ 56,203.00	\$ -	\$ 56,203.00	\$ -

B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
B1	Executive Director	\$ 42,000.00	\$ 42,000.00	\$ -	\$ -
B2	Project Access Manager	\$ 65,000.00			\$ 10,000.00
B3	Patient Care Manager	\$ 62,000.00			\$ 10,000.00
B4	Patient Care Manager	\$ 58,240.00			\$ 10,000.00
B5	Director of Community Health	\$ 18,250.00	\$ 73,000.00		\$ -
B6	Director of Marketing and Development	\$ 18,250.00	\$ -	\$ 73,000.00	\$ -
B7	Other: specify				
TOTAL PERSONNEL EXPENSE		\$ 263,740.00	\$ 115,000.00	\$ 73,000.00	\$ 30,000.00

C	DIRECT PROGRAM EXPENSES	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
C1	Patient Medicines/DME	\$ 8,500.00	\$ 500.00	\$ 8,000.00	\$ -
C2	Diagnostic Tests	\$ 5,000.00	\$ -	\$ 5,000.00	\$ -
C3	Patient Transportation	\$ 10,000.00	\$ -	\$ 8,500.00	\$ 1,500.00
C4	Medical Interpretation	\$ 8,000.00	\$ -	\$ 7,500.00	\$ 500.00
C5	Administrative Overhead	\$ 35,025.00	\$ 35,025.00	\$ -	\$ -
C6					
C7					
C8					
C9					
C10					
C11					
C12					
C13					
C14					
C15					
TOTAL OTHER EXPENSES		\$ 66,525.00	\$ 35,525.00	\$ 29,000.00	\$ 2,000.00

D	TOTAL ALL EXPENSES	PROGRAM COST	% REQUESTED FROM FRHD
		\$ 386,468.00	8%

2) FUNDING SOURCES

E	FUNDS FOR PROGRAM		
E1	APPLYING ORGANIZATION	X	150,525.00
E2	OTHER FUNDERS	Y	158,203.00
E3	REQUESTED FROM FRHD	Z	32,000.00
TOTAL FUNDING SOURCES			\$ 340,728.00

NOTE: THIS AMOUNT SHOULD BE EQUAL TO YOUR PROJECT COST.

3) % OF AGENCY BUDGET

F	CALCULATE % of Total Agency budget that this Program represents.	\$ 2,876,455.00	\$ 386,468.00	13%
		AGENCY BUDGET**	PROGRAM COST	% of AGENCY BUDGET

** Agency budget is your agency's entire budget for the year. Fill in the amount.

Agency Name:	Champions for Health
Program Name:	Project Access San Diego
Total Organization Budget (Current Fiscal Year)	\$ 2,876,455.00
Total Project Budget (Current Fiscal Year)	\$ 386,468.00

Organization Sources of Revenue
(Total Organization Budget)

Sources of Funding
(This Project Request)

Source of funds	\$ Amount	Percent of Total	One-time funding? (Yes/No)	\$ Amount	Percent of Total	One-time funding? (Yes/No)
Federal						
State						
City/County*	1303920		N	100000		N
Other Govt.						
Proposed FRHD	32000		Y	32000		Y
Fees for Service	85000		Y	85000		Y
Grants (non-gov't)	224000		Y	150000		Y
General Donations	74000		Y	56000		Y
Other Internal						
Organizational Fundraising	62000		Y	62000		Y
Other (list):						
Total	\$1,780,920.00	0%		\$485,000.00	0%	

* City/County

If the organization currently receives funding from any Cities or Counties, please list the jurisdiction and contract amount below.

County HHSA Project Access SD - \$100,000

FRHD CHC GRANT BUDGET REPORTING FORM

Agency Name: **Champions for Health** PROGRAM NAME: **Project Access San Diego**

Not all line items will correspond with your program budget. If the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized.

1)	A	INDIRECT EXPENSES:	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
	A1	Telephone/Internet	\$ 7,517.00	\$ -				
	A2	Postage	\$ 795.00	\$ -				
	A3	Office Expenses	\$ 3,920.00	\$ -				
	A4	Equipment	\$ 500.00	\$ -				
	A5	Marketing	\$ 7,400.00	\$ -				
	A6	Mileage	\$ 3,500.00	\$ -				
	A7	Professional Services	\$ 6,560.00	\$ -				
	A8	Rent	\$ 23,211.00	\$ -				
	A9	Insurance	\$ 2,800.00	\$ -				
	A10	0	\$ -	\$ -				
	A11	0	\$ -	\$ -				
		TOTAL INDIRECT EXPENSE	\$56,203.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
	B1	Executive Director	\$ 42,000.00	\$ -				
	B2	Project Access Manager	\$ 65,000.00	\$ 10,000.00				
	B3	Patient Care Manager	\$ 62,000.00	\$ 10,000.00				
	B4	Patient Care Manager	\$ 58,240.00	\$ 10,000.00				
	B5	Director of Community Health	\$ 18,250.00	\$ -				
	B6	Director of Marketing and Development	\$ 18,250.00	\$ -				
	B7	Other: specify	\$ -	\$ -				
		TOTAL PERSONNEL EXPENSE	\$263,740.00	\$30,000.00	\$0.00	\$0.00	\$0.00	\$0.00
	C	DIRECT PROGRAM EXPENSES	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
	C1	Patient Medicines/DME	\$ 8,500.00	\$ -				
	C2	Diagnostic Tests	\$ 5,000.00	\$ -				
	C3	Patient Transportation	\$ 10,000.00	\$ 1,500.00				
	C4	Medical Interpretation	\$ 8,000.00	\$ 500.00				
	C5	Administrative Overhead	\$ 35,025.00	\$ -				
	C6	0	\$ -	\$ -				
	C7	0	\$ -	\$ -				
	C8	0	\$ -	\$ -				
	C9	0	\$ -	\$ -				
	C10	0	\$ -	\$ -				
	C11	0	\$ -	\$ -				
	C12	0	\$ -	\$ -				
	C13	0	\$ -	\$ -				
	C14	0	\$ -	\$ -				
	C15	0	\$ -	\$ -				
		TOTAL OTHER EXPENSES	\$66,525.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00
			W	Z				
D	TOTALS	PROGRAM COST	FRHD Funds Expended					
		\$386,468.00	\$0.00					

FY 2020-2021 Sources of Revenue

Grants Goal \$300,000 Monthly Grants Need: \$25,000
 \$414,650 or 21 of 47 prospects funded at fiscal year end; for a 44.68% award rate.*
 Denied: \$1,744,000 or 19 of 47 prospects; for a 40.42% denial rate
 Total Funding Prospects FY 18-19' thru Sept 30, 2019: \$1,534,586 with 34 prospects
 Total Funding Prospects FY 19-20' thru Sept 30, 2020: \$2,397,468 with 50 prospects
 Total Funding Prospects FY 20-21' thru June 30, 2021: \$3,494,150 with 56 prospects

<u>Awarded Detail</u> \$414,650 n=21	<u>Program Area</u>	<u>Range</u>
TB Free California (9/9) \$11,000	TB/Immu/ComWellness	10/1-9/30
Business Stimulus Grant \$10,000	Marketing/Promotion	4/-12/31
Fallbrook Regional Health District \$12,375	PASD	7/1-6/30
Fallbrook Regional Health District \$4,875	CommWell:Immu	7/1-6/30
Grossmont Healthcare District \$25,000 (July)	PASD	10/1-9/30
Sub:SDBNA UCSD SDIC/ \$5,000	CommWell:Immu	1/19-
Alliance Mission Support \$25,000/yr(\$75,000 total)*	PASD	1/1-12/31
San Marcos Community Foundation \$1,000	PASD	1/1-5/17
CECO (10/1 released) \$900	CommWell - Immu	late March
Leichtag Foundation \$18,000	COVID-19	3/15-3/14/22
ASCERS \$18,000	FIT	3/15-3/14/22
Zable Foundation \$10,000	PASD	2/1
WD-40 Foundation: Advancing Health and Equity \$40,000	PASD	4/26-10/30
Pacific Foundation for Medical Care \$10,000 (10/1)	PASD	5/1-6/30
NORCAL Foundation \$10,000	PASD	5/1-6/30
FRHD \$32,000	PASD	Mar 31
TB Elimination Alliance - Mini Grant \$12,000	Comm Wellness: TB	5/7/21
California Relief Grant Program \$15,000	Ops/Payroll	Round 5
Conrad Prebys \$50,000	PASD	2021-2022
United HealthCare \$94,500	Immu	9//
Schwab Charitable \$10,000	Unrestricted	
 <u>Pending Detail</u> \$280,000 n=4		
CDC Foundation \$100,000 with HIA	CHW/COVID-19	6/1
Billingsley Foundation \$30,000	PASD	6/30
Big Lots Foundation \$60,000	PASD	7/1 - 11/1 decision
Kaiser Southern California - Workforce - Access \$90k	PASD MedInt	8/23
 <u>In Development</u> ('21-22) \$1,150,000 n=9		
CALIFORNIA COVID-19 COMMUNITY HEALTH PROJECT (CCHP) 2.0		10/4
San Marcos COVID 19 Community Grant Program		11/15
City of Vista - coming up		
City of Oceanside - coming up		
Charles and Mildred Schnurmaker		
Carlsbad Charitable Foundation		12/1
Cal CRG \$900,000	CommWellness	9/23/2021
Governor's Office - Cabinet Proposal	PASD	Pitch

NRP \$20,000	Workforce Dev	
California Healthcare Foundation Unsolicited LOI- \$150k	5k Run (?)	Mar
The California Endowment \$150,000	PASD	Rolling
CEP : Ongoing (Tara Lawson Remer - SDCMS 2 mos)	PASD	Rolling
Las Patronas - Tech Upgrade \$50,000	PASD	Ongoing
	CW	8/2022

Denied Detail \$1,744,000 n =19

		<u>Next Cycle</u>
Farrell Family Foundation (Rolling) \$75,000+	PASD	
Mariam Assefa Fund Opportunity Challenge PZ Collab	Med Interpet/PASD\$200,000 (2yr)	
Archstone Foundation Small Grants \$15,000	PASD - Elders	
L3Harris Foundation Social Impact (8/25) \$20,000	PASD/COVID	Dec
Sub: CalCRG Collaboration (July) \$115,000	MedNav: Disconn. Youth	11/3
BBVA Charitable Giving (Jul 31) \$5,000	PASD	Oct
Kaiser Permanente San Diego \$25,000	Case Management	
Kaiser Events (12/7) \$3,000	KFF Resident Flu Clinics	12/7
CDBG Cares Act RFQ \$113,000	PASD/MI/GSI	2/1
CalWellness Advancing Wellness \$200,000 (11/30)	PASD/ACA	Rolling
Carlsbad Charitable Foundation \$25,000	PASD	Feb
Parker Foundation \$75,000	Op Staff	Mar 1

Status:138% of year end goal met as of 6/21/21,+0.033 variance from goal

**not including multi year funds, as these will be applied in future years*

Rita and Alex Hillman Foundation LOI \$600,000	CommWellness	3/30
Sundt Foundation \$10,000	PASD	3/15
S Mark Taper Foundation \$150,000	PASD/Operating	12/1-3/3
CDBG RFQ \$83,000	COVID PASD	4/1
Opioid Crisis Innovation Challenge 2021 \$300,000	Opioid	7/19
Bank of America \$25,000	PASD: Workforce	5/31-6/25
Encinitas Fund \$5,000	PASD	7/30
GHD \$25,000	PASD 2021-22	7/15
GHD \$25,000	PASD 2021-22	7/15

COVID Postponement \$1650,000 n = 3

Harrah's All in for Change \$50,000	General Operating Support	
Live Well Neighborhoods \$110,000	PASD/Comm Well in SDPZ	May
* BBVA Compass \$5,000	PASD	7/31/21

**was bought out by PNC Financial Service CA not eligible*

Not pursuing due to capacity \$363,000 n = 3

CDPH COVID-19 Health Equity Pilots \$150,000	CommWell	Mar
Cigna \$100,000/yr	PASD	4/23/21
CARES Act Round 2 \$113,000	Immu	9/7/21

Not fit

Solana Beach Fund \$5,000	PASD/Immu	7/15
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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION DBA CHAMPIONS FOR HEALTH Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5575 RUFFIN ROAD, SUITE 250 City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO, CA 92123 F Name and address of principal officer: ADAMA DYONIZIAK SAME AS C ABOVE	D Employer identification number 95-2568714 E Telephone number 858-300-2780 G Gross receipts \$ 591,929. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ CHAMPIONSFORHEALTH.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2004		M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO IMPROVE COMMUNITY HEALTH AND WELLNESS, ACCESS TO CARE FOR ALL, AND SUPPORT FOR PHYSICIANS THROUGH		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	7
6	Total number of volunteers (estimate if necessary)	6	2500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	325,196.	163,983.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	284,734.	328,100.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	87.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-12,212.	19,057.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	597,718.	511,227.
14	Benefits paid to or for members (Part IX, column (A), line 4)	8,000.	8,000.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	374,581.	340,499.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 32,357.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	252,846.	278,980.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	635,427.	627,479.
19	Revenue less expenses. Subtract line 18 from line 12	-37,709.	-116,252.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	182,087.	167,924.
22	Net assets or fund balances. Subtract line 21 from line 20	200,879.	296,935.
		-18,792.	-129,011.

Part II Signature Block

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

Sign Here	Signature of officer ADAMA DYONIZIAK, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name RICHARD HOTZ	Preparer's signature
	Date 05/26/20	Check if self-employed <input type="checkbox"/> PTIN P00452784
	Firm's name ▶ CONSIDINE & CONSIDINE	Firm's EIN ▶ 95-2694444
	Firm's address ▶ 8989 RIO SAN DIEGO DRIVE, SUITE 250 SAN DIEGO, CA 92108	Phone no. 619.231.1977

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: _____) (Expenses \$ 471,074. including grants of \$ 8,000.) (Revenue \$ 328,100.)
THE FOUNDATION'S PROGRAM CONSISTS OF THE FOLLOWING THREE INITIATIVES:

PROJECT ACCESS SAN DIEGO

THE FOUNDATION IS IN COLLABORATION WITH COMMUNITY HEALTH CENTERS THAT PROVIDE PRIMARY CARE TO THE NEEDIEST OF OUR COMMUNITY, AND WITH SPECIALTY CARE PHYSICIANS WHO WISH TO DONATE THEIR SERVICES, HELPING TO CONNECT UNINSURED, LOW-INCOME ADULTS WITH PRO BONO SPECIALTY CARE. THE FOUNDATION IS COMMITTED TO PLAYING AN ACTIVE ROLE IN SOLVING THIS COMMUNITY-WIDE PROBLEM.

CONTRACT SERVICES

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

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

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

4e Total program service expenses **471,074.**

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION DBA CHAMPIONS FOR HEALTH**

Part IV Checklist of Required Schedules

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

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION DBA CHAMPIONS FOR HEALTH**

Part IV Checklist of Required Schedules *(continued)*

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION DBA CHAMPIONS FOR HEALTH**

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		7
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.			

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION DBA CHAMPIONS FOR HEALTH**

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	12		
b Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			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?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6		X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES HAY, MD BOARD MEMBER	1.00	X					0.	0.	0.	
(2) JEFFREY WILLMANN VICE PRESIDENT	1.00	X					0.	0.	0.	
(3) ALBERT RAY, MD PRESIDENT	1.00	X		X			0.	0.	0.	
(4) JAMES SCHULTZ, MD BOARD MEMBER	1.00	X					10,500.	0.	0.	
(5) PAUL HEGYI BOARD MEMBER	1.00	X					0.	0.	0.	
(6) OCTAVIO AGUIRRE BOARD MEMBER	1.00	X					0.	0.	0.	
(7) KEERTI GURUSHANTHAIAH MD BOARD MEMBER	1.00	X					0.	0.	0.	
(8) NICK YPHANTIDES MD BOARD MEMBER	1.00	X					0.	0.	0.	
(9) DANIEL ANDERSON, MD TREASURER/SECRETARY	1.00	X					0.	0.	0.	
(10) CARL PINKARD BOARD MEMBER	1.00	X					0.	0.	0.	
(11) KOSALA SAMARASINGHE, MD BOARD MEMBER	1.00	X					0.	0.	0.	
(12) ADAMA DYONIZIAK EXECUTIVE DIRECTOR	40.00	X					0.	0.	0.	

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION DBA CHAMPIONS FOR HEALTH**

Form 990 (2018)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							10,500.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							10,500.	0.	0.	

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

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

Section B. Independent Contractors

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

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

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

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION DBA CHAMPIONS FOR HEALTH**

Form 990 (2018)

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	163,983.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		163,983.				
Program Service Revenue	2 a CONTRACT REVENUE	Business Code 900099	328,100.	328,100.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		328,100.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		87.			87.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		99,759.			
		b Less: direct expenses	b	80,702.			
		c Net income or (loss) from fundraising events		19,057.			19,057.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			511,227.	328,100.	0.	19,144.	

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION DBA CHAMPIONS FOR HEALTH**

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	8,000.	8,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	10,500.	8,610.	1,890.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	264,636.	216,992.	47,644.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	42,902.	35,178.	7,724.	
10 Payroll taxes	22,461.	18,417.	4,044.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	33,343.	24,136.	9,207.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	7,480.		7,480.	
13 Office expenses	13,050.		13,050.	
14 Information technology	13,382.	1,947.	11,361.	74.
15 Royalties				
16 Occupancy	22,827.	18,261.	2,283.	2,283.
17 Travel	6,920.	6,029.	891.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,415.	24,066.	1,349.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,698.		2,698.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OUTSIDE SERVICES	90,072.	59,207.	865.	30,000.
b MEDICAL SUPPLIES AND SE	45,229.	45,229.		
c BAD DEBT	6,331.		6,331.	
d VOLUNTEER RECOGNITION	4,881.	3,645.	1,236.	
e All other expenses	7,352.	1,357.	5,995.	
25 Total functional expenses. Add lines 1 through 24e	627,479.	471,074.	124,048.	32,357.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION DBA CHAMPIONS FOR HEALTH**

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	49,486.	1	48,718.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	20,356.	4	39,865.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,518.	9	5,264.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,524.		
	b Less: accumulated depreciation	2,524.	0.	0.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	86,014.	12	52,689.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	19,713.	15	21,388.
16 Total assets. Add lines 1 through 15 (must equal line 34)	182,087.	16	167,924.	
Liabilities	17 Accounts payable and accrued expenses	72,242.	17	87,956.
	18 Grants payable		18	
	19 Deferred revenue	0.	19	43,304.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	118,974.	22	156,012.
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	9,663.	25	9,663.
	26 Total liabilities. Add lines 17 through 25	200,879.	26	296,935.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-126,577.	27	-223,523.
	28 Temporarily restricted net assets	74,815.	28	69,542.
	29 Permanently restricted net assets	32,970.	29	24,970.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-18,792.	33	-129,011.
34 Total liabilities and net assets/fund balances	182,087.	34	167,924.	

Form 990 (2018)

Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	511,227.
2 Total expenses (must equal Part IX, column (A), line 25)	2	627,479.
3 Revenue less expenses. Subtract line 2 from line 1	3	-116,252.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-18,792.
5 Net unrealized gains (losses) on investments	5	6,033.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-129,011.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c 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?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
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	3b		

Form **990** (2018)

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION DBA CHAMPIONS FOR HEALTH	Employer identification number 95-2568714
--	---

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

SAN DIEGO COUNTY MEDICAL SOCIETY

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	388,992.	664,704.	420,477.	312,984.	183,040.	1,970,197.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	197,202.	200,417.	267,207.	284,734.	328,100.	1,277,660.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	586,194.	865,121.	687,684.	597,718.	511,140.	3,247,857.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		34,963.	89,119.	11,411.	10,979.	146,472.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b		34,963.	89,119.	11,411.	10,979.	146,472.
8 Public support. (Subtract line 7c from line 6.)						3,101,385.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	586,194.	865,121.	687,684.	597,718.	511,140.	3,247,857.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		2.				2.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		2.				2.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8,039.	2.	167.			8,208.
13 Total support. (Add lines 9, 10c, 11, and 12.)	594,233.	865,125.	687,851.	597,718.	511,140.	3,256,067.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	95.25 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	95.96 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	.00 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	.13 %

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

SAN DIEGO COUNTY MEDICAL SOCIETY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

SAN DIEGO COUNTY MEDICAL SOCIETY

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information input.

Schedule A **Payments from Disqualified Persons** **2018**
Included on Part III, Line 7a

**** Do Not File ****

***** Not Open to Public Inspection *****

Payer's Name	2014 Amount	2015 Amount	2016 Amount	2017 Amount	2018 Amount
ALBERT RAY	0.	2,000.	1,200.	350.	1,389.
BARBARA MANDEL	0.	1,000.	11,351.	0.	0.
CAROL YOUNG	0.	500.	2,440.	0.	0.
ROSEMARIA JOHNSON	0.	700.	665.	0.	0.
MARY ROBBERSON	0.	1,000.	1,750.	0.	0.
JAMES HAY	0.	2,500.	2,675.	0.	2,500.
JAMES SCHULTZ	0.	1,000.	2,530.	0.	250.
JEFFREY WILLMANN	0.	250.	0.	121.	843.
KEERTI GURUSHANTHAIAH	0.	1,000.	1,000.	3,075.	2,000.
NICHOLAS YPHANTIDES	0.	250.	250.	1,000.	0.
NORA FAINE	0.	700.	0.	0.	0.
RON MITCHELL	0.	1,043.	103.	0.	0.
STUART COHEN	0.	3,000.	0.	0.	0.
ALEXANDRA PAGE	0.	20,020.	21,107.	975.	0.
OCTAVIO AGUIRRE	0.	0.	1,050.	0.	0.
DANIEL ANDERSON	0.	0.	11,225.	0.	1,000.
DAN HOM	0.	0.	2,100.	0.	0.
SUSAN KAWESKI	0.	0.	427.	0.	0.
CARL PINKARD	0.	0.	3,875.	2,300.	0.
KOSALA SAMARASINGHE	0.	0.	1,325.	1,000.	0.
ROBERT DESIMONE	0.	0.	24,046.	0.	0.
PAUL HEGYI	0.	0.	0.	1,430.	1,000.
DANIEL STONEWALL	0.	0.	0.	1,160.	0.
LILIANA OSORIO	0.	0.	0.	0.	997.
Total to Schedule A, Part III, Line 7a					

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2018

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION DBA CHAMPIONS FOR HEALTH**

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	32,970.	41,000.	20,000.		
b Contributions			21,000.	20,000.	
c Net investment earnings, gains, and losses					
d Grants or scholarships		8,030.			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	32,970.	32,970.	41,000.	20,000.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment _____ %
- c** Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

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

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION DBA CHAMPIONS FOR HEALTH**

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENTS	52,689.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	52,689.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) GRANTS AND CONTRACTS RECEIVABLE	21,388.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	21,388.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FISCAL AGENCY PAYABLE	9,663.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,663.

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

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION DBA CHAMPIONS FOR HEALTH**

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

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

1 Total revenue, gains, and other support per audited financial statements		1	1,527,207.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a	6,033.	
b Donated services and use of facilities	2b	956,250.	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d	80,702.	
e Add lines 2a through 2d	2e		1,042,985.
3 Subtract line 2e from line 1		3	484,222.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b	27,005.	
c Add lines 4a and 4b	4c		27,005.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	511,227.

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

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

1 Total expenses and losses per audited financial statements		1	1,637,426.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a	956,250.	
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d	80,702.	
e Add lines 2a through 2d	2e		1,036,952.
3 Subtract line 2e from line 1		3	600,474.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b	27,005.	
c Add lines 4a and 4b	4c		27,005.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	627,479.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE FOUNDATION IS A NONPROFIT ORGANIZATION AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. THE FOUNDATION IS NOT A PRIVATE FOUNDATION. THE FOUNDATION'S RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FOR THE YEAR ENDED SEPTEMBER 30, 2019 IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND STATE TAXING AUTHORITIES, GENERALLY THREE TO FOUR YEARS AFTER THE RETURNS WERE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 80,702.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT BENEFIT COSTS TO DONORS 27,005.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 80,702.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT BENEFIT COSTS TO DONORS 27,005.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION DBA CHAMPIONS FOR HEALTH**

Employer identification number
95-2568714

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

<ul style="list-style-type: none"> a <input type="checkbox"/> Mail solicitations b <input type="checkbox"/> Internet and email solicitations c <input type="checkbox"/> Phone solicitations d <input type="checkbox"/> In-person solicitations 	<ul style="list-style-type: none"> e <input type="checkbox"/> Solicitation of non-government grants f <input type="checkbox"/> Solicitation of government grants g <input type="checkbox"/> Special fundraising events
--	---
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

SAN DIEGO COUNTY MEDICAL SOCIETY

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CHAMPIONS SOIREE	SOLANA BEACH 5K	1	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	51,399.	38,516.	9,844.	99,759.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	51,399.	38,516.	9,844.	99,759.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			7,937.	7,937.
	6 Rent/facility costs	27,895.	41,621.	3,249.	72,765.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
10 Direct expense summary. Add lines 4 through 9 in column (d)					80,702.
11 Net income summary. Subtract line 10 from line 3, column (d)					19,057.

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

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

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

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

SAN DIEGO COUNTY MEDICAL SOCIETY

Schedule G (Form 990 or 990-EZ) 2018

FOUNDATION DBA CHAMPIONS FOR HEALTH

95-2568714 Page 3

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
 Employee
 Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION DBA CHAMPIONS FOR HEALTH

Schedule G (Form 990 or 990-EZ)

Part IV Supplemental Information (continued)

(This area is intentionally left blank for supplemental information.)

Schedule G (Form 990 or 990-EZ)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2018)

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION DBA CHAMPIONS FOR HEALTH**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS TO MEDICAL STUDENTS	0	8,000.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

EACH GRANT IS MONITORED USING FUND ACCOUNTING, WITH DESIGNATION AS SEPARATE CLASSES. INCOME AND EXPENSES ARE MONITORED AGAINST THE GRANT AGREEMENT. ALL GRANT FUNDERS RECEIVE ANNUAL, SEMI-ANNUAL, OR QUARTERLY REPORTS OF PROGRESS TOWARDS THE GRANT AGREEMENT, DEPENDING ON THE FUNDER'S REQUIREMENTS.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2018

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
SAN DIEGO COUNTY	PAUL HEG	FACILITI	X		84,090.	156,012.		X	X		X	
Total						▶ \$	156,012.					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

SEE PART V FOR CONTINUATIONS

SAN DIEGO COUNTY MEDICAL SOCIETY

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information.

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: SAN DIEGO COUNTY MEDICAL SOCIETY (SDCMS)

(B) RELATIONSHIP WITH ORGANIZATION: PAUL HEGYI IS BOARD MEMBER OF SDCMSF AND CEO OF SDCMS

(C) PURPOSE OF LOAN: FACILITIES, OPERATING, AND OTHER REIMBURSEMENTS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization	SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION DBA CHAMPIONS FOR HEALTH	Employer identification number	95-2568714
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENGAGED VOLUNTEERISM.

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

THE FOUNDATION PROVIDES SUPPORT FOR PHYSICIANS THROUGH TECHNICAL
ASSISTANCE FOR THE ADOPTION OF ELECTRONIC HEALTH RECORDS.

MEDICAL STUDENT SUPPORT

BY EXPANDING THE ORIGINAL MISSION OF THE ORGANIZATION, THE FOUNDATION
PROVIDES SCHOLARSHIPS TO MEDICAL STUDENTS AND NEW RESIDENTS SERVING IN
SAN DIEGO COUNTY.

FORM 990, PART VI, SECTION A, LINE 6:

THERE SHALL BE ONE CLASS OF MEMBERS. MEMBERSHIP IN THIS CORPORATION SHALL
CONSIST SOLELY OF THE BOARD OF DIRECTORS OF THE SAN DIEGO COUNTY MEDICAL
SOCIETY (SDCMS).

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

THE MEMBERS SHALL VOTE, AS SET FORTH IN THESE BYLAWS AND WITH A VOTE BY THE
MAJORITY OF MEMBERS, ON THE RATIFICATION OF: THE FOUNDATION'S ELECTION OF
DIRECTORS AND OFFICERS, OF THE SELECTION OF ITS CEO, OF THE DISPOSITION OF
ALL OR SUBSTANTIALLY ALL OF THE CORPORATION'S ASSETS: ON ANY MERGER AND ITS
PRINCIPLE TERMS AND ANY AMENDMENT OF THOSE TERMS, ON ANY ELECTION TO
DISSOLVE THE CORPORATION, ON ANY BYLAWS AMENDMENTS ADOPTED BY THE

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION DBA CHAMPIONS FOR HEALTH	Employer identification number 95-2568714
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FOUNDATION'S BOARD OF DIRECTORS, AND ON ANY OTHER MATTER SUBMITTED TO A VOTE OF THE MEMBERS.

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

BOARD SLATE IS APPROVED BY SDCMS.

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

AT BOARD OF DIRECTORS MEETING.

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

IN CASE OF A CONFLICT OF INTEREST ISSUE, THE BOARD WOULD REVIEW THE SITUATION. THERE HAVE BEEN NO KNOWN CONFLICTS OF INTEREST FOR THE YEAR ENDED SEPTEMBER 30, 2019.

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

ANNUAL REVIEW BY EXECUTIVE COMMITTEE.

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

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
Open to Public Inspection

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

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

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

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

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

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION DBA CHAMPIONS FOR HEALTH**

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on 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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION DBA CHAMPIONS FOR HEALTH**

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Dividends from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SAN DIEGO COUNTY MEDICAL SOCIETY	K	62,793.	ACTUAL COST
(2) SAN DIEGO COUNTY MEDICAL SOCIETY	C	12,043.	ACTUAL COST
(3) SAN DIEGO COUNTY MEDICAL SOCIETY	P	20,100.	ACTUAL COST
(4) SAN DIEGO COUNTY MEDICAL SOCIETY	E	37,038.	ACTUAL COST
(5)			
(6)			

SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION DBA CHAMPIONS FOR HEALTH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	COMPUTER FOR PROJ ACCESS	08/22/07	SL	3.00		HY17	1,262.				1,262.	1,262.		0.	1,262.
2	COMPUTER FOR PROJ ACCESS	08/22/07	SL	3.00		HY17	1,262.				1,262.	1,262.		0.	1,262.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						2,524.				2,524.	2,524.		0.	2,524.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,524.				2,524.	2,524.		0.	2,524.

Depreciation and Amortization
 (Including Information on Listed Property) 990

▶ Attach to your tax return.
 ▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION DBA CHAMPIONS FOR HEALTH	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 95-2568714
--	--	---

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,000,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,500,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

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

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2018	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 2018 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 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 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 instr.	22	0.
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	

**SAN DIEGO COUNTY MEDICAL SOCIETY
FOUNDATION DBA CHAMPIONS FOR HEALTH**

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

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

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

Section B - Information on Use of Vehicles

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

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

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2018 tax year:					
43 Amortization of costs that began before your 2018 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

**SAN DIEGO COUNTY
MEDICAL SOCIETY FOUNDATION
DBA CHAMPIONS FOR HEALTH
FINANCIAL STATEMENTS
SEPTEMBER 30, 2020 AND 2019**

**SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION
DBA CHAMPIONS FOR HEALTH**

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CONSIDINE CONSIDINE

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To The Board of Directors
San Diego County Medical Society Foundation
DBA Champions for Health

We have audited the accompanying financial statements of San Diego County Medical Society Foundation DBA Champions for Health, A Nonprofit Organization, which comprise the statements of financial position as of September 30, 2020 and 2019, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of San Diego County Medical Society Foundation DBA Champions for Health, as of September 30, 2020 and 2019, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

A handwritten signature in black ink that reads "Considine & Considine". The script is cursive and somewhat stylized.

CONSIDINE & CONSIDINE
An Accountancy Corporation

May 7, 2021

**SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION
DBA CHAMPIONS FOR HEALTH
STATEMENTS OF FINANCIAL POSITION
SEPTEMBER 30, 2020 AND 2019**

Page 4

	2020	2019
ASSETS		
CURRENT ASSETS		
Cash	\$ 33,445	\$ 48,718
Investments (Note 3)	135,751	52,689
Grants and contracts receivable	24,400	21,388
Accounts receivable	4,272	39,865
Prepaid expenses	12,137	5,264
TOTAL ASSETS	210,005	167,924
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	36,412	65,521
Accrued expenses	19,349	22,435
Fiscal agency payable	9,663	9,663
Deferred revenue	26,000	43,304
Note payable - current (Note 7)	18,000	18,000
	109,424	158,923
LONG-TERM LIABILITIES		
PPP loan payable (Note 6)	54,158	-
Note payable - long term (Note 7)	183,949	138,012
	238,107	138,012
TOTAL LIABILITIES	347,531	296,935
NET ASSETS (Note 8)		
Without donor restrictions	(173,914)	(223,523)
With donor restrictions	36,388	94,512
	(137,526)	(129,011)
TOTAL LIABILITIES AND NET ASSETS	\$ 210,005	\$ 167,924

**SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION
DBA CHAMPIONS FOR HEALTH
STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE YEAR ENDED SEPTEMBER 30, 2020**

Page 5

	Without Donor Restrictions	With Donor Restrictions	Total
REVENUES			
In-kind donations	\$ 552,175	\$ -	\$ 552,175
Contract income	33,247	248,596	281,843
Grant revenue	84,787	85,047	169,834
Contributions	149,037	-	149,037
Investment income, net	33,351	-	33,351
Funds released from restrictions	391,767	(391,767)	-
	1,244,364	(58,124)	1,186,240
SPECIAL EVENTS (Note 10)			
Events revenue	61,368	-	61,368
Direct benefit to donors	(5,396)	-	(5,396)
	55,972	-	55,972
Total revenues	1,300,336	(58,124)	1,242,212
EXPENSES			
Program	1,027,947	-	1,027,947
General and administrative	142,345	-	142,345
Fundraising	80,435	-	80,435
	1,250,727	-	1,250,727
CHANGE IN NET ASSETS	49,609	(58,124)	(8,515)
NET ASSETS, BEGINNING OF YEAR	(223,523)	94,512	(129,011)
NET ASSETS, END OF YEAR	\$ (173,914)	\$ 36,388	\$ (137,526)

**SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION
DBA CHAMPIONS FOR HEALTH
STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE YEAR ENDED SEPTEMBER 30, 2019**

Page 6

	Without Donor Restrictions	With Donor Restrictions	Total
REVENUES			
In-kind donations	\$ 956,250	\$ -	\$ 956,250
Contract Income	80,309	247,791	328,100
Grant revenue	5,000	110,910	115,910
Contributions	48,073	-	48,073
Investment income, net	6,120	-	6,120
Funds released from Restriction	371,974	(371,974)	-
	1,467,726	(13,273)	1,454,453
SPECIAL EVENTS (Note 10)			
Events revenue	99,759	-	99,759
Direct benefit to donors	(27,005)	-	(27,005)
	72,754	-	72,754
Total revenues	1,540,480	(13,273)	1,527,207
EXPENSES			
Program	1,414,766	-	1,414,766
General and administrative	130,327	-	130,327
Fundraising	92,333	-	92,333
	1,637,426	-	1,637,426
CHANGE IN NET ASSETS	(96,946)	(13,273)	(110,219)
NET ASSETS, BEGINNING OF YEAR	(126,577)	107,785	(18,792)
NET ASSETS, END OF YEAR	\$ (223,523)	\$ 94,512	\$ (129,011)

**SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION
DBA CHAMPIONS FOR HEALTH
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED SEPTEMBER 30, 2020**

Page 7

EXPENSES	Program Services	General and Administrative	Fundraising	Total
Bad debt expense	\$ -	\$ 870	\$ -	\$ 870
Bank charges	-	522	-	522
Charitable contributions	39,169	-	-	39,169
Equipment	925	-	-	925
Grants and scholarships	599	199	-	798
Insurance	2,498	-	-	2,498
Marketing	21,625	2,755	-	24,380
Medical services	518,425	2,885	-	521,310
Medical supplies	7,690	-	-	7,690
Meetings and education	5,853	1,226	-	7,079
Office expenses	-	21,155	-	21,155
Outside services and consulting	24,420	17,000	30,976	72,396
Payroll costs	315,448	67,762	-	383,210
Printing and postage	395	292	-	687
Professional fees	18,684	7,461	-	26,145
Rent and utilities	65,362	8,170	8,170	81,702
Special event expenses (Note 10)	-	-	46,685	46,685
Tax and licenses	-	117	-	117
Technology and communication	3,343	11,422	-	14,765
Travel	3,174	489	-	3,663
Volunteer recognition	337	20	-	357
	<u>1,027,947</u>	<u>142,345</u>	<u>85,831</u>	<u>1,256,123</u>
Less: Direct benefit to donors at special events included in revenue	<u>-</u>	<u>-</u>	<u>(5,396)</u>	<u>(5,396)</u>
TOTAL EXPENSES INCLUDED IN THE EXPENSE SECTION OF THE STATEMENT OF ACTIVITIES	<u><u>\$ 1,027,947</u></u>	<u><u>\$ 142,345</u></u>	<u><u>\$ 80,435</u></u>	<u><u>\$ 1,250,727</u></u>

**SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION
DBA CHAMPIONS FOR HEALTH
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED SEPTEMBER 30, 2019**

Page 8

	Program Services	General and Administrative	Fundraising	Total
EXPENSES				
Bad debt expense	\$ -	\$ 6,331	\$ -	\$ 6,331
Bank charges	-	3,927	-	3,927
Equipment	103	660	-	763
Grants and scholarships	8,000	-	-	8,000
Insurance	-	2,698	-	2,698
Marketing	20,100	7,480	-	27,580
Medical services	909,770	-	-	909,770
Medical supplies	8,193	-	-	8,193
Meetings and education	24,066	1,349	-	25,415
Office expenses	623	13,050	-	13,673
Outside services and consulting	59,207	865	30,000	90,072
Payroll costs	279,197	61,302	-	340,499
Printing and postage	1,254	972	-	2,226
Professional fees	24,136	9,207	-	33,343
Rent and utilities	68,496	8,562	8,562	85,620
Special event expenses (Note 9)	-	-	80,702	80,702
Tax and licenses	-	436	-	436
Technology and communication	1,947	11,361	74	13,382
Travel	6,029	891	-	6,920
Volunteer recognition	3,645	1,236	-	4,881
	1,414,766	130,327	119,338	1,664,431
Less: Direct benefit to donors at special events included in revenue	-	-	(27,005)	(27,005)
TOTAL EXPENSES INCLUDED IN THE EXPENSE SECTION OF THE STATEMENT OF ACTIVITIES	\$ 1,414,766	\$ 130,327	\$ 92,333	\$ 1,637,426

**SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION
DBA CHAMPIONS FOR HEALTH
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED SEPTEMBER 30, 2020 AND 2019**

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	2020	2019
CASH FLOWS USED BY OPERATING ACTIVITIES		
Change in net assets	\$ (8,515)	\$ (110,219)
ADJUSTMENT TO RECONCILE CHANGE IN NET ASSETS TO NET CASH USED BY OPERATING ACTIVITIES		
Investment income, net	(33,351)	(6,120)
Changes in operating assets and liabilities:		
Grants and contracts receivable	(3,012)	(1,675)
Accounts receivable	35,593	(19,509)
Prepaid expenses	(6,873)	1,254
Accounts payable	(29,109)	15,998
Deferred revenue	(17,304)	43,304
Accrued expenses	(3,086)	(284)
	(57,142)	32,968
NET CASH USED BY OPERATING ACTIVITIES	(65,657)	(77,251)
CASH FLOWS (USED)/PROVIDED BY INVESTING ACTIVITIES		
Proceeds from the sale of investments	37,789	45,551
Purchases of investments	(87,500)	(6,106)
	(49,711)	39,445
CASH FLOWS PROVIDED BY FINANCING ACTIVITIES		
Principle borrowings on note payable	45,937	37,038
Proceeds received from PPP loan payable	54,158	-
	100,095	37,038
NET DECREASE IN CASH	(15,273)	(768)
CASH, BEGINNING	48,718	49,486
CASH, ENDING	\$ 33,445	\$ 48,718
SUPPLEMENTAL DISCLOSURES:		
Income taxes paid	\$ -	\$ -
Interest paid	\$ -	\$ -

**SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION
DBA CHAMPIONS FOR HEALTH
NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2020 AND 2019**

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NOTE 1 THE ORGANIZATION

The San Diego Medical Society Foundation DBA Champions for Health (the "Foundation") is a California Nonprofit Organization. The Foundation's mission is to improve community health and wellness, access to care for all, and support physicians through engaged volunteerism. The Foundation was formed as a separate non-for-profit corporation by the leadership of the San Diego County Medical Society ("SDCMS") in 2004 to facilitate volunteerism on the part of the SDCMS members, and SDCMS remains committed to the success of the Foundation, as demonstrated through donated services annually.

The Foundation's programs consist of the following initiatives:

Access to Care

The Foundation is in support of local organizations that provide direct care to the neediest of our community. By recruiting physicians who wish to donate their services, helping to connect the needy to free specialty care, the Foundation is committed to playing an active role in solving this community-wide problem. The Foundation received donated services from over 699 physicians, as well as other health providers, totaling \$471,180 and \$872,734 for the years ended September 30, 2020 and 2019, respectively (see note 2). Additional donated services were provided directly to individuals totaling \$2,159,508 and \$1,798,504 based on normalized Medicare rates for the years ended September 30, 2020 and 2019, respectively. These donated services are not reflected in the financial statements.

Community Health and Wellness

The Foundation supports community health and wellness through a variety of prevention activities, including free flu immunizations and other vaccinations, blood pressure screening, and community health education. These programs are provided to the community without charge.

Medical Student Support

The Foundation provides scholarships to medical students and new residents serving in San Diego County. Additionally, students participate with physicians from around California learning about legislative impact on healthcare policy and interacting with legislators in Sacramento during legislative day.

These programs are developed to sensitize students to the needs of the San Diego community and to promote physician retention in San Diego after graduation and residency.

**SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION
DBA CHAMPIONS FOR HEALTH
NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2020 AND 2019**

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Retired Physicians Society

The Foundation is convening retired physicians living in the San Diego community who are interested in continuing to use their talents and skills in a voluntary capacity. At quarterly meetings, members have an opportunity to network with a variety of community organizations that would value and utilize their concerns facing our community. The goal is to provide opportunities for retired physicians to connect with, become involved with, participate in, and offer leadership to organizations that serve the healthcare needs of the underserved in our community.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting - The accompanying financial statements are prepared using the accrual method of accounting in conformity with generally accepted accounting principles.

Basis of presentation – Under accounting standards on financial statements of not-for-profit organizations, the Organization is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions, and net assets with donor restrictions

Net assets without donor restrictions – Net assets without donor restrictions consist of assets which are fully available, at the discretion of management and the Board of Directors, for the Organization to utilize in its program or supporting services. Net assets without donor restrictions also include amounts designated for certain purposes by the Board of Directors

Net assets with donor restrictions – Net assets with donor restrictions consist of contributed funds subject to donor-imposed restrictions contingent upon specific performance of a future event or a specific passage of time before the Organization may spend the funds. At September 30, 2020 and 2019 the Organization had donor restricted net assets of \$36,388 and \$94,512, respectively.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts and disclosures. Actual results could differ from these estimates.

Concentration of credit risk - The Foundation maintains its cash in bank deposit account which, at times, may exceed federally insured limits. The Foundation has not experienced any losses in such accounts. The Foundation believes it is not exposed to any significant credit risk on cash and cash equivalents.

Cash - The Foundation considers financial instruments with a fixed maturity date of less than three months to be cash equivalents. The Foundation maintains its bank accounts with a national bank.

SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION
DBA CHAMPIONS FOR HEALTH
NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2020 AND 2019

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Property and equipment - Property and equipment are carried at cost or, if donated, at approximate value at the date of the gift. The Foundation follows the practice of capitalizing expenditures in excess of \$2,500. Expenditures for repairs and maintenance are charged against operations. Depreciation is computed using the straight-line method over the estimated useful lives of the assets of three years. Property and equipment acquired by SDCMS, a related party by common board membership, are used by the Foundation for operating purposes. SDCMS and the Foundation have an agreement in place for shared costs.

Investments - Investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at their fair values in the statements of financial position. Gains and losses are included in the statements of activities and changes in net assets.

Fair value measurement - The Foundation follows accounting standards which define fair value, establishes a framework for measuring fair value and enhances disclosures about fair value measurements for all financial assets and liabilities.

Fiscal agency - The Foundation acts as a fiscal agent for the Cancer Care Fund. When nonprofit Foundations function as an agent helping donors make contributions to another entity, they do not receive a contribution when they receive the assets, nor do they make a contribution when they disburse the assets to the other entity. Instead they act as go-betweens, passing the assets from the donor through the Foundation to the specified entity, and accordingly, record the funds as a liability. FASB ASC 958-605 establishes standards for transactions in which an entity, the donor, makes a contribution by transferring assets to a nonprofit, a recipient entity, that accepts the assets from the donor and agrees to use those assets as specified by the donor.

Funds held by the Foundation for use by the Cancer Care Fund at September 30, 2020 and 2019 were \$9,663.

Advertising - The Foundation follows the policy of expensing advertising costs as incurred. Advertising expense was \$4,280 and \$7,480 for the years ended September 30, 2020 and 2019, respectively. The majority of advertising expenses incurred by the Company were contributed by SDCMS and recorded as an in-kind contribution.

Deferred revenue - Revenue received in advance of a special event are deferred. The revenues are recognized when the event occurs. The Champions Soiree in 2020 was deferred due to the pandemic.

Revenue recognition - Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions. All donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions. Contributions received with donor-imposed restrictions that are satisfied within the same reporting period are reported as unrestricted support in that period.

SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION
DBA CHAMPIONS FOR HEALTH
NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2020 AND 2019

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Accounting Standards Update No. 2014-09, 2016-08, 2016-10, 2016-12 and 2016-20, collectively implemented as Financial Accounting Standard Board (“FASB”) Accounting Standards Codification (“ASC”) Topic 606 (“ASC 606”) Revenue from Contracts with Customers, provides guidance for revenue recognition. This ASC’s core principle requires an organization to recognize revenue when it transfers promised goods or services to customers in an amount that reflects consideration to which the organization expects to be entitled in exchange for those goods or services. The standard also clarifies the principal versus agent considerations, providing the evaluation must focus on whether the entity has control of the goods or services before they are transferred to the customer. The new standard permits the use of either the modified retrospective or full retrospective transition method.

The Foundation has performed a review of the new guidance as compared to its current accounting policies, and evaluated all services rendered to its customers as well as underlying contracts to determine the impact of this standard to its revenue recognition process. Upon completion of its review of relevant contracts, the Foundation has made a determination that there was not a material impact to fiscal 2020 revenues as a result of applying ASC 606. Additionally, there have not been significant changes to the Foundation’s business processes, systems, or internal controls as a result of implementing the standard. The Foundation adopted the standard on October 1, 2019, using the modified retrospective transition method.

In June 2018, the FASB issued Accounting Standards Update (ASU) 2018-08, Not-for-Profit Entities (Topic 958), Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made. The ASU includes clarification regarding the accounting for contracts and agreements as exchange transactions or contributions and provides improved guidance to better distinguish between conditional and unconditional contributions. The Foundation adopted ASU 2018-08, under the modified prospective approach to agreements that were either not completed as of October 1, 2019 or entered into after October 1, 2019. The adoption of this ASU did not have a material effect on the financial statements for contributions received. The Foundation does not make significant contributions and the impact of ASU 2018- 08 related to contributions made is not expected to be material to the financial statements or disclosures.

In-kind contributions - In-kind contributions are reflected as contributions at fair value at the date of donation and are reported as unrestricted support unless specific donor stipulations specify how donated assets must be used. All donated services recognized created a non-financial asset or required specialized skills that would have been purchased if not donated. The Foundation received in-kind donations for medical services for individuals in need of care. The value of donated services totaled \$471,180 and \$872,734 for the years ended September 30, 2020 and 2019, respectively. The fair market value of contributed professional services is reported as support and expense in the period in which the services are performed. There are numerous other individuals who volunteer their time and perform a variety of tasks to assist the Foundation with the medical program, fundraising, and administrative support. No amounts have been reflected in the financial statements for these donated services as they do not meet the criteria for recognition as contributions. The Foundation benefited from in-kind donations from SDCMS of rent and marketing expenses of \$80,995 and \$82,893 for the years ended September 30, 2020 and 2019, respectively.

**SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION
DBA CHAMPIONS FOR HEALTH
NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2020 AND 2019**

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Grant and contract revenue - Grant and contract revenue is recognized in the period in which the related work is performed in accordance with the terms of the grant or the contract. A receivable is recorded when revenue earned under a grant or contract exceeds the cash received. Deferred grant and contract revenue is recorded when cash received under a grant or contract exceeds the revenue earned. Grants and contracts receivable totaled \$24,400 and \$21,388 at September 30, 2020 and 2019, respectively.

Income taxes - The Foundation is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and Section 23701(d) of the California Revenue and Taxation Code. The Foundation, however, may be subject to tax on income which is not related to its exempt purpose. For the years ended September 30, 2020 and 2019, no such unrelated business taxable income was reported and, therefore, no provision for income taxes has been made.

The Foundation follows accounting standards which clarify the accounting for uncertainty in income taxes recognized in the Foundation's financial statements and prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. It also provides guidance on derecognition and measurement of a tax position taken or to be taken in a tax return. As of September 30, 2020 and 2019, the Foundation has not accrued interest or penalties related to uncertain tax positions. The Foundation files tax returns in the U.S. Federal jurisdiction and the State of California.

NOTE 3 INVESTMENTS

The Foundation's investments consist of the following:

	<u>2020</u>	<u>2019</u>
Common stocks	\$ 78,495	\$ -
Mutual funds	57,256	52,689
	<u>\$ 135,751</u>	<u>\$ 52,689</u>

The following schedule summarizes the investment return and its classification in the statement of activities for the year ended September 30, 2020:

	<u>Unrestricted</u>	<u>Temporarily restricted</u>	<u>Total</u>
Realized and unrealized gains	<u>\$ 33,351</u>	<u>\$ -</u>	<u>\$ 33,351</u>

The following schedule summarizes the investment return and its classification in the statement of activities for the year ended September 30, 2019:

	<u>Unrestricted</u>	<u>Temporarily restricted</u>	<u>Total</u>
Realized and unrealized gains	<u>\$ 6,120</u>	<u>\$ -</u>	<u>\$ 6,120</u>

**SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION
DBA CHAMPIONS FOR HEALTH
NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2020 AND 2019**

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NOTE 4 PROPERTY AND EQUIPMENT

Property and equipment consist of the following:

	2020	2019
Office equipment	\$ 2,524	\$ 2,524
Accumulated depreciation	(2,524)	(2,524)
	\$ -	\$ -

Depreciation expense for the years ended September 30, 2020 and 2019 was \$0.

NOTE 5 FAIR VALUE MEASUREMENT

The Foundation follows the methods of fair value to value its financial assets and liabilities. Fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In order to increase consistency and comparability in fair value measurements, a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels has been established, which are described below.

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2: Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in inactive markets; or model-derived valuations in which all significant inputs are observable or can be derived principally from or corroborated with observable market data.

Level 3: Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

In determining fair value, the Foundation utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible as well as considers counterparty credit risk in its assessment of fair value.

The investments in common stocks and mutual funds are valued at market prices in active markets and are classified as Level 1.

Financial assets and liabilities carried at fair value measured on a recurring basis at September 30, 2020 and 2019 are classified in one of the three categories previously mentioned.

**SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION
DBA CHAMPIONS FOR HEALTH
NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2020 AND 2019**

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The table below presents the balances of assets measured at fair value as of September 30, 2020 on a recurring basis:

	Level 1	Level 2	Level 3	Total
Common stocks	\$ 78,494	\$ -	\$ -	\$ 78,494
Mutual funds	57,256	-	-	57,256
	<u>\$ 135,750</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 135,750</u>

The table below presents the balances of assets measured at fair value as of September 30, 2019 on a recurring basis:

	Level 1	Level 2	Level 3	Total
Mutual funds	52,689	-	-	52,689
	<u>52,689</u>	<u>-</u>	<u>-</u>	<u>52,689</u>

Changes in Level 3 financial instruments during the year ended September 30, 2019 were as follows:

	Mortgage fund
Balance at October 1, 2018	\$ 36,536
Sales and settlements	(36,536)
Balance at September 30, 2019	<u>\$ -</u>

NOTE 6 PPP LOAN PAYABLE

In May 2020, the Company entered into a note payable agreement with Wells Fargo Bank for \$54,158, pursuant to the Paycheck Protection Program (PPP) under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). The note matures two years from the disbursement date and bears interest at a rate of 1.000% per annum, with the first six months of interest deferred. Principal and interest are payable monthly commencing six months after the disbursement date and may be prepaid by the Organization at any time prior to maturity with no prepayment penalties. Under the terms of the CARES Act, PPP loan recipients can apply for and be granted forgiveness for all or a portion of loans granted under the PPP. The note is subject to forgiveness to the extent proceeds are used for payroll costs, including payments required to continue group health care benefits, and certain rent, utility, and mortgage interest expenses (qualifying expenses), pursuant to the terms and limitations of the PPP. The Organization believes that it will use all of the proceeds from the note for the qualifying expenses. However, no assurance is provided that the Organization will obtain forgiveness of the note in whole or in part.

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NOTE 7 NOTE PAYABLE

In September 2017, the Foundation entered into a loan agreement with San Diego County Medical Society, a related party through common board membership. As of September 30, 2020, the balance of the note was \$201,949. The note payable bears no interest and matures in May 2025.

The summary of principal maturities required under the note payable for the fiscal years ended September 30 are as follows:

2021	18,000
2022	18,000
2023	18,000
2024	18,000
2025	129,949
	<u>\$ 201,949</u>

NOTE 8 NET ASSETS

Net assets consist of the following:

	2020	2019
Without donor restrictions:	\$ (173,914)	\$ (223,523)
With donor restrictions:		
Colorectal cancer	16,227	16,327
Physician education	10,910	10,910
Project access	5,269	27,949
Simon/Hertzka	3,982	11,624
Houkum, MD memorial scholarship fund	-	24,970
Immunizations	-	2,732
	36,388	94,512
Total net assets	\$ (137,526)	\$ (129,011)

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Net assets were released from donor restrictions by incurring expenses satisfying the purpose restriction specified by donors as follows:

	2020	2019
Project access	\$ 252,905	\$ 204,911
Speakers bureau	85,996	83,323
Houkum, MD memorial scholarship fund	24,970	8,000
Immunizations	10,154	21,629
Colorectal cancer	10,100	8,525
Simon/Hertzka	7,642	-
Diabete prevention	-	20,817
Physician education	-	15,840
Breast cancer	-	8,929
	\$ 391,767	\$ 371,974

NOTE 9 EMPLOYEE RETIREMENT PLAN

The Foundation sponsors a 401 (k) plan for all eligible employees. The Foundation matches 100% of all eligible employees' contributions up to 6% of gross pay. The Foundation's contribution to the retirement plan for the years ended September 30, 2020 and 2019 was \$7,618 and \$13,868, respectively.

NOTE 10 SPECIAL EVENTS

Special event revenues and expenses are directly related to the Champions Soiree and Solana Beach Sunset 5k Run and wellness expo and consist of the following for the years ended September 30:

	2020	2019
Revenue:		
Solana beach 5k	\$ 59,408	\$ 38,516
Other events	1,960	9,844
Champions Soiree	-	51,399
	61,368	99,759
Expenses:		
Solana beach 5k	28,952	41,621
Champions Soiree	16,476	27,895
Other events	1,258	11,186
	46,686	80,702
Net special events income	\$ 14,682	\$ 19,057

Due to the Covid-19 pandemic, the annual Champions Soiree event was canceled in 2020.

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NOTE 11 RELATED PARTY TRANSACTIONS

The Foundation receives contributions from SDCMS, a related party through common board membership. Amounts received from SDCMS, which were forwarded from individual contributions that were collected through dues payments, for the year ended September 30, 2020 and 2019 were \$15,841 and \$12,043, respectively, and are recorded as unrestricted contributions on the Statement of Activities and Changes in Net Assets.

The Foundation reimburses SDCMS, a related party through common board membership, for certain operational expenses. The Foundation had amounts due to SDCMS for reimbursement of expenses of \$0 at September 30, 2020 and 2019. The following is a summary of expenses reimbursed to SDCMS for the year ended September 30, 2020 and 2019:

	2020	2019
Rent and utilities	\$ 60,895	\$ 62,793
Other overhead expenses	20,100	20,100
	\$ 80,995	\$ 82,893

In September 2017, the Foundation entered into a loan agreement with a related party through common board membership (See Note 7).

In June 2016, the Foundation entered into a sub-lease agreement with San Diego County Medical Society, a related party through common board membership (See Note 12).

NOTE 12 COMMITMENTS

In June 2016, the Foundation entered into a sub-lease agreement with San Diego County Medical Society, a related party through common board membership. As part of the agreement, the Foundation is obligated to pay \$1,847 per month, for 54 months, for rent. The Foundation is also obligated to pay \$52, per employee, per month, for the use of equipment and \$80, per employee, per month, for the use of telephone and internet services. Both parties agreed to exercise a renewal option 18 months prior to the expiration of this agreement.

Minimum future lease payments related to office space are due as follows for the years ended September 30:

	2021	\$ 3,694
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NOTE 13 LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS

The Organization is substantially supported by contributions with donor restrictions and In-kind donations. Contributions and expenses are monitored on a monthly basis by the Organization's management and a committee of the Board of Directors. The level of assets are monitored on an annual basis. The Organization's goal is to be able to function within the boundaries of the income received throughout the year.

The following reflects the Organization's financial assets as of September 30, 2020, reduced by any amounts not available for general use because of contractual or donor-imposed restrictions within one year of the balance sheet date:

Financial assets, at year-end:

Cash	\$ 33,445
Investments	135,751
Grants and contracts receivable	24,400
Accounts receivable	<u>4,272</u>
Total financial assets	197,868

Less those unavailable for general expenditures within one year, due to contractual or donor-imposed restrictions:

Restricted by purpose	<u>(36,388)</u>
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Financial assets available to meet cash needs for general expenditures within one year

\$ 161,480

NOTE 14 SUBSEQUENT EVENTS

Management has evaluated subsequent events through May 7, 2021, the date which the financial statements were available to be issued. There were no material subsequent events which affected the amounts or disclosures in the financial statements, except as noted below:

As a result of the spread of the COVID-19 Coronavirus and the resulting stay-at-home orders issued by the State of California, the state in which the Company operates, the Company is experiencing reduced revenues. The duration of the reduction in revenues may be only temporary. However, the related financial impact and duration cannot be reasonable estimated at this time.

In December 2020, The Foundation entered into an agreement for office space in San Diego, CA. The agreement expires in December 2023.