	Return of Organization Exempt From	Income Tay		No 1545-0047
•	Under section 501(c), 527, or 4947(a)(1) of the Interna (except black lung benefit trust or private fou	I Revenue Code		2009
epartment of the Treasury nternal Revenue Service	The organization may have to use a copy of this return to satisfy state		Open to	Public Inspec
	ar year, or tax year beginning , 2009, and		•	
Check if applicable	C		r Identificatio	n Number
Address change	Please use IRS label DEL CERRO PARK	95-2	138585	<u> </u>
Name change	or type P.O. BOX 600453	E Telephor	ne number	
Initial return	see SAN DIEGO, CA 92160-0453			
Termination	tions			
Amended return		G Gross re-		139,11
	F Name and address of principal officer	H(a) is this a group return H(b) Are all affiliates inclu		Yes X Yes
Tax-exempt status	SAME AS C ABOVE X 501(c) (7) ◄ (insert no) 4947(a)(1) or 52:	If 'No,' attach a list (
Vebsite: ► N/A		H(c) Group exemption nur		
	X Corporation Trust Association Other L Year of I		ate of legal do	mucile
Part I Summa				
		AINTENANCE OF 2	POOLS	A TENNIS
COURT AND	A PARK AREA FOR MEMBERS AND GUESTS.			
É	<u>e</u> e			
2 Check this box	If the organization discontinued its operations or disposed (intermediate of the assurance badis (Dart)(Line 1a)	of more than 25% of its a	- 1	
	ing members of the governing body (Part VI, line 1a) ependent voting members of the governing body (Part VI, line 1b)	-	3	
5 Total number	of employees (Part V, line 2a)	-	5	
	of volunteers (estimate if necessary)		6	
	related business revenue from Part VIII, column (C), line 12		7a	
b Net unrelated	business taxable income from Form 990-T, line 34		7b	
		Prior Year		Current Year
8 Contributions a	and grants (Part VIII, line 1h)			104 07
6 i -	ce revenue (Part VIII, line 2g)	135,9		134,93
10 Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,92	47.	<u>8(</u> 3,3
	 add lines 8 through 11 (must equal Part VIII, column (A), line 12) 			139,11
	nilar amounts paid (Part IK, column TA), lines/13)		<u> </u>	
	o or for members (Part IX, column (A), line 4)			
15 Salaries other	to or for members (Part IX, column (A), line 4)	52.6	65.	47,60
15 Salaries other		52,6	65.	47,60
15 Salaries other	compensation, employee benefits (Rart الله دوالمجلة) undraising fees (Part IX, cotumn (A), line 11e)	52,6	65.	47,60
 15 Salaries, other 16a Professional fu b Total fundraising 	r compensation, employee behefus (Rart IX, column (A)Cines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column-(D), line 25)			
 Salaries, other 16a Professional fL b Total fundraising 17 Other expense 	compensation, employee benefits (Part IX, column (A) Cines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) is (Part IX, column (A), lines 11a (14, 14)	73,2	53.	97,34
 Salaries, other 16a Professional fu b Total fundraising 17 Other expenses 18 Total expenses 	compensation, employee behefus (Part IX, column (A) Cines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) s. (Part IX, column (A), lines 11a Juc, 11-24). s. Add lines 13-17 (must equal Part IX, column (A), line 25)	73,2 125,9	53.	97, 34 144, 95
 15 Salaries, other 16a Professional fundraisii b Total fundraisii 17 Other expenses 18 Total expenses 19 Revenue less 	compensation, employee benefits (Part IX, column (A) Cines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) is (Part IX, column (A), lines 11a (14, 14)	73,2 125,9 14,2	53. 18. 16.	97,34 144,95 -5,83
 15 Salaries, other 16a Professional fundraisii b Total fundraisii 17 Other expenses 18 Total expenses 19 Revenue less 	compensation, employee behefus (Part IX, column (A), line 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) es (Part IX, column (A), lines 11a 116, 11 - 24) s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses Subtract line 18 from line 12	73,2 125,9 14,2 Beginning of Ye	53. 18. 16. ear	97, 34 144, 95 -5, 83 End of Year
 15 Salaries, other 16a Professional fundraisii b Total fundraisii 17 Other expenses 18 Total expenses 19 Revenue less 	compensation, employee behefus (Part IX, column (A), line 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) es (Part IX, column (A), lines 11a 114, 11 - 24) s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses Subtract line 18 from line 12 Part X, line 16)	73,2 125,9 14,2 Beginning of Y 113,4	53. 18. 16. ear 77.	97, 34 144, 95 -5, 83 End of Year 107, 18
 15 Salaries, other 16a Professional fu b Total fundraisii 17 Other expenses 18 Total expenses 19 Revenue less of 20 Total assets (F 21 Total liabilities 	compensation, employee benefits (Part IX, column (A) Gines 5-10) undraising fees (Part IX, column (A), line 25) ing expenses (Part IX, column (D), line 25) is (Part IX, column (A), lines 11a 114 (11 - 24); s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses Subtract line 18 from line 12 Part X, line 16) (Part X, line 26)	73,2 125,9 14,2 Beginning of Y 113,4 3,5	53. 18. 16. ear 77. 21.	97, 34 144, 95 -5, 83 End of Year 107, 18 3, 07
 Salaries, other Professional fu Total fundraisin Total expenses Total expenses Revenue less of Total assets (F Total liabilities Net assets of f 	compensation, employee benefits (Part IX, column (A) Gines 5-10) undraising fees (Part IX, column (A), line 25) ing expenses (Part IX, column (D), line 25) is (Part IX, column (A), lines 11a 114 (11 - 24); s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances Subtract line 21 from line 20	73,2 125,9 14,2 Beginning of Y 113,4	53. 18. 16. ear 77. 21.	97, 34 144, 95 -5, 83 End of Year 107, 18
 15 Salaries, other 16a Professional fundraisin b Total fundraisin 17 Other expenses 18 Total expenses 19 Revenue less of 20 Total assets (F 21 Total liabilities 22 Net assets or f Part II Signatu 	r compensation, employee behefus (Part IX, column (A), line 11e) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) es (Part IX, column (A), lines 11a (14, 24) s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances Subtract line 21 from line 20 re Block	73,2 125,9 14,2 Beginning of Y 113,4 3,5 109,9	53. 18. 16. ear 77. 21. 56.	97, 34 144, 95 -5, 83 End of Year 107, 18 3, 07 104, 11
15 Salaries, other 16a Professional fu b Total fundraisii 17 Other expense 18 Total expenses 19 Revenue less of 20 Total assets (F 21 Total liabilities 22 Net assets or f Part II Signatu Under penalbes	compensation, employee benefits (Part IX, column (A) Gines 5-10) undraising fees (Part IX, column (A), line 25) ing expenses (Part IX, column (D), line 25) is (Part IX, column (A), lines 11a 114 (11 - 24); s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances Subtract line 21 from line 20	73,2 125,9 14,2 Beginning of Y 113,4 3,5 109,9	53. 18. 16. ear 77. 21. 56.	97, 34 144, 95 -5, 83 End of Year 107, 18 3, 07 104, 11
15 Salaries, other 16a Professional fu- b Total fundraisin 17 Other expenses 18 Total expenses 19 Revenue less of 20 Total assets (F 21 Total liabilities 22 Net assets or f Part II Signature Under penaltes true, correct and Sign	r compensation, employee behefus (Part IX, column (A), line 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) es (Part IX, column (A), lines <u>11a</u> 14, 14, 24, 24, 24, 24, 24, 24, 24, 24, 24, 2	73, 2 125, 9 14, 2 Beginning of Yo 113, 4 3, 5 109, 9 nd statements, and to the best of preparer has any knowledge	53. 18. 16. ear 77. 21. 56.	97, 34 144, 95 -5, 83 End of Year 107, 18 3, 07 104, 11
 15 Salaries, other 16a Professional fundraisin b Total fundraisin 17 Other expenses 18 Total expenses 19 Revenue less of 20 Total assets (F 21 Total liabilities 22 Net assets or f Part II Signatu 	compensation, employee behefits (Part IX, column (A) line 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) es (Part IX, column (A), lines 11a 124, 11 - 241, 1	73, 2 125, 9 14, 2 Beginning of Yo 113, 4 3, 5 109, 9 nd statements, and to the best of preparer has any knowledge Date	53. 18. 16. ear 77. 21. 56.	97, 34 144, 95 -5, 83 End of Year 107, 18 3, 07 104, 11
15 Salaries, other 16a Professional fu b Total fundraisin 17 Other expense 18 Total expense 19 Revenue less of 20 Total assets (F 21 Total inabilities 22 Net assets or f Part II Signature Sign Signature of	compensation, employee behefits (Part IX, column (A) line 5-10) undraising fees (Part IX, column (A), line 11e) rig expenses (Part IX, column (D), line 25) es (Part IX, column (A), lines 11a 12a, 11 - 241,	73, 2 125, 9 14, 2 Beginning of Yo 113, 4 3, 5 109, 9 nd statements, and to the best of preparer has any knowledge Date	53. 18. 16. ear 77. 21. 56.	97, 34 144, 95 -5, 83 End of Year 107, 18 3, 07 104, 11
15 Salaries, other 16a Professional fu b Total fundraisin 17 Other expense 18 Total expense 19 Revenue less of 20 Total assets (F 21 Total inabilities 22 Net assets of f 21 Total inabilities 22 Net assets of f Cart II Signature Sign Signature	compensation, employee behefits (Part IX, column (A) lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) es (Part IX, column (A), lines <u>11a 14</u> (111-244). s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses Subtract line 18 from line 12 Part X, line 16) . (Part X, line 26) fund balances Subtract line 21 from line 20 re Block of periury. I declare that I have examined this return, including accompanying schedules a d complete Declaration of preparer (other than officer) is based on all information of which informer Back	73, 2 125, 9 14, 2 Beginning of Yo 113, 4 3, 5 109, 9 nd statements, and to the best of preparer has any knowledge Date	53. 18. 16. ear 77. 21. 56. my knowledge 3-,0	97, 34 144, 95 -5, 83 End of Year 107, 18 3, 07 104, 11 e and belief, it is
15 Salaries, other 16a Professional fu b Total fundraisin 17 Other expense 18 Total expenses 19 Revenue less 20 Total assets (F 21 Total liabilities 22 Net assets or f Part II Signature Sign Here Signature of Signature of Type or print	compensation, employee behefits (Part IX, column (A) line 5-10) undraising fees (Part IX, column (A), line 11e) rig expenses (Part IX, column (D), line 25) es (Part IX, column (A), lines 11a 12a, 11 - 241,	nd statements, and to the best of Date	53. 18. 16. ear 77. 21. 56. my knowledge 3-,0 Preparer (see instr	97, 34 144, 95 -5, 83 End of Year 107, 18 3, 07 104, 11
 15 Salaries, other 16a Professional fu b Total fundraisii 17 Other expenses 18 Total expenses 19 Revenue less of 20 Total assets (F 21 Total liabilities 22 Net assets or f Part II Signature Signature of Type or print Preparer's 	compensation, employee behefits (Part IX, column (A) lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) es (Part IX, column (A), lines <u>11a 14</u> (111-244). s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses Subtract line 18 from line 12 Part X, line 16) . (Part X, line 26) fund balances Subtract line 21 from line 20 re Block of periury. I declare that I have examined this return, including accompanying schedules a d complete Declaration of preparer (other than officer) is based on all information of which informer Back	nd statements, and to the best of Date	53. 18. 16. ear 77. 21. 56.	97, 34 144, 95 -5, 83 End of Year 107, 18 3, 07 104, 11 e and belief, it is
15 Salaries, other 16a Professional fu b Total fundraisin 17 Other expense 18 Total expenses 19 Revenue less of 20 Total assets (F 21 Total liabilities 22 Net assets or f Part II Signature Signature Type or print Preparer's signature Signature	r compensation, employee behefuts (Part IX, column (A) lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) es (Part IX, column (A), lines <u>11a</u> 14, 11, 24,	nd statements, and to the best of Date	53. 18. 16. ear 77. 21. 56. my knowledge 3-,0 Preparer (see instr	97, 34 144, 95 -5, 83 End of Year 107, 18 3, 07 104, 11 e and belief, it is
15 Salaries, other 16a Professional fu b Total fundraisin 17 Other expense 18 Total fundraisin 17 Other expense 18 Total expenses 19 Revenue less of 20 Total assets (F 21 Total liabilities 22 Net assets or f Part II Signature Signature Signature of Type or print Type or print Part is signature Signature of the signature of th	r compensation, employee behefits (Part IX, column (A) lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) es (Part IX, column (A), lines 11a 11a 11a, 11 - 24) s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances Subtract line 21 from line 20 re Block of perjury I declare that I have examined this return, including accompanying schedules a d complete Declaration of preparer (other than officer) is based on all information of which infineer Declaration of preparer (other than officer) is based on all information of which it name and title Date Date DAMELA A. DOSE, CPA	73, 2 125, 9 14, 2 Beginning of Yo 113, 4 3, 5 109, 9 nd statements, and to the best of preparer has any knowledge 5-/ Date Lary Check if self employed	53. 18. 16. ear 77. 21. 56.	97, 34 144, 95 -5, 83 End of Year 107, 18 3, 07 104, 11 e and belief, it is
15 Salaries, other 16a Professional fu b Total fundraisin 17 Other expense 18 Total expense 19 Revenue less 20 Total assets (F 21 Total habilities 22 Net assets or f Part II Signature Sign Signature Preparer's signature Signature Firm's name (or yours if self employed), address, and	r compensation, employee behefits (Part IX, column (A) lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) es (Part IX, column (A), lines 11a 124 (11 - 24) s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances Subtract line 21 from line 20 re Block of perjury, I declare that I have examined this return, including accompanying schedules a d complete Declaration of preparer (other than officer) is based on all information of which forficer Ence Baranski Section to fame and bite PAMELA A. DOSE, CPA 480 N. MAGNOLIA AVE. #108	73, 2 $125, 9$ $14, 2$ Beginning of Yo 113, 4 3, 5 109, 9 Date Check if self employed EIN N/	53. 18. 16. ear 77. 21. 56. my knowledge 3-,0 Preparer (see instr (see instr N/A /A	97, 34 144, 95 -5, 83 End of Year 107, 18 3, 07 104, 11 e and belief, it is b 's identifying numb rations)
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Form 990 (2009) DEL CERRO PARK	95 - 2138585	Page 2
Part III Statement of Program Service Accomplishments		
1 Briefly describe the organization's mission.		
THE MAINTENANCE OF 2 POOLS, A TENNIS COURT AND A PARK AREA FOR I	MEMBERS AND GUES	<u>rs.</u>
`		
2 Did the organization undertake any significant program services during the year which were not listed or	the prior	
Form 990 or 990 EZ?	Yes	X No
If 'Yes,' describe these new services on Schedule O	_	<u> </u>
3 Did the organization cease conducting, or make significant changes in how it conducts, any program ser	rvices? Yes	X No
If 'Yes,' describe these changes on Schedule O	- hu avrance Section 501	(c)(3)
4 Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants an expenses, and revenue, if any, for each program service reported.	d allocations to others, the	total
4a (Code location) (Expenses \$ including grants of \$) (Revenue Š)
MAINTENANCE OF POOL, PARK AND TENNIS COURTS FOR 250 MEMBERS.		
4b (Code) (Expenses \$ including grants of \$		
		
4c (Code) (Expenses \$ including grants of \$) (Revenue Š	·
	/((()))	/
		-
4d Other program services (Describe in Schedule O.)		
(Expenses \$ including grants of \$) (Revenue	\$)
4e Total program service expenses ►		

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<u>Form 990 (</u> 20	09) DEL	CERRO	PARK
Part IV	Checklis	t of Req	uired Schedules

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			Yes	No
			103	110
ו	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
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 public office? If 'Yes,' complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?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
9	Did the organization maintain collections of works of art, nistorical treasures, or other similar assets?/f 'Yes,' complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?// 'Yes,' complete			
	Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?/f 'Yes,' complete Schedule D, Part V	10		<u>X</u>
11	Is the organization's answer to any of the following questions 'Yes'? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or</i> X as applicable	11	Х	
0	 Did the organization report an amount for land, buildings and equipment in Part X, line 10% 'Yes,' complete Schedule D, Part VI 			
(• 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			
0	 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 			
(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 			
	• Did the organization report an amount for other liabilities in Part X, line 25?If 'Yes,' complete Schedule D, Part X			
(• 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? If fes, ' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year?/f 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		x
12/	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
I	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part J	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? 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?/f 'Yes,' complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

95-2138585

Page 3

	990 (2009) DEL CERRO PARK 95-2138585		P	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? 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 and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002?/f 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		x
Ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?	24c		
c		24d		
25 a	Section 501(c)(3) and 501(c)(4) organizationsDid the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	<u>25a</u>		
ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ3f 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual?/If 'Yes,' complete Schedule L, Part III	27		x
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ł	A family member of a current or former officer, director, trustee, or key employee ² If 'Yes,' complete Schedule L, Part IV	28b		x
Ċ	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		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?// 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity?If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)3f 'Yes,' complete Schedule R, Part V, line 2	35		x
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		
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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		x

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Form 990 (2009) DEL CERRO PARK	95-2138585		Ρ	age 5
Part V. Statements Regarding Other IRS Filings and Tax Compliance				
			Yes	No
In Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter ⋅0⋅ if not applicable	1a4			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0			
c Did the organization comply with backup withholding rules for reportable payments to vendor (gambling) winnings to prize winners ²	s and reportable gaming	- 1c		X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 14			
2b If at least one is reported on line 2a, did the organization file all required federal employmen	t tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required toe-file this retur	n. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the yea this return?	r covered by	3a		х
b If 'Yes' has it filed a Form 990.T for this year? If 'No,' provide an explanation in Schedule O		3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account is a foreign country (such as a bank account, securities account, or other financial account).	or other authority over, a nancial account)?	4a		х
b If 'Yes,' enter the name of the foreign country ►				
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Financial Accounts.	Foreign Bank and	 		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	· –	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt		5b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt En Tax Shelter Transaction?	tity Regarding Prohibited	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	nd did the organization	6a		x
b If 'Yes,' did the organization include with every solicitation an express statement that such co deductible?	ontributions or gifts were not	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 p provided to the payor?	artly for goods and services -	7a		_
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	-	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for wire Form 8282?	hich it was required to file	7c		
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premium benefit contract?	ns on a personal	7 e		_
${f f}$ Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract?	<u>7f</u>		
g For all contributions of qualified intellectual property, did the organization file Form 8899 as r		7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a For		<u>7h</u>		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, h holdings at any time during the year?	ng organizationBid the ave excess business	8		
 Sponsoring organizations maintaining donor advised funds. 	F	-		
a Did the organization make any taxable distributions under section 4966?		9a		
b Did the organization make any distribution to a donor, donor advisor, or related person ²	F	9b		· · · ·
10 Section 501(c)(7) organizations.Enter.	F			
a Initiation fees and capital contributions included on Part VIII, line 12	10a 0.			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b O.			
11 Section 501(c)(12) organizations.Enter				
a Gross income from other 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) nonexempt charitable trusts. Is the organization filing Form 990 in lieu of		12a		
b If 'Yes,' enter the amount of tax exempt interest received or accrued during the year	126			
ВАА	ſ	Form	990 ((2009)

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-			05 0100505		-	
Par	t VI C	DEL CERRO PARK Governance, Management and Disclosure For each 'Yes' response	95-2138585 to lines 2 through 7b be	elow,	and	age 6 for
、	a	No' response to line 8a, 8b, or 10b below, describe the circumstan Schedule O. See instructions.	ces, processes, or char	nges	ın	
Sec	tion A.	Governing Body and Management				
					Yes	No
1 a	Enter the	number of voting members of the governing body	1a 6		l	
		number of voting members that are independent	1b 6			
2	Did any c officer, di	officer, director, trustee, or key employee have a family relationship or a business re irector, trustee or key employee?	lationship with any other	2		x
3	Did the o of officer	rganization delegate control over management duties customarily performed by or u s, directors or trustees, or key employees to a management company or other perso	inder the direct supervision	3		x
4		rganization make any significant changes to its organizational documents		4		X
		prior Form 990 was filed?		_		
5		rganization become aware during the year of a material diversion of the organization	n's assets?	5	Х	X
6		organization have members or stockholders?		6	<u> </u>	
	governing		ļ	7a		x
i.	Are any o	decisions of the governing body subject to approval by members, stockholders, or of	ther persons?	7b		X
8	Did the o the follow	rganization contemporaneously document the meetings held or written actions unde ving	rtaken during the year by			
	5	rning body?		8a	X	
		nmittee with authority to act on behalf of the governing body?		8b	Х	
9	Is there a organizat	any officer, director or trustee, or key employee listed in Part VII, Section A, who ca tion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot be reached at the	9		x
Sec	tion B.	Policies (This Section B requests information about policies not i	required by the Internal			
Reve	enue Code			T		
			ſ		Yes	No_
		organization have local chapters, branches, or affiliates?		10a		X
	and bran	does the organization have written policies and procedures governing the activities or ches to ensure their operations are consistent with those of the organization?		10b		
		organization provided a copy of this Form 990 to all members of its governing body l		11		X
		In Schedule O the process, if any, used by the organization to review this Form 990	SEE SCHEDULE O	10-		X
		organization have a written conflict of interest policy?//f 'No,' go to line 13	that an dat as a super-	12a		_
	to conflic		-	12b		
	Schedule	organization regularly and consistently monitor and enforce compliance with the po to how this is done	licy7lf 'Yes,' describe in	12c		
13		organization have a written whistleblower policy?		13		X
14	Does the	organization have a written document retention and destruction policy?		14		X
15	Did the p persons,	process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent cision?			
	5	nization's CEO, Executive Director, or top management official		15a		<u>X</u>
b		icers of key employees of the organization		15b		X
		o line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16a		rganization invest in, contribute assets to, or participate in a joint venture or similar ring the year?	arrangement with a taxable	16a		X
b	in joint ve	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard	n to evaluate its participation I the organization's exempt			
6		th respect to such arrangements?		16b		L
		Disclosures				
18	Section 6	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a n Indicate how you make these available. Check all that apply.	na 990-1 (501(C)(3)S ONIY) av	allabl	e tor j	public

- X Another's website X Upon request Own website
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ PAM DOSE 480 N. MAGNOLIA AVE. #108 EL CAJON CA 92020 619-401-1481 _ _ _ _ -

2.1

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0 in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees. See instructions for definition of 'key employees'

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

JANICE BARANSKI 1 X X 0. 0. JANICE BARANSKI 1 X X 0. 0. SECRETARY 1 X X 0. 0. MARY BATTEN 2 X X 0. 0. PRESIDENT 2 X X 0. 0. VICE PRESIDENT 1 X X 0. 0. MARY JANE NIGRO 1 X X 0. 0. JOSEPH NEY 1 X X 0. 0. DIRECTOR 1 X X 0. 0.	(A)	(B)				:)	 	(D)	(E)	(F)
JANICE BARANSKI SECRETARY1XX0.0.MARY BATTEN PRESIDENT2XX0.0.MARY BATTEN PRESIDENT2XX0.0.MARTIN DOUCETT 	Name and Title	Average hours per week						Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related
MARY BATTEN PRESIDENT2XX0.0.MARTIN DOUCETT VICE PRESIDENT1XX0.0.MARY JANE NIGRO TREASURER1XX0.0.JOSEPH NEY DIRECTOR1XX0.0.BEVERLY BIONDO1XX0.0.		1	v		v		 	0	0	0
MARTIN_DOUCETT 1 X X 0. 0. VICE_PRESIDENT 1 X X 0. 0. MARY_JANE_NIGRO 1 X X 0. 0. TREASURER 1 X X 0. 0. JOSEPH_NEY 1 X X 0. 0. DIRECTOR 1 X X 0. 0. BEVERLY_BIONDO 1 X X 0. 0.					<u> </u>					
VICE PRESIDENT 1 X X 0. 0. MARY JANE_NIGRO 1 X X 0. 0. JOSEPH NEY 0. 0. 0. 0. DIRECTOR 1 X X 0. 0. BEVERLY BIONDO 0 0. 0. 0.		2	X		Х		 	0.	0.	
MARY JANE NIGRO 1 X X 0. 0. TREASURER 1 X X 0. 0. JOSEPH NEY 1 X X 0. 0. DIRECTOR 1 X X 0. 0. BEVERLY BIONDO 1 X X 0. 0.		1	x		х			0.	0.	(
JOSEPH NEY DIRECTOR 1 X X 0. 0. BEVERLY BIONDO	MARY_JANE_NIGRO							0	0	(
BEVERLY BIONDO	JOSEPH_NEY						<u> </u>			
		1	X		X			0.	0.	(
		1	x		х			0.	0.	
										<u> </u>

Form 990 (2009) DEL CERRO PARK			_						95-21385			2age 8
Part VII Section A. Officers, Directors, Trus	tees, k	٩y	Ēm	ıplo	oye	es,	ang	d Highest Con	pensated Em	ployee	5 (C	ont)
(A)	(B)			(0	:)			(D)	(E)		(F)	
ໍ Name and Title	Average hours per week	<u>}</u>	S Institutional trustee	Officer	Key e	a Highest compensat		Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	amo con f orç ar	stimated unt of ot opensation rom the ganization of relate anization	ther on on ed
		, w	stee			nsated						
										_		
												<u></u>
1 b Total		1				1		0.	0			0.
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	ise li	stec	d ab	ove)) wh	o re	ceived more than	\$100,000 in repo	rtable co	npens	sation
3 Did the organization list any former officer, director	or trust	ee, k	ey e	emp	loye	e, o	r hiç	ghest compensate	ed employee		Yes	
 on line 1a⁷ If Yes, 'complete Schedule J for such it For any individual listed on line 1a, is the sum of rethe organization and related organizations greater for the organization of the organization	portable	e cor	npe	nsa f 'V	tion	and	oth	er compensation	from	3		X
individual										4		X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	hedule J	for	suci	h pe	ersol	n	ale	a organization to		5		X
Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization	ted inde	pend	dent	cor	ntrad	ctors	tha	t received more t	han \$100,000 of			
(A) Name and business addres	35							(B) Description) of Services	Compe	C) ensatio	
				-						P***		
2 Total number of independent contractors (including \$100,000 in compensation from the organization►	but not	limi	ted	to th	nose	e list	ed a	above) who receiv	ed more than			

1,000 in com	pensation	from	the	organization	0

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•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f				
AND OT	g Noncash contribns included in Ins 1a 1f \$ h Total. Add lines 1a-1f				
	Business Code				
	2a MEMBERSHIP DUES & ASSESSMENTS	134,938.	134,938.		
	b				
	¢				
	d				
	e				
	f All other program service revenue	124 020			_
-	g Total. Adu lilles 20-21	134,938.			
	3 Investment income (including dividends, interest and other similar amounts)	803.	803.		
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(I) Real (II) Personal				
	6a Gross Rents		1		
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of(i) Securities(ii) Other				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss).				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
	See Part IV, line 18 a				
	b Less' direct expenses b				
5	c Net income or (loss) from fundraising events		1		
	9a Gross income from gaming activities See Part IV, line 19 a				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
1	IOa Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b	1	I		
┢	c Net income or (loss) from sales of inventory ► Miscellaneous Revenue Business Code				
h	Ina GUEST_FEES/MISC	3,373.	3,373.		- <u> </u>
	h	, , , , , , , , , , , , , , , , ,	5, 5 / 5.		
	~				- <u> </u>
	d All other revenue				<u> </u>
	e Total. Add lines 11a-11d	3,373.			+
		139,114.	139,114.	0	

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns.						
	•				=.	
	All other organizations must com	plete column (A) but are	e not required to comp	lete columns (B), (C), an	d (D).	
Do I 6Ь,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21					
2	Grants and other assistance to individuals in the U S $$ See Part IV, line 22 $$					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16					
4	Benefits paid to or for members					
5	Compensation of current officers, directors, trustees, and key employees	0.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.				
7	Other salaries and wages	43,297.				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)					
9	Other employee benefits				·····	
10	Payroll taxes	4,308.				
11	Fees for services (non-employees)					
8	Management					
b	Legal					
c	Accounting	6,000.				
c	Lobbying					
e	Prof fundraising svcs See Part IV, In 17					
f	Investment management fees					
q	Other					
12	Advertising and promotion			···· ·		
13	Office expenses	2,300.				
14	Information technology					
15	Royalties					
16	Occupancy					
17	Travel		······			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials					
1 9	Conferences, conventions, and meetings					
20	Interest					
21	Payments to affiliates				. <u></u> .	
22	Depreciation, depletion, and amortization	9,525.	=			
23	Insurance	17,554.				
	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)					
a	POOL MAINTENANCE	22,155.			·	
b	UTILITIES	21,096.				
c	PARK MAINTENANCE	16,491.				
d	BANK CARD FEES	1,279.				
	TELEPHONE	454.				
	All other expenses	493.				
	Total functional expenses Add lines 1 through 24t	144,952.				
	Joint costs. Check here ►					
	costs from a combined educational campaign and fundraising solicitation					

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Part		Balance Sheet			(A) Beginning of year		(B)
`							End of year
		Cash – non-interest-bearing			38,924.	1	<u> </u>
	2	Savings and temporary cash investments			13,460.	2	25,787.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	s, trus II of S	tees, key employees, chedule L		5	
	6	Receivables from other disqualified persons (as defin					
		and persons described in section 4958(c)(3)(B). Com	olete F	Part II of Schedule L		6	
ŝ	7	Notes and loans receivable, net				7	
A S E T S	8	Inventories for sale or use				8	
s	9	Prepaid expenses and deferred charges				9	-
1	10a	Land, buildings, and equipment: cost or other basis.	10 a	186,375.			
		Complete Part VI of Schedule D					
	b	Less accumulated depreciation	10 ь	134,808.	<u>61,092</u> .	10c	51,5 <u>67</u> .
r j	11	Investments – publicly-traded securities				11	
1	12	Investments – other securities See Part IV, line 11				12	
1	13	Investments - program-related See Part IV, line 11				13	
1	14	Intangible assets				14	
1	15	Other assets See Part IV, line 11			1.	15	1.
1	16	Total assets. Add lines 1 through 15 (must equal line	34)		113,477.	16	107,189.
1	17	Accounts payable and accrued expenses		3,521.	17	3,071.	
1	18	Grants payable				18	
. 1	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			-	20	
4	21	Escrow or custodial account liability Complete Part I				21	
	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per					
į		of Schedule L		22			
s 2				23			
2		Unsecured notes and loans payable to unrelated third		24			
2		Other liabilities Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25			3,521.	26	3,071.
N F		Organizations that follow SFAS 117, check here►	ar	nd complete lines			
		27 through 29 and lines 33 and 34.					
Š I		Unrestricted net assets		· · · · -	27		
۲I ⁻		Temporarily restricted net assets			28		
	29	Permanently restricted net assets		29			
R		Organizations that do not follow SFAS 117, check he	ere►	X and complete			
lines 30 through 34. 8 30 Capital stock or trust principal, or current funds							
	30	Capital stock or trust principal, or current funds	for and	· · · · · · · · · · · · · · · · · · ·	30	···· ···	
BA 3	31	Paid-in or capital surplus, or land, building, and equip			100 050	31	104 110
ត្ត	32	Retained earnings, endowment, accumulated income,	or oth	ier tunds	109,956.	32	104,118.
Ë S	33	Total net assets or fund balances.			109,956.	33	104,118.
BAA	34	Total liabilities and net assets/fund balances			113,477.	34	<u> </u>

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Form 990 (2009) DEL CERRO PARK 95-213858	5	Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990. X Cash 🗌 Accrual 🗌 Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u>X</u>
b Were the organization's financial statements audited by an independent accountant?	2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		x
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	t 3b		

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	I			I	OMB Nc	1545-0047
SCHEDULE D (Form 990)		2009				
Department of the Treasury Internal Revenue Service		Open Inspec	to Public			
Name of the organization		tach to Form 990. ► See separate instruction		Employer Ide		
DEL CERRO PARK						
		· · · · · · · · · · · · · · · · · · ·		95-2138		
Part I Organizat	ions Maintaining Dono zation answered 'Yes' 1	r Advised Funds or Other Similar Fun to Form 990, Part IV, line 6.	nds or Acc	ounts Co	mplete	e if
		(a) Donor advised funds	(b) F	unds and ot	her acco	ounts
1 Total number at	•	··				
	outions to (during year)					
	from (during year)	······································				
4 Aggregate value	at end of year					
funds are the org	anization's property, subject	nor advisors in writing that the assets held in c to the organization's exclusive legal control?			Yes	No
used only for cha	ion inform all grantees, dono initable purposes and not for ing impermissible private ben	ors, and donor advisors in writing that grant fur the benefit of the donor or donor advisor or foi efit??	nds may be r any other		Yes	No
Part II Conserva	tion Easements Compl	ete if the organization answered 'Yes'	to Form 99	90. Part IV	/. line	 7.
Preservation Protection of Preservation Complete lines 2	of land for public use (e.g., natural habitat of open space a through 2d if the organizat	y the organization (check all that apply). recreation or pleasure) Preservation Preservation ion held a qualified conservation contribution in	of certified hi	storic structu	ure	
last day of the ta	x year			Held at the	End of	the Year
a Total number of	conservation easements		2a			
	stricted by conservation ease	ments	2b			
c Number of conse	rvation easements on a cert	fied historic structure included in (a)	2c			
d Number of conse	d Number of conservation easements included in (c) acquired after 8/17/06 2d					
3 Number of conse	rvation easements modified,	transferred, released, extinguished, or termina	ated by the or	ganızatıon d	uring the	e tax
year 🏲						
4 Number of states	where property subject to c	onservation easement is located				
and enforcement 6 Staff and volunte during the year ►	 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► 					
during the year >		nspecting, and enforcing conservation easeme	nis \$			_
8 Does each conse 170(h)(4)(B)(i) ar	8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section				Yes	No
9 In Part XIV, desc	ribe how the organization re	ports conservation easements in its revenue ar to the organization's financial statements that				
Conservation eas	tions Maintaining Colle	ections of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	r Other Sin	nilar Asse	ts	
1 a If the organizatio treasures, or othe	n elected, as permitted unde er similar assets held for pub	r SFAS 116, not to report in its revenue staten blic exhibition, education, or research in further ents that describes these items.	nent and bala	nce sheet we c service, pro	orks of a ovide, in	art, historical Part XIV,
b If the organizatio	n elected, as permitted unde er similar assets held for pub	r SFAS 116, to report in its revenue statement flic exhibition, education, or research in further	and balance ance of public	sheet works service, pro	of art, h ovide the	nistorical e following
(i) Revenues included in Form 990, Part VIII, line 1 ►\$ (ii) Assets included in Form 990, Part X ►\$						
(ii) Assets includ	led in Form 990, Part X			►\$		
2 If the organization amounts required	n received or held works of a I to be reported under SFAS	art, historical treasures, or other similar assets 116 relating to these items	for financial o	gain, provide	the follo	owing
	ed in Form 990, Part VIII, line	e 1		►\$		
b Assets included i	n Form 990, Part X			►\$_		
BAA For Privacy Act a	and Paperwork Reduction A	ct Notice, see the Instructions for Form 990.		Schedu	le D (Fo	rm 990) 2009

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Schedule D (Form 990) 2009 DEL (CERRO PAI	RK				95-2	138585	Page
Part III Organizations Mainta			s of Art, Hist	orica	l Treasures, o	r Other Similar A	ssets (c	ontinued)
 Using the organization's acquisit items (check all that apply): 								
a Public exhibition			d 🗌 Loan	or exc	change programs			
b Scholarly research								
c Preservation for future gener	rations				· - · ·			
4 Provide a description of the orga		lactions	and evoluin ho	w that	further the orga	nization's exemption		
Part XIV		nections	and explain no	w uicy		mzation's exempt pu	pose in	
5 During the year, did the organiza assets to be sold to raise funds i	rather than to	be mai	ntained as part	of the	organization's co	ollection?	Yes	No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangen unt on For	nents m 990	Complete if , Part X, line	orgar 21.	nization answe	ered 'Yes' to Forn	n 990, Par	t IV, line
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodia	an, or ot	her intermediar	y for c	ontributions or ot	her assets not	Yes	No
b If 'Yes,' explain the arrangement	in Part XIV a	and com	plete the follow	ing tal	ble [.]			
				•			Amount	
c Beginning balance						1c		
d Additions during the year						1 di		
e Distributions during the year						1e		
f Ending balance						1f		
2a Did the organization include an a	mount on Fo	rm 990.	Part X, line 21	2		L	Yes	No
b If 'Yes,' explain the arrangement		,	·					
Part V Endowment Funds Co		organiz	ation answei	red '۲	(es' to Form 9	90. Part IV. line	10.	
	(a) Current		(b) Prior yea		(c) Two years bac			our years back
1 a Beginning of year balance					(0) 100)00,0 000			<u>ur jouro suon</u>
b Contributions					· · · · · · · · · · ·			
c Net Investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentag	e of the vear	end bal	ance held as	i				
a Board designated or quasi-endow	-		8					
b Permanent endowment ►	****		· °					
c Term endowment								
3a Are there endowment funds not i		sion of t	the organization	that a	are held and adm	inistered for the	Г	Yes No
organization by (i) unrelated organizations								Yes No
							3a(i)	
(ii) related organizations			0	- -			3a(ii)	
 b If 'Yes' to 3a(II), are the related of 4 Describe in Part XIV the intended 							3b	
Part VI Investments-Land, B					ACCOUNT OF A DESCRIPTION OF A DESCRIPTIO	Line 10		
Description of investment		(a) Cos	t or other basis	(b)	Cost or other basis (other)	(c) Accumulated Depreciation	(d) Bo	ook Value
1a Land		<u> </u>		`				. <u> </u>
b Buildings						·		
c Leasehold improvements						· · · · · · · ·		
d Equipment								
e Other					186,375.	134,808		51 567
	(d) must c=		n 000 Bast V -			134,008	<u>·</u>]	51,567
Total. Add lines 1a through 1e (Column	i (u) musi eq	uai rom	11 990, Part X, C	oiumn	(D), IINE IU(C))		1	51,567

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Schedule **D** (Form 990) 2009

Part VII [Investments-Other Securities See Form 990, Part X, line 12. N/A (a) Description of security or category (notbding name of security) (b) Book value Cost or end-of-year market value Financial derivatives Cost or end-of-year market value Cost or end-of-year market value Closely-held equip interests Cost or end-of-year market value (a) Description of investment type (b) Book value Closely-held equip interests Cost or end-of-year market value Cost or end-of-year market value Cost or end-of-year market value (a) Description of investment type (b) Book value Cost or end-of-year market value Cost or end-of-year market value Cost or end-of-year ma
Financial derivatives Closely-held equity interests Cither Cost or end-of-year market value Cost or end-
Closely-heid equily interests Other Closely-heid equily interests Other Closely-heid equily interests Conter Closely-heid
Other
Total. (Column (b) must equal Form 990 Part X, col (B) line 12) > Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value
Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value
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Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value
(a) Description of investment type (b) Book value Cost or end-of-year market value Cost or end-of-year m
Cost or end-of-year market value Cost
Total (Column (b) must equal Form 990, Part X, Col (B) line 13) ► Part IX Other Assets (See Form 990, Part X, line 15) N/A
Part IX Other Assets (See Form 990, Part X, line 15) N/A
Part IX Other Assets (See Form 990, Part X, line 15) N/A
Part IX Other Assets (See Form 990, Part X, line 15) N/A
Part IX Other Assets (See Form 990, Part X, line 15) N/A
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Part IX Other Assets (See Form 990, Part X, line 15) N/A
Part IX Other Assets (See Form 990, Part X, line 15) N/A
Part IX Other Assets (See Form 990, Part X, line 15) N/A
Total. (Column (b) must equal Form 990, Part X, col (B), line 15)
Part X Other Liabilities (See Form 990, Part X, line 25)
(a) Description of Liability (b) Amount
Federal Income Taxes
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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		95-213	8585	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
٠2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year Subtract line 2 from line 1		_	
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net). Add lines 4 through 8			
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	N/A	
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments 2a			
b	Donated services and use of facilities 2b			
	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV) 2d			
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line1.			
a	Investments expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV) 4b			
c	Add lines 4a and 4b	4c		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	<u>eturn</u>	<u>N/A</u>	
	Total expenses and losses per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
c	Other losses 2c			
d	Other (Describe in Part XIV) 2d			
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line1:			
a	Investments expenses not included on Form 990, Part VIII, line 7b			
þ	Other (Describe in Part XIV)			
С	Add lines 4a and 4b	4c		
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5		<u></u>
Par	t XIV Supplemental Information			
line 4	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this mation	IV, lines part to p	1b and 2b, Pa provide any ad	art V, ditional
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Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 DEL CERRO PARK Part XIV Supplemental Information (continued)	95-2138585	Page 5
Part XIV Supplemental Information (continued)		
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SCHEDULE O		OMB No 1545-0047		
(Form 990)	orm 990)			
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions Form 990 or to provide any additional information. ► Attach to Form 990.	s on	Open to Public Inspection	
Name of the organization		Employer identifica		
DEL CERRO PARK		95-213858		
FORM 990, PA	NRT VI. LINE 11 - FORM 990 REVIEW PROCESS			
NO DEVIEW W	AC OD WILL DE CONDUCTED			
NO_KEVIEW_W	AS OR WILL BE CONDUCTED.			
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BAA For Privacy Act and paperwork Reduction Act Notice, see the instructions for Form 990.

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Schedule 0 (Form 990) 2009

Schedule O (Form 990) 2009 Name of the organization	Page 2
Name of the organization	Employer identification number
DEL CERRO PARK	95-2138585
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Schedule O (Form 990) 2009

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