EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

| <u>A</u> | For th | e 2016 calendar year, or tax year beginning | and ending | | |
|--------------------------------|-------------------|--|--|-----------------------------|---------------------------------|
| В | Check if applicab | C Name of organization | | D Employer identif | ication number |
| Г | Addre | SAN DIEGO KIND CORPORATION | | | |
| Ē | Name chang | | | 95-2 | 2822318 |
| | Initial | | Room/suit | | |
| | Final | D O BOY 1211E1 | | | -235-2315 |
| | termir ated | City or town, state or province, country, and ZIP or foreign postal code | 9 | G Gross receipts \$ | 1,600,944. |
| | Amen | ded SAN DIEGO, CA 92112-1151 | | H(a) Is this a group i | |
| | Appli | F Name and address of principal officer: FRAN E. KILBURG | | for subordinate | s? Yes X No |
| _ | penda | PO BOX 121151, SAN DIEGO, CA 92112- | 1151 | H(b) Are all subordinates | ıncluded? Yes No |
| 1 | Tax-ex | empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a | a)(1) or 52 | If "No," attach a | a list. (see instructions) |
| | | te: ► N/A | | H(c) Group exempte | |
| _ | | organization: X Corporation Trust Association Other | L Yea | r of formation: 1972 | M State of legal domicile: CA |
| P | art I | Summary | | | |
| 9 | 1 | Briefly describe the organization's mission or most significant activities: \underline{SE} | E STATE | MENT BELOW. | |
| rnance | | Observation by the second seco | | - Alice Property Co. | . |
| | 2 | Check this box if the organization discontinued its operation or d | isposed of ind | re right 25% of its net a | ssets |
| 76 | 3 | realises of voting members of the governing body (rait vi, line ta) | 1b) | - JOI 3 | 7 |
| | 5 | | NOV 27 | 2017 | 1 |
| Ţġ. | 6 | Total number of individuals employed in calendar year 2016 (Part V, line Total number of volunteers (estimate if necessary) | NU.V # | 20 6 | 6 |
| Activities & Gove | | Total unrelated business revenue from Part VIII, column (C), line 12 | Adam | 7a | |
| _`₹ | | Net unrelated business taxable income from Form 990-T, line 34 | UGUE | 7b | |
|)} [| 1 - | | 3,5 03,5 2,5 2,5 2,5 2,5 2,5 2,5 2,5 2,5 2,5 2 | Prior Year | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | | 1,326,144. | 1,583,891. |
| Ž | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 0. |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 1,450. | |
|) <u>ac</u> | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 31,217. | 17,024. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line | 12) | 1,358,811. | 1,600,944. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 637,000. | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 | -10) | 165,527. | 215,952. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| ğ | b | Total fundraising expenses (Part IX, column (D), line 25) | <u> </u> | | |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 49,889. | |
| | 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | <u> </u> | <u>852,416.</u> | |
| _ 0 | 19 | Revenue less expenses. Subtract line 18 from line 12 | • | 506,395. | 1,297,230. |
| Net Assets or Find Balances | | Total counts (D. 1 V. Lov 40) | <u> B</u> | eginning of Current Year | End of Year |
| Asse Bals | 20 | Total assets (Part X, line 16) | <u> </u> | 2,835,701. | 3,091,255. |
| let / | 21 22 | Total liabilities (Part X, line 26) | - | 11,029,740. | |
| | art II | Net assets or fund balances Subtract line 21 from line 20 Signature Block | | <u>-8,194,039.</u> | -6,894,126. |
| | | lities of perjury, I declare that I have examined this return, including accompanying sch | edules and state | ments, and to the hest of n | ny knowledge and helief it is |
| | | ct, and complete. Declaration of preparer (other than officer) is based on all information | | | iy kilowicago ana bellei, it is |
| | , | Aran & Killows | or winour propart | 11.14.7 | <u></u> |
| Sig | ın | Signature of officer | | Date | |
| He | | FRAN E. KILBURG, TREASURER | | | |
| | | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check [| PTIN |
| Pai | d | TONY VANORNY Los Jaw | | 11/06/17 self-emplo | yed P00662403 |
| Pre | parer | Firm's name JUNKERMIER, CLARK, CAMPANELLA, S | TEVENS, | P.C. Firm's EIN | 81-0348775 |
| Use | Only | Firm's address ▶ PO BOX 9047 | | | |
| | | KALISPELL, MT 59904 | | Phone no. 4 0 | 6-755-3681 |
| <u>Ma</u> | y the II | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No |
| 6320 | 001 11- | 1-16 LHA For Paperwork Reduction Act Notice, see the separate instr | uctions. | | Form 990 (2016) |

| | | 95-2822318 | Page 2 |
|----|---|-----------------------|-----------------|
| Pa | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | Briefly describe the organization's mission. | | |
| | SAN DIEGO KIND CORPORATION, A CA NON PROFIT ORGANIZATION | , CREATES A | ND |
| | DEVELOPS HOUSING AND SERVICES FOR THE LOW INCOME ELDERLY | | |
| | CONTRIBUTES TO OTHER LOW INCOME SENIOR SERVICE AND HOUSI | | · |
| | | 10 11001010 | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| 2 | | | X No |
| | prior Form 990 or 990-EZ? | L Yes | ON LAL |
| | 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? | L Yes | X 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 m | easured by expense | S. |
| | 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 \$ | . 17 | 024.) |
| | SAN DIEGO KIND CORPORATION, A CA NON PROFIT ORGANIZATION | | |
| | OPERATED A SECTION 202 FEDERAL HOUSING PROJECT FOR OVER | | |
| | | | |
| | YEARS. THE LOW INCOME ELDERLY PROJECT WAS SOLD/TRANSFERRI | | |
| | NON PROFIT ARM OF THE SAN DIEGO HOUSING COMMISSION, THE I | | |
| | AUTHORITY FOR THE CITY OF SAN DIEGO IN 2014, THEREBY PRES | | |
| | INCOME ELDERLY RENTALS FOR AN ADDITIONAL FIFTY-FIVE YEARS | | <u>.'O</u> |
| | THE SALE/TRANSFER OF THIS HUD PROJECT, SAN DIEGO KIND CON | RPORATION | |
| | NEGOIATED A FIFTEEN YEAR RENTAL AGREEMENT WITH A NONPROF | IT SERVICE | |
| | ORGANIZATION. THE ORGANIZATION CONTRIBUTES TO OTHER LOW | INCOME HOU | SING |
| | PROJECTS TO CREATE AND DEVELOP HOUSING AND SERVICES FOR | THE LOW INC | OME |
| | ELDERLY. | | |
| | | | |
| 4b | (Code) (Expenses \$ including grants of \$) (Revenue | \$ | |
| 75 | (Code) (Expenses \$) (Revenue : | <i>*</i> | ·' |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4c | (Code) (Expenses \$) (Revenue 5 | · | —— ⁾ |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4d | Other program services (Describe in Schedule O) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses ▶ 273,792. | | |
| | | Form 9 | 990 (2016) |

Form 990 (2016) SAN DIEGO KIND CORPORATION

Part IV Checklist of Required Schedules

| | | | ·- | |
|-----|---|------------|-----|--------------|
| | is the arganization described in costion 601(a)(2) or 4047(a)(1) (athor then a private foundation)? | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | x | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| 3 | public office? If "Yes," complete Schedule C, Part I | 3 | | 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? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| Ŭ | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | 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? If "Yes," complete Schedule D, Part I | 6 | | 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? If "Yes," complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | • | | |
| • | Schedule D, Part III | 8 | | 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? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | | 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? If "Yes," complete Schedule D, Part VII | 11b | | _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? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| đ | 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? If "Yes," complete Schedule D, Part IX | 11d | | <u> </u> |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | _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)? If "Yes," complete Schedule D, Part X | 11f | | <u> </u> |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | <u>X</u> |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | <u>X</u> |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | <u>14a</u> | | X |
| Ъ | 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 | 445 | | v |
| 45 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 14b | | <u>X</u> |
| 15 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 45 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 15 | | _ <u>A</u> _ |
| 16 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 10 | | |
| 17 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | 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? If "Yes," complete Schedule G, Part II | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| | | - | ~~~ | (0040) |

Form 990 (2016) SAN DIEGO KIND CORPORATION Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-------------|---|-----------------|----------|------------------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | .03 | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 205 | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | x | |
| 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? If "Yes," complete Schedule I, Parts I and III | 22 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| 20 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | i | |
| | Schedule J | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 23 | | |
| 270 | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | 1 | | |
| | Schedule K. If "No", go to line 25a | 24a | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| - | Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 240 | | |
| С | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 270 | | |
| 2 5a | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X_ |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 200 | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | 200 | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | 1 | |
| | complete Schedule L, Part II | 26 | ļ | 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 | | 1 | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | ļ | <u>X</u> _ |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV | 28b | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X _ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | - 1 | \mathbf{X}_{-} |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | _ |
| | If "Yes," complete Schedule N, Part I | 31 | | X _ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | \mathbf{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? If "Yes," complete Schedule R, Part I | 33 | | <u>X</u> _ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | _X_ |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | <u>X</u> _ |
| 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? If "Yes," complete Schedule R, Part VI | 37 | | <u>X</u> _ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | <u> </u> | |
| | | Form | 990 | 2016) |

| Pai | t 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 | 1a | 3. | | -100 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | , | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and r | | | | | | | |
| | (gambling) winnings to prize winners? | - | gg | 1c | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | - 1 | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 1 | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retu | ستحسا | | 2b | x | | | |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | -, | | 3a | | X | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | 0 | | 3b | | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other | | ntv over a | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | | • • | 4a | | X | | |
| h | If "Yes," enter the name of the foreign country: | uooou. | , | _ 7 | | | | |
| • | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | ACCOUN | ts (FRAR) | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 10 (1 2) 11 (). | 5a | | X | | |
| ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | ection? | | 5b | | X | | |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | ne oraz | anization solicit | | | | | |
| - Ou | any contributions that were not tax deductible as charitable contributions? | .o o.g. | a neation conoic | 6a | | X | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions are statement that such contributions. | tions o | r aifts | | | | | |
| _ | were not tax deductible? | | . g | 6b | | | | |
| 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 se | rvices d | rovided to the payor? | 7a | | X | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | Totalda to ano payor. | 7b | | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | as requ | uired | | | _ | | |
| • | to file Form 8282? | | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | <u>7c</u> | | X | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | | | 7e | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti | | | 7f | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fi | | 99 as required? | 7g | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | · | 7h | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | ľ | | _ | | | |
| | sponsoring organization have excess business holdings at any time during the year? | • | | 8 | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | | | |
| ь | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | _ | 9b | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | |
| а | 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. | | | | | | | |
| а | 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. | | | | | | | |
| а | 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 | | | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | X | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul | e O | . [| 14b | | | | |

Form 990 (2016) SAN DIEGO KIND CORPORATION 95-2822318 Page 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

| | Charle of Cahadala O assessment assessment as a section in the Dark VII | | | X |
|----------|---|------------|------|----------|
| <u></u> | Check if Schedule O contains a response or note to any line in this Part VI | | | لها |
| 360 | tion A. Governing Body and Management | | V | Ma |
| | Estable sumbar of victors assumes the summer had at the end of the terrors. | · · · | Yes | No |
| та | Enter the number of voting members of the governing body at the end of the tax year 1a 7 | l | | |
| | 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 0. | | | 1 |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 7 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | 7.7 |
| _ | 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 | | | 77 |
| | 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? | <u>7</u> a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | i | |
| _ | 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 | _ | | |
| <u> </u> | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| <u> </u> | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| Þ | 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 | | 7.7 |
| 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_ |
| ь | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | 3,7 | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| Ь | 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 | | v | |
| | In Schedule O how this was done | 12c | X | 37 |
| 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? | | 37 | |
| a | The organization's CEO, Executive Director, or top management official | 15a | X | |
| Þ | 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) | | | |
| 168 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | V |
| | 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 | | | |
| 500 | exempt status with respect to such arrangements? | 16b | | |
| | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed CA | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a | ıvaılab | ıe | |
| | for public inspection. Indicate how you made these available. Check all that apply | | | |
| 46 | Own website Another's website X Upon request Other (explain in Schedule O) | . e | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | ı tınan | ciai | |
| | 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. | | | |
| | SAN DIEGO KIND CORPORATION - 619-235-2315 800 THE MARK LANE #201. SAN DIEGO. CA 92101 | | | |

| Eam | OOA | (2016) | |
|-----|-----|--------|--|

SAN DIEGO KIND CORPORATION

95-2822318

Page 7

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 | |
|--|--|
| - Officer if conceding of contains a response of note to any line in this fact vir | |
| | |

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 in | or any related | orga | nıza | tion | cor | npe | nsat | ed any current officer, of | director, or trustee. | |
|---|-------------------|--------------------------------|-----------------------|---|--------------|------------------------------|----------|---------------------------------|-----------------------|-----------------------------|
| (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
| Name and Title | Average | (do | Position | | | | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | unless person is both an ' r and a director/trustee) | | | h an | compensation | compensation | amount of |
| | week | | Der an | o a o | recto | T | 100) | from | from related | other |
| | (list any | rect | Ì | | | Ì | | the | organizations | compensation |
| | hours for related | P P | _ g | | | Sted | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the |
| | organizations | ruste | trus | | 99/ | 臣 | | (44-2/1099-141130) | | organization and related |
| | below | dual | tona | _ | np(s) | st co | | | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Ē | | | |
| (1) PERCIL STANFORD | 1.00 | | | | | | | | | |
| PRESIDENT | | X | | X | | | | 0. | 0. | 0. |
| (2) PAUL CHELMINIAK | 1.00 | | | | | ļ | | | | |
| BOARD MEMBER | <u> </u> | X | <u> </u> | | | L_ | | 0. | 0. | 0. |
| (3) MANNY LOPEZ | 1.00 | | | | | 1 | ì | _ | _ | _ |
| VICE PRESIDENT | | X | | X | | - | _ | 0. | 0. | 0. |
| (4) FRAN KILBURG | 24.00 | | | | | | | 455 464 | | 04 055 |
| TREASURER/SECRETARY | 1 00 | X | - | X | | _ | | 155,124. | 0. | 24,857. |
| (5) JESS HARO | 1.00 | | | | | | | | | • |
| BOARD MEMBER | 1 00 | X | _ | - | | _ | - | 0. | 0. | 0. |
| (6) CHRISTOPHER MORRIS | 1.00 | | | | | | | • | | • |
| BOARD MEMBER | 1 00 | X | | - | | | - | 0. | 0. | 0. |
| (7) CHANELL KACHI | 1.00 | x | | | | | | • | • | ^ |
| BOARD MEMBER | | Λ | - | | | - | | 0. | 0. | 0. |
| | | | | | | | | | ļ | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | <u> </u> | - | | <u> </u> | <u> </u> | | | |
| | | | | | | | | | | |
| | | | - | | | - | - | | | |
| | | | | | | | | | | |
| | | | | | _ | _ | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | <u> </u> | | | | L_ | | | | |
| | | | | | | | | | | |
| | | - | | | | ├- | - | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | <u> </u> | | L | | | L_ | <u> </u> | <u></u> | |

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D) Revenue excluded from tax under Total revenue exempt function business revenue revenue 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 1f 1,583,891. similar amounts not included above 1,583,891 Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 583,891 Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 29. 29. other similar amounts) 4 Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory 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 Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 531110 17,024. 17,024 11 a CLOSING EXPENSES d All other revenue 17,024. e Total, Add lines 11a-11d Total revenue. See instructions. 600,944. 17,024 0 12

Form 990 (2016) SAN DIEGO KIND CORPORATION Part IX Statement of Functional Expenses

| Secti | on 501(c)(3) and 501(c)(4) organizations must com | plete all columns. All oth | er organizations must co | mplete column (A). | |
|----------|--|----------------------------|------------------------------|-------------------------------------|--------------------------------|
| | Check if Schedule O contains a respon | | | | |
| | not include amounts reported on lines 6b, Bb, 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 | 30,000. | 30,000. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 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 | 155,124. | 155,124. | | |
| 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 | | | | |
| 8 | Pension plan accruals and contributions (include | . | | | |
| | section 401(k) and 403(b) employer contributions) | 24,547. | 24,547. | | |
| 9 | Other employee benefits | 27,562. | 26,184. | 1,378. | |
| 10 | Payroll taxes | 8,719. | 8,052. | 667. | |
| 11 | Fees for services (non-employees): | ľ | | | |
| а | Management | 14 400 | | 11 100 | |
| b | Legal | 14,480. | | 14,480. | |
| C | Accounting . | 1,800. | | 1,800. | |
| d | Lobbying | | - | - | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 249. | | 249. | |
| 40 | column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion | | | | |
| 12 13 | Office expenses | 5,315. | | 5,315. | |
| 14 | Information technology | 3/313. | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 21,652. | 21,652. | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 4,538. | | 4,538. | |
| 20 | Interest | 40. | 40. | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 2,842. | 2,842. | | |
| 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 0.) | | | | |
| а | OTHER EXPENSES | 5,064. | 5,064. | | |
| b | REPAIRS AND MAINTENANCE | 1,335. | | 1,335. | |
| c | CLERICAL SERVICES | 287. | 287. | | |
| d | LICENSES /TAXES | 160. | | 160. | |
| | All other expenses | 202 544 | 263 600 | 00.000 | |
| 25 | Total functional expenses. Add lines 1 through 24e | 303,714. | 273,792. | 29,922. | 0. |
| 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 | | | | |
| 63201 | Check here if following SOP 98-2 (ASC 958-720) | | | | Form 990 (2016) |
| UVEU I | | | | | . 5.111 555 (2010) |

| <u>. a</u> | πx | Check if Schedule O contains a response or not | e to any line in this Part X | | | |
|------------|-----|---|---------------------------------------|--------------------------|------|--------------------|
| | • | | | (A) Beginning of year | | (B) End of year |
| | T . | Oach was the company | | | | |
| | 1 | Cash - non-interest-bearing | | 53,507. | 1 | 295,548 |
| | 2 | Savings and temporary cash investments | • | 2,832. | 2 | 14,931 |
| | 3 | Pledges and grants receivable, net | · · · | 4 050 | 3_ | 4 050 |
| | 4 | Accounts receivable, net | | 4,858. | 4 | 4,858 |
| | 5 | Loans and other receivables from current and fo | ì | , | | |
| | | trustees, key employees, and highest compensa | ted employees Complete | | | |
| | | Part II of Schedule L | | | 5_ | L |
| | 6 | Loans and other receivables from other disqualif | ı | | | |
| | | section 4958(f)(1)), persons described in section | - 1 | | | |
| | | employers and sponsoring organizations of secti | · · · · · · · · · · · · · · · · · · · | | [| |
| | _ | employees' beneficiary organizations (see instr). | Complete Part II of Sch L | | 6_ | |
| 2 | 7 | Notes and loans receivable, net | · | | 7_ | |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | · , | 6,567. | 9 | 5,598 |
| | 10a | Land, buildings, and equipment. cost or other | | | į | |
| | | basis Complete Part VI of Schedule D | 10a | | | |
| | | Less: accumulated depreciation | 10b | | 10c | |
| | 11 | Investments - publicly traded securities | _ | 2,767,937. | 11 | 2,770,320 |
| | 12 | Investments - other securities. See Part IV, line 1 | • | | 12 | |
| | 13 | Investments - program-related See Part IV, line 1 | 1 | | 13_ | |
| | 14 | Intangible assets | | 14_ | | |
| | 15 | Other assets. See Part IV, line 11 | - | | 15_ | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | Il line 34) | 2,835,701. | 16_ | 3,091,255 |
| | 17 | Accounts payable and accrued expenses | - | 17,686. | 17 | 31,620 |
| | 18 | · · · · · · · · · · · · · · · · · · · | | | _18_ | |
| | 19 | Deferred revenue | - | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | F | | 21 | |
| 3 | 22 | Loans and other payables to current and former | | | | |
| | | key employees, highest compensated employees | s, and disqualified persons | | | |
| | | Complete Part II of Schedule L | <u> </u> | | 22 | |
| • | 23 | Secured mortgages and notes payable to unrela- | · | 10,721,176. | 23 | 9,650,968 |
| | 24 | Unsecured notes and loans payable to unrelated | third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | | | | |
| | | parties, and other liabilities not included on lines | 17-24). Complete Part X of | | | |
| | | Schedule D . | - | 290,878. | 25_ | 302,793 |
| | 26 | Total liabilities. Add lines 17 through 25 | ··· | 11,029,740. | 26 | 9,985,381 |
| | | Organizations that follow SFAS 117 (ASC 958) | | | | |
| } | | complete lines 27 through 29, and lines 33 and | 134. | | | |
| ĺ | 27 | Unrestricted net assets | - | _8,194,039. | 27 | -6,894,126 |
| i | 28 | Temporarily restricted net assets | - | | _28_ | _ |
| | 29 | Permanently restricted net assets | <u> </u> | | 29 | |
| | | Organizations that do not follow SFAS 117 (AS | 6C 958), check here ▶ 📖 📗 | | | |
| , | 1 | and complete lines 30 through 34. | | | ŀ | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equ | upment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated inc | come, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | . | -8,194,039. | 33 | <u>-6,894,126</u> |
| | 34 | Total liabilities and net assets/fund balances | | 2,835,701. | 34 | 3,091,255 |

| Form | 1990 (2016) SAN DIEGO KIND CORPORATION | 95-2 | 822318 | Page 1 | 2 |
|------|---|------------|---------------|------------------|--|
| Pa | rt 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 | 1,600 | ,944 | • |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | ,714 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,297 | ,230 | • |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | <u>-8,194</u> | ,039 | • |
| 5 | Net unrealized gains (losses) on investments | 5 | 2 | ,683 | <u>. </u> |
| 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_ | -6,894 | ,126 | <u>.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | ` | res No | _ |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0 | 1 1 | | |
| 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 | 1 1 | | |
| | separate basis, consolidated basis, or both: | | 1 1 | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | İ | |
| 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 separat | e basis, | 1 1 | | |
| | consolidated basis, or both: | | | 1 | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | 1 1 | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th | e audit, | 1 1 | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | _ |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Scho | adule O. | 1 1 | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | igle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | X | _ |
| þ | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | red audit | 1 1 | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | _ |
| | | | Form 9 | 190 (2016 | i) |

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

SAN DIEGO KIND CORPORATION 95-2822318 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 10 X 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.) 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 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 SAN DIEGO KIND CORPORATION 95-2822318 Page 2 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.)

| Se | ction A. Public Support | | | | | | |
|------|---|---------------------|----------------------|-----------------------|----------------------|---------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants ") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ızatıon's benefit and either paid to | | | 1 | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | <u> </u> | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | <u> </u> | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | 1 | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 7 | Amounts from line 4 | | | | <u> </u> | | |
| 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.) | <u></u> | | <u> </u> | | | |
| 11 | Total support. Add lines 7 through 10 | | <u> </u> | <u></u> | L | | |
| 12 | Gross receipts from related activities, | etc (see instructi | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | the organization's | s first, second, the | d, fourth, or fifth t | ax year as a sectio | on 501(c)(3) | |
| | organization, check this box and stor | here | <u> </u> | | | | |
| | ction C. Computation of Publ | | | | | , , , | |
| | Public support percentage for 2016 (| | • | column (f)) | | 14 | % |
| | Public support percentage from 2015 | | | | | 15 | % |
| 16a | 33 1/3% support test - 2016. If the o | organization did no | ot check the box o | n line 13, and line | 14 is 33 1/3% or r | nore, check this bo | |
| | stop here. The organization qualifies | | _ | | | | ▶ L1 |
| b | 33 1/3% support test - 2015. If the c | • | | · | d line 15 is 33 1/3% | 6 or more, check th | |
| | and stop here. The organization qual | • | | | 40.40 10 | | |
| 17a | 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the "fac | | • | • • • | • | rt VI how the organ | nization |
| | meets the "facts-and-circumstances" | - | - | | • | | ▶ |
| lb | 10% -facts-and-circumstances tes | = | | | | • | |
| | more, and if the organization meets the | | | | - | | , |
| • | organization meets the "facts-and-circ | | = | | | <u>-</u> | · • |
| 18 | Private foundation, If the organization | n did not check a | box on line 13, 16 | a, 160, 17a, or 17 | D, Check this box a | and see instruction | <u>s</u> |

Schedule A (Form 990 or 990-EZ) 2016 SAN DIEGO KIND CORPORATION 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 b | elow, please comp | lete Part II.) | | | | |
|------|--|---------------------------|-----------------------|------------------------|--------------------|----------------------|----------------|
| | ction A. Public Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) ➤ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | · | | | | |
| | include any "unusual grants.") | | | | 1,326,144. | 1,583,891. | 2,910,035, |
| 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 | 1,797,973, | 1,811,671, | 302,296. | 6,605. | 0. | 3,918,545, |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization'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 | 1,797,973. | 1,811,671, | 302,296. | 1,332,749. | 1,583,891. | _6,828,580. |
| | Amounts included on lines 1, 2, and | | | | | 2,000,03 | |
| | 3 received from disqualified persons | i i | , | } | |] | 0. |
| t | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| c | Add lines 7a and 7b | | | | | | 0. |
| | Public support. (Subtract line 7c from line 6) | | | | | | 6 828 580 |
| Cale | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| | Amounts from line 6 | 1,797,973. | 1,811,671. | 302,296. | 1,332,749, | 1,583,891. | 6,828,580. |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 675. | 101. | 61. | 1,450. | 29. | 2,316. |
| b | Unrelated business taxable income | Ì | | j | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | 675. | 101. | 61. | 1,450. | 29. | 2,316. |
| 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.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | 1,798,648. | 1,811,772. | 302,357. | 1,334,199. | 1,583,920. | 6,830,896. |
| 14 | First five years. If the Form 990 is for | the organization's | first, second, third | d, fourth, or fifth ta | x year as a sectio | n 501(c)(3) organiza | ation, |
| | check this box and stop here | | | | | | |
| Sec | ction C. Computation of Publ | ic Support Per | centage | | | , , | |
| 15 | Public support percentage for 2016 (I | ine 8, column (f) de | vided by line 13, c | olumn (f)) | | 15 | 99.97 % |
| | Public support percentage from 2015 | | | | | 16 | <u>99.96 %</u> |
| Se | ction D. Computation of Inves | stment Income | Percentage | | | | |
| 17 | Investment income percentage for 20 |)16 (line 10c, colum | ın (f) dıvıded by lın | e 13, column (f)) | | 17 | .03 % |
| 18 | Investment income percentage from | 2015 Schedule A, F | Part III, line 17 | | | 18 | .04 % |
| | a 33 1/3% support tests - 2016. If the more than 33 1/3%, check this box a | nd stop here. The | organization quali | fies as a publicly s | upported organiz | ation | ▶ X |
| t | 33 1/3% support tests - 2015. If the | = | | | | | nd |
| 20 | line 18 is not more than 33 1/3%, che | | - | · | | • | |

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 |
|---------|--------|--------------|---------------|
|---------|--------|--------------|---------------|

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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?
- 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | | Yes | No |
|---|-----|-----|----------|
| | | _ | |
| | 1 | | |
| | | - | |
| | | | |
| | _2 | _ | L |
| | 3a | | |
| | | | |
| | 3b | | |
| | | | |
| | _3c | _ | |
| | _4a | | |
| | | | |
| | 4b | | |
| | -10 | | |
| | | | |
| | 4c | | |
| | | | |
| | | | |
| | | | |
| | 5a | | |
| | 5b | | |
| | 5c | | |
| | | | |
| | | | |
| | | | |
| | 6 | - | Ļ |
| | İ | | |
| | 7 | | <u> </u> |
| | 8 | | |
| | | | |
| | | | |
| | 9a | | |
| | 9b | | <u> </u> |
| | 90 | | |
| | 9c | _ | _ |
| | | | |
| i | 10a | | |
| | 10b | | |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Adjusted net income for prior year (from Section A, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Schedule A (Form 990 or 990-EZ) 2016

Enter 85% of line 1

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

3

4

2

3

4

5

| Scho | dule A (Form 990 or 990-EZ) 2016 SAN DIEGO KIN | ID CORPORATION | q | 5-2822318 Page 7 |
|-------|---|-------------------------------|--|---|
| Pai | | | | J ZOZZJIO Tage / |
| ш. | on D - Distributions | (u)(u) oupporting org | annia (commissa) | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | 54110111041 |
| 2 | Amounts paid to perform activity that directly furthers exem | | | |
| _ | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | es of supported organization | IS | |
| 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 t | he organization is responsive | | |
| | (provide details in Part VI). See instructions | | | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reason- | | | |
| | able cause required- explain in Part VI). See instructions | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | |
| а | | | | |
| b | | | | |
| c | From 2013 | | | |
| d | From 2014 | | | |
| е | From 2015 | | | |
| f | Total of lines 3a through e | | | |
| 9 | Applied to underdistributions of prior years | | | |
| h | Applied to 2016 distributable amount | | | |
| i | Carryover from 2011 not applied (see instructions) | | | |
| | Remainder Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2016 from Section D, | | | |
| | tine 7:\$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2016 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h | | | |
| | and 4b from line 1 For result greater than zero, explain in | | | |
| | Part VI See instructions | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j | | | |
| | and 4c | | | |
| 8 | Breakdown of line 7: | | | |

Schedule A (Form 990 or 990-EZ) 2016

b Excess from 2013
 c Excess from 2014
 d Excess from 2015
 e Excess from 2016

| Schedule A | (Form 990 or 990-EZ) 2016 SAN DIEGO KIND CORPORATION | 95-2822318 Page 8 |
|-------------|--|---|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.) | 17b, Part III, line 12, and 2; Part IV, Section C, /, Section B, line 1e, Part V, |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | · · · · · · · · · · · · · · · · · · · | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SAN DIEGO KIND CORPORATION

Employer identification number 95-2822318

Schedule D (Form 990) 2016

| Pa | rt I Organizations Maintaining Donor Advise | | Accounts. Complete if the |
|-----|--|---|---|
| | organization answered "Yes" on Form 990, Part IV, Iin | | |
| | | (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 t | funds |
| | are the organization's property, subject to the organization's | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | • | |
| | for charitable purposes and not for the benefit of the donor of | | |
| | impermissible private benefit? | | Yes No |
| Pai | | ganization answered "Yes" on Form 990, Part | |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| - | Preservation of land for public use (e.g., recreation or e | | ally important land area |
| | Protection of natural habitat | Preservation of a certified | • • |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | fied 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 |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | · | 2b |
| С | Number of conservation easements on a certified historic str | ucture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired | after 8/17/06, and not on a historic structure | |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by the org | ganization during the tax |
| | year ▶ | | • |
| 4 | Number of states where property subject to conservation ea | sement is located | |
| 5 | Does the organization have a written policy regarding the per | nodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it | t holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing conserv- | ation easements during the year |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservation | easements during the year |
| | ▶ \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requirements of section 170(h)(4 | l)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | - | Yes No |
| 9 | In Part XIII, describe how the organization reports conservati | on easements in its revenue and expense sta | tement, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organization | tion's financial statements that describes the | organization's accounting for |
| | conservation easements. | | |
| Pa | t III Organizations Maintaining Collections o | • | er Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | | |
| | historical treasures, or other similar assets held for public ext | | of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that descri | | |
| þ | If the organization elected, as permitted under SFAS 116 (AS | | |
| | treasures, or other similar assets held for public exhibition, ed | ducation, 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 tre | - | ın, provide |
| | the following amounts required to be reported under SFAS 1 | 16 (ASC 958) relating to these items. | |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ |
| h | Assets included in Form 990 Part X | | ▶ € |

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

| | | GO KIND CO | | | | | <u>95-28</u> | | | <u>age 2</u> |
|-----|---|------------------------|-------------|---------------|----------------------|------------|----------------|------------|--------------|--------------|
| Pa | rt III Organizations Maintaining C | | | | | | | | | _ |
| 3 | Using the organization's acquisition, accessi | ion, and other record | ds, check | any of the | following that are | a signific | ant use of its | collectio | n item | ıs |
| | (check all that apply): | | | | | | | | | |
| а | Public exhibition | d | ╸╚ | oan or exc | hange programs | | | | | |
| b | Scholarly research | e | | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how th | ey further t | he organization's e | exempt p | urpose in Par | t XIII | | |
| 5 | During the year, did the organization solicit of | r receive donations | of art, his | torical trea | sures, or other sim | ıılar asse | ts | | | |
| | to be sold to raise funds rather than to be m | | | | | | | Yes | | No |
| Pa | reported an amount on Form 990, Pa | | ete if the | organızatıo | n answered "Yes" | on Form | 990, Part IV, | line 9, oi | r | |
| 1a | Is the organization an agent, trustee, custod | ian or other intermed | diary for o | contribution | ns or other assets i | not includ | | | | |
| | on Form 990, Part X? | | • | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing t | able: | | | | | | |
| | | • | 3 | | | | | Amoun | t | _ |
| С | Beginning balance | | | | | | lc | | | |
| | Additions during the year | | | | • | | ld | | | |
| е | Distributions during the year | · | | | | | le | _ | | |
| f | Ending balance | | | | | | lf | _ | | |
| 2a | Did the organization include an amount on F | orm 990, Part X, line | 21, for e | scrow or cu | ustodiał account lia | ability? | | Yes | | No |
| ь | If "Yes," explain the arrangement in Part XIII. | | | | | - | | | |] |
| Pai | | | | | | | | - | | |
| | | (a) Current year | (b) Pr | or year | (c) Two years back | (d) Th | ree years back | (e) Four | r years | back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | _ | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | - | | | | | | |
| 2 | Provide the estimated percentage of the curr | rent year end balanc | e (line 1c | , column (a | a)) held as | | | | | |
| а | Board designated or quasi-endowment | • | % | . , | ,, | | | | | |
| b | Permanent endowment | % | _ | | | | | | | |
| С | Temporarily restricted endowment | _ | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | | | |
| За | Are there endowment funds not in the posse | | ation that | are held a | nd administered fo | or the ora | anization | | | |
| | by. | _ | | | | · | | [| Yes | No |
| | (i) unrelated organizations | | | | | | | 3a(i) | | |
| | (ii) related organizations | | | | • | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organiza | itions listed as requi | red on So | hedule R? | | | | 3b | _ | |
| 4 | Describe in Part XIII the intended uses of the | organization's endo | wment f | unds | | | | | | |
| Pai | t VI Land, Buildings, and Equipm | | | | | _ | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 |), Part IV | , line 11a. S | See Form 990, Part | X, line 1 | 0 | | | |
| | Description of property | (a) Cost or o | | | | Accumu | | (d) Boo | k valu | —— е |
| | province of the second | basis (investr | l I | | | deprecia | l l | ,_, | | |
| | Land | | | | | | | | | |
| b | Buildings | | | | | | | | | |
| c | Leasehold improvements | | | | | | | | | |
| _ | Equipment | | | | | | | | - | |
| | Other | | | | | | | | | |
| | Add lines 1a through 1e (Column (d) must e | aud Form 000 Part | Y colum | n (P) Ima 1 | 1001 | | | | | |

Schedule D (Form 990) 2016

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2016

(5) (6) (7) (8) (9)

| | EGO KIND CORPORAT | | <u>95-282231</u> | O raye |
|---|---|----------------------|--|--------|
| art XI Reconciliation of Revenue | per Audited Financial Sta | atements With Revenu | e per Return. | |
| Complete if the organization answer | ed "Yes" on Form 990, Part IV, lii | ne 12a. | | |
| Total revenue, gains, and other support per | audited financial statements | | 1 | |
| Amounts included on line 1 but not on Form | n 990, Part VIII, line 12: | 1 1 | | |
| Net unrealized gains (losses) on investment | ts . | 2a | | |
| b Donated services and use of facilities | | 2b | | |
| Recoveries of prior year grants | | 2c | | |
| d Other (Describe in Part XIII.) | | 2d | | |
| e Add lines 2a through 2d | | | 2e | |
| Subtract line 2e from line 1 | | | 3 | |
| Amounts included on Form 990, Part VIII, lir | ne 12, but not on line 1: | | | |
| a Investment expenses not included on Form | · | 4a | | |
| b Other (Describe in Part XIII.) | • • | 4b | | |
| c Add lines 4a and 4b | • | | 4c | |
| Total revenue. Add lines 3 and 4c. (This must | st equal Form 990 Part I line 12 |) | 5 | |
| art XII Reconciliation of Expenses | | | | |
| Complete if the organization answere | | | poi : ::o:u:::: | |
| Total expenses and losses per audited finar | | 10 124 | 1 | |
| Amounts included on line 1 but not on Form | | | | |
| | 11 990, Fart IX, IIIIe 25. | 100 | | |
| Donated services and use of facilities | | 2a | | |
| Prior year adjustments | | 2b | | |
| Other losses . | • | 2c | | |
| d Other (Describe in Part XIII.) | | 2d | | |
| e Add lines 2a through 2d | | | 2e | |
| Subtract line 2e from line 1 | | | 3 | |
| | e 25, but not on line 1: | | 1 1 | |
| Amounts included on Form 990, Part IX, line | 5 20, Dat 110t 011 11110 1. | | | |
| Amounts included on Form 990, Part IX, line investment expenses not included on Form | | _4a | | |
| | | 4a 4b | | |
| a Investment expenses not included on Form | | | 4c | |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This m | 990, Part VIII, line 7b | _4b | 4c 5 | |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This material Information. | i 990, Part VIII, line 7b nust equal Form 990, Part I, line 1 | 8.) | 5 | |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This m | i 990, Part VIII, line 7b nust equal Form 990, Part I, line 1 | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This material Information. | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This mart XIII Supplemental Information. vide the descriptions required for Part II, lines | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This mart XIII Supplemental Information. vide the descriptions required for Part II, lines | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This mart XIII Supplemental Information. vide the descriptions required for Part II, lines | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This mart XIII Supplemental Information. vide the descriptions required for Part II, lines | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This mart XIII Supplemental Information. vide the descriptions required for Part II, lines | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This mart XIII Supplemental Information. vide the descriptions required for Part II, lines | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This mart XIII Supplemental Information. vide the descriptions required for Part II, lines | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This mart XIII Supplemental Information. vide the descriptions required for Part II, lines | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This mart XIII Supplemental Information. vide the descriptions required for Part II, lines | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This mart XIII Supplemental Information. vide the descriptions required for Part II, lines | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This mart XIII Supplemental Information. vide the descriptions required for Part II, lines | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This mart XIII Supplemental Information. vide the descriptions required for Part II, lines | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This mart XIII Supplemental Information. vide the descriptions required for Part II, lines | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This mart XIII Supplemental Information. vide the descriptions required for Part II, lines | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This mart XIII Supplemental Information. vide the descriptions required for Part II, lines | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This mart XIII Supplemental Information. vide the descriptions required for Part II, lines | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This mart XIII Supplemental Information. vide the descriptions required for Part II, lines | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This mart XIII Supplemental Information. vide the descriptions required for Part II, lines | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This mart XIII Supplemental Information. vide the descriptions required for Part II, lines | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This mart XIII Supplemental Information. Vide the descriptions required for Part II, lines | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This mart XIII Supplemental Information. vide the descriptions required for Part II, lines | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This mart XIII Supplemental Information. vide the descriptions required for Part II, lines | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This mart XIII Supplemental Information. vide the descriptions required for Part II, lines | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This mart XIII Supplemental Information. vide the descriptions required for Part II, lines | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This mart XIII Supplemental Information. vide the descriptions required for Part II, lines | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |
| a Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This mart XIII Supplemental Information. vide the descriptions required for Part II, lines | 990, Part VIII, line 7b bust equal Form 990, Part I, line 1 3, 5, and 9; Part III, lines 1a and | 8.) | 5 | rt XI, |

SCHEDULE 1 (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.

Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection, Employer identification number

2 95-2822318 TO PROVIDE NEEDY ELDERLY WITH HOUSING FACILITIES (h) Purpose of grant or assistance X Yes 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 AND SERVICES 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) . (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 30,000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) SAN DIEGO KIND CORPORATION 501C3 Enter total number of other organizations listed in the line 1 table 33-0236377 General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization FIFTH AVENUE CORPORATION or government SAN DIEGO, CA 92112-1127 Name of the organization PO BOX 121127 Part I Part

Schedule I (Form 990) (2016)

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

Page 2 Schedule I (Form 990) (2016) (f) Description of noncash assistance 95-2822318 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. (Form 990) (2016) SAN DIEGO KIND CORPORATION

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 (d) Amount of non-cash assistance 30 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule | (Form 990) (2016)

Part III | Grants and Other 632102 11-01-16

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

SAN DIEGO KIND CORPORATION

Employer identification number 95-2822318

Schedule J (Form 990) 2016

| Pá | art I Questions Regarding Compensation | | | |
|----|---|-----|-----|----|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | 1 | | İ |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | Ì | ĺ | 1 |
| | Discretionary spending account Personal services (such as, maid, chauffeur, chef) | | | |
| | | | | 1 |
| ь | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | l | | 1 |
| | CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to | | 1 | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | į. | | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant Compensation survey or study | į | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | |
| | | l | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization | l | | |
| а | D | 4a | | X |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | İ |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | l . | | |
| | contingent on the revenues of | | | |
| а | The organization? | 5a | L | X |
| b | Any related organization? | _5b | | X |
| | If "Yes" on line 5a or 5b, describe in Part III. |) ' | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of. | · | | |
| а | The organization? | _6a | | X |
| b | Any related organization? | 6b | | X |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | 1 |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | ınıtıal contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | _8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | ļ | | |
| | Regulations section 53 4958-6/c)? | 9 | 1 | 1 |

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

95-2822318

SAN DIEGO KIND CORPORATION

Schedule J (Form 990) 2016

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

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

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

| | | (B) Breakdown of | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation | (C) Retirement and | e q | (E) Total of columns | (F) Compensation |
|---------------------|----------|--------------------------|--|-------------------------------------|--------------------|---------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Denemts | | in column (b) reported as deferred on prior Form 990 |
| (1) FRAN KILBURG | 3 | 155,124. | 0. | 0. | 9,210. | 15,647. | 179,981. | 0 |
| TREASURER/SECRETARY | (ii) | 0 | 0. | • 0 | | 0 | 0 | 0 |
| | (:) | | | | | | | |
| | <u> </u> | | | | | | | |
| | (1) | | | | | | | |
| | <u> </u> | | | | | | | |
| | Ξ | | | | | | | |
| | (ii) | | | | | | | |
| | Ξ | | | | | | | |
| | ▣ | | | | | | | |
| |] (D) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | Œ | | | | | | | |
| | Ξ | | | | | | | |
| | Œ | | | | | | | |
| | Ξ | | | | | | | |
| | ⊜ | | | | | | | |
| | Ξ | | | | | | | |
| | ▣ | | | | | | | |
| | Ξ | | | | | | | |
| | <u> </u> | | | | | | | |
| | ε | | | | | | | |
| | E | | | | | | | |
| | ε | | | | | | | |
| | ▣ | | | | | | | |
| | ε | | | | | | | |
| | Ξ | | | | | | | |
| | ε | | | | | | | |
| | ⊞ | | | | | | | |
| | ε | | | | | | | |
| | ⊞ | | | | | | | |

Schedule J (Form 990) 2016

SCHEDULE M (Form 990)

Noncash Contributions

| 2n

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.lrs.gov/form990.

Name of the organization

SAN DIEGO KIND CORPORATION

Employer identification number 95-2822318

| Par | t I Types of Property | | | | | | | |
|------------|--|-------------------------------|--|---------------------------------|----------------|---|--------------|-----------------|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contr amounts repor | ted on | (d) Method of detern noncash contribution | | ts |
| 1 | Art - Works of art | | items contributed | 1 01111 330,1 art VI | in, inte 1g | | | |
| 2 | Art · Historical treasures | | | | | | | |
| 3 | Art · Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | 1 | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other . | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory . | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | <u> </u> | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | } | | | |
| 25 | Other • (FORGIVEN INTE) | <u> </u> | 1 | 1,326 | ,144. | | | |
| 26 | Other () | | | | | | | |
| 27 | Other () | | | | | | | |
| <u> 28</u> | Other (| | 15-1 | - 1.7 | | | | |
| 29 | Number of Forms 8283 received by the organiz | | | | | | | |
| | for which the organization completed Form 828 | B, Part IV, I | Jonee Acknowlead | gement | 29 | | T., | _ _ |
| -00 | During the year did the organization receive by | | | and and an David I live. | 1 | b 00 4b-4 4 | Yes | No |
| 30a | During the year, did the organization receive by | | | | - | l | | |
| | must hold for at least three years from the date | | ii contribution, and | i wnich ish t requir | ea to be us | l l | _ | v |
| _ | exempt purposes for the entire holding period? | | • | | | 30 | a | X |
| | If "Yes," describe the arrangement in Part II. | olicy that re | autres the review | of any populando | rd contribut | tions? | . } | v |
| 31 | Does the organization have a gift acceptance p Does the organization hire or use third parties of | | | = | | ions? 3 | ' | <u>X</u> |
| s∠a | contributions? | n related of | yanızatıons to soll | on, process, or se | HONCASM | | | х |
| L | If "Yes," describe in Part II. | | | | | 32 | - | - |
| | If the organization didn't report an amount in co | olumn (a) fa | r a type of proper | y for which column | a (a) ie oboo | rked | 1 | |
| 33 | · | ланн (C) 10 | a type of propert | y ior writeri columi | i (a) is cried | ACU, | 1 | |
| | describe in Part II | | | | | | | |

Schedule M (Form 990) (2016)

| Schedule M | (Form 990) (2016) SAN DI | <u>EGO_KIND</u> | CORPORATIO | <u> </u> | 95-2822 | <u> 2318 Page 2</u> |
|-------------|--|---|---|--|---|------------------------------------|
| Part II | Supplemental Informati is reporting in Part I, column (b) this part for any additional infor | on. Provide the in the interest of communication. | nformation required ontributions, the nui | by Part I, lines 30b, 32 mber of items received | b, and 33, and whether th, or a combination of both | ne organization . Also complete |
| | | | | | | |
| | | | | | | |
| | | | | | · | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

632142 08-23-16

Schedule M (Form 990) (2016)

SCHEDULE 0

(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.

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

Open to Public Inspection

Name of the organization

Employer identification number

| SAN DIEGO KIND CORPORATION | <u> 95-2822318 </u> |
|---|--|
| FORM 990, PART VI, SECTION A, LINE 8B: | |
| THE ORGANIZATION DOES NOT HAVE OR USE COMMITTEES. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 11B: | |
| FORM 990 IS PREPARED BY JUNKERMIER, CLARK, CAMPENELLA, ST | EVENS, PC AND |
| REVIEWED AND APPROVED BY THE CORPORATE TREASURER/CONTROLL | ER. BOARD MEMBERS |
| RECEIVE A FINAL COPY OF FORM 990 TO REVIEW AT THE ANNUAL | BOARD MEETING. |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| SAN DIEGO KIND CORPORATION FOLLOWS THE FEDERAL REGULATION | IS GOVERNING |
| CONFLICT OF INTEREST IN HOUSING. | |
| FORM 990, PART VI, SECTION B, LINE 15: | |
| COMPENSATION WAS DETERMINED SOME TWENTY YEARS AGO FOR ALL | THE |
| ORGANIZATION'S OFFICERS AND KEY EMPLOYEES. SUBSEQUENTLY, | COMPENSATION WAS |
| ANALYZED AND UPDATED IN 2010 BASED ON A REVIEW OF PAY RAN | IGES OFFERED IN THE |
| NON PROFIT INDUSTRY AND THE CORPORATION'S ABILITY TO AFFO | ORD SUCH |
| COMPENSATION WHILE GIVING PRIORITY TO IT'S CORPORATE GOAL | OF HOUSING AND |
| SERVICING OF LOW INCOME ELDERLY. | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| FORM 990 AND THE CONFLICT OF INTEREST IS AVAILABLE FOR PU | BLIC INSPECTION |
| UPON REQUEST | |
| | |
| | |

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Open to Public Inspection 2016

OMB No 1545-0047

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

1

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

SAN DIEGO KIND CORPORATION

Name of the organization Department of the Treasury Internal Revenue Service

Employer identification number 95-2822318

Direct controlling 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. End-of-year assets <u>e</u> Total income ত্ত Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) Primary activity e Name, address, and EIN (if applicable) of disregarded entity Part II Part

(g) Section 512(b)(13) controlled ž × entity? Direct controlling status (if section Public charity 501(c)(3)) LINE 10 Exempt Code section 501(C)(3) Legal domicile (state or foreign country) CALIFORNIA PROVIDE SERVICES TO SENIOR Primary activity CITIZENS DOWNTOWN SENIOR CENTER _ 95-3399047 Name, address, and EIN of related organization SAN DIEGO, CA 92112-1151 PO BOX 121151

Schedule R (Form 990) 2016

Page 2 95-2822318

SAN DIEGO KIND CORPORATION Schedule R (Form 990) 2016

(j) (k)
General or Percentage
managing ownership Schedule R (Form 990) 2016 Section 512(b)(13) controlled entrty? Yes No 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. 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. Percentage ownership Yes No Ξ Code V-UBI amount in box '20 of Schedule -K-1 (Form 1065) Share of end-of-year assets Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ፱ <u>e</u> Legal domicile (state or foreign country) (d)
Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization a Part III Part IV

632162 09-06-18

Page 3

Yes

×

1e

무

#

ŧ

¥

19

₽ ပ္

5

×

¥

Ę

무 우 ×

4 19 5

÷

SAN DIEGO KIND CORPORATION Schedule R (Form 990) 2016

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

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

Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

Purchase of assets from related organization(s)

Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

Sharing of paid employees with related organization(s)

Reimbursement paid to related organization(s) for expenses Q.

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

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. Other transfer of cash or property from related organization(s) S

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|----------------------------------|----------------------------|------------------------|---|
| (1) DOWNTOWN SENIOR CENTER | Œ | 255,936. | |
| (2) DOWNTOWN SENIOR CENTER | × | 17,400. | |
| (3) DOWNTOWN SENIOR CENTER | Д | 93. | |
| (4) DOWNTOWN SENIOR CENTER | a | 72. | |
| (5) | | | |
| (9) | | | |

Schedule R (Form 990) 2016

632163 09-06-16

95-2822318

Page 4

Schedule R (Form 990) 2016 SAN DIEGO KIND CORPORATION

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.

| Name, address, and EIN of entity | Primary activity | Legal domicile (state or foreign country) | Predominant income (related, unrelated, sexcluded from tax under—sections 512-514) | e parties sec 501(c)(3) der 005? | Share of total | Share of end-of-year assets | Olspropor- tonate allocations? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | General or managing partner? | Percentage ownership |
|----------------------------------|------------------|---|--|--|----------------|-----------------------------|--------------------------------------|--|------------------------------------|-------------------------|
| | | country) | sections 512-514) | Ves No | | assets | Yes | (Form 1065) | Vac No | |
| | | | | | | | | _ | 20162 | |
| | | | | | _ | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | - | | | |
| | | | | | _ | | | | | |
| | | | | | | | | | | |
| | | | | - | | | + | | | |
| | | _ | | | | | | | | |
| | | | | | | | | | | |
| | | | | _ | | | | | | |
| | | | | | | | _ | | | |
| | | | | | _ | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | - | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | _ | | | | | |
| | | - | | | | | - | | | |
| | | | | | | | _ | | _ | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | _ | | | | | | | |
| | | | | | - | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | _ | | | _ | | _ | |
| | | | | | | | | | | |
| | | | | 4 | | | 4 | | | |

Schedule R (Form 990) 2016

| Schedule F | (Form 990) 2016 SAN DIEGO KIND CORPORATION | 95-2822318 Page 5 |
|------------|--|-------------------|
| Part VII | Supplemental Information. | |
| | Provide additional information for responses to questions on Schedule R. See instructions. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | • |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |