

Return of Organization Exempt from Income Tax

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

OMB No. 1545-0047

1981

For the calendar year 1981, or fiscal year beginning July 1, 1981, and ending June 30, 1982

Use IRS label. Other- wise, please print or type.	Name of organization <u>Del Mar Foundation</u>	A Employer identification number (see instruction L) <u>95-3718831</u>
	Address (number and street) <u>1050 Camino Del Mar</u>	B State registration number (see instruction D)
	City or town, State, and ZIP code <u>Del Mar, Ca 92014</u>	C If address changed, check here <input checked="" type="checkbox"/> <u>no pre-1990 change received</u>

D Check applicable box—Exempt under section ☒ 501(c) (3) (insert number), OR ☐ section 4947(a)(1) trust

E Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify)

F Section 4947(a)(1) trusts filing this form in lieu of Form 1041, check here ☐ (see instruction C 10).

G Is this a group return (see instruction J) filed for affiliates? ☐ Yes ☒ No
Is this a separate return filed by a group affiliate? ☐ Yes ☒ No If "Yes" to either, give four-digit group exemption number (GEN)

Note: You may be able to use a copy of this return to satisfy State reporting requirements. See instruction D.

☐ Check here if gross receipts are normally not more than \$10,000. Do not complete the rest of this return (see instruction B11).

☒ Check here if gross receipts are normally more than \$10,000 and line 12 is \$25,000 or less. Complete Parts I (except lines 13-15), III, IV, VI, and VII and only the indicated items in Parts II and V (see instruction I). If line 12 is more than \$25,000, complete the entire return.

All section 501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990).

Part I Statement of Support, Revenue, and Expenses and Changes in Fund Balances

		(A) Total	These columns are optional— see Instructions	
			(B) Unrestricted/ Expendable	(C) Restricted/ Nonexpendable
Support and Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	(a) Direct public support	<u>9,500-</u>		
	(b) Indirect public support	<u>0</u>		
	(c) Government grants	<u>0</u>		
	(d) Total (add lines 1(a) through 1(c)) (attach schedule—see instructions)	<u>9,500-</u>		
	2 Program service revenue (from Part IV, line (f))	<u>0</u>		
	3 Membership dues and assessments	<u>0</u>		
	4 Interest on savings and temporary cash investments	<u>788-</u>		
	5 Dividends and interest from securities	<u>0</u>		
	6 (a) Gross rents			
(b) Minus: Rental expenses				
(c) Net rental income (loss)	<u>0</u>			
7 Other investment income (Describe <u> </u> Securities <u> </u> Other <u> </u>)	<u>0</u>			
8 (a) Gross amount from sale of as- sets other than inventory				
(b) Minus: Cost or other basis and sales expenses				
(c) Gain (loss) (attach schedule)	<u>0</u>			
9 Special fundraising events and activities (attach schedule—see instructions):				
(a) Gross revenue (not including \$ <u>9,500-</u> of contributions reported on line 1(a))	<u>14,313-</u>			
(b) Minus: Direct expenses	<u>13,063-</u>			
(c) Net income (line 9(a) minus line 9(b))	<u>1,349-</u>			
10 (a) Gross sales minus returns and allowances	<u>0</u>			
(b) Minus: Cost of goods sold (attach schedule)	<u>0</u>			
(c) Gross profit (loss)	<u>0</u>			
11 Other revenue (from Part IV, line (g))	<u>0</u>			
12 Total revenue (add lines 1(d), 2, 3, 4, 5, 6(c), 7, 8(c), 9(c), 10(c), and 11)	<u>11,537-</u>			
Expenses	13 Program services (from line 44(B))			
	14 Management and general (from line 44(C))			
	15 Fundraising (from line 44(D))			
	16 Payments to affiliates (attach schedule—see instructions)			
	17 Total expenses (add lines 13, 14, 15, and 16)			
Fund Balances	18 Excess (deficit) for the year (subtract line 17 from line 12)	<u>11,537-</u>		
	19 Fund balances or net worth at beginning of year (from line 74(A))	<u>0</u>		
	20 Other changes in fund balances or net worth (attach explanation)	<u>0</u>		
	21 Fund balances or net worth at end of <u> </u> (add lines 18, 19, and 20)	<u>11,537-</u>		

Part II Statement of Functional Expenses If line 12, Part I, is \$25,000 or less, you should complete only column (A). If line 12 is more than \$25,000, complete columns (A), (B), (C), and (D).

Do not include amounts reported on line 6(b), 8(b), 9(b), 10(b), or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)	0			
23 Specific assistance to individuals	0			
24 Benefits paid to or for members	0			
25 Compensation of officers, directors, etc.	0			
26 Other salaries and wages	0			
27 Pension plan contributions	0			
28 Other employee benefits	0			
29 Payroll taxes	0			
30 Professional fundraising fees	0			
31 Accounting fees	0			
32 Legal fees	0			
33 Supplies	0			
34 Telephone	0			
35 Postage and shipping	0			
36 Occupancy	0			
37 Equipment rental and maintenance	0			
38 Printing and publications	0			
39 Travel	0			
40 Conferences, conventions and meetings	0			
41 Interest	0			
42 Depreciation, depletion, etc. (attach schedule)	0			
43 Other expenses (itemize): (a)	0			
(b)				
(c)				
(d)				
(e)				
(f)				
44 Total functional expenses (add lines 22 through 43)	all included in line 96			

Part III Statement of Program Service Activities

Describe each significant program service activity and indicate the total expenses attributable to each. Include relevant statistical information, such as the number of clients, patients, students, or members served. Also indicate the amount of grants and allocations that are included in the total expenses reported for that program.

	Expenses
(a) N/A	
(Grants and allocations \$)	
(b)	
(Grants and allocations \$)	
(c)	
(Grants and allocations \$)	
(d)	
(Grants and allocations \$)	
(Grants and allocations \$)	
(Grants and allocations \$)	
e) Other program service activities (attach schedule)	(Grants and allocations \$)
f) Total (add lines (a) through (e)) (should equal line 44(B))	

Part IV Program Service Revenue and Other Revenue (State Nature)

	Program service revenue	Other revenue
(a) Fees from government agencies	0	
(b)		
(c)		
(d)		
(e)		
(f) Total program service revenue (Enter here and on line 2)	0	
(g) Total other revenue (Enter here and on line 11)		

Part V Balance Sheets If line 12, Part I, and line 59 are \$25,000 or less, you should complete only lines 59, 66, and 74 and, if you do not use fund accounting, line 73. If line 12 or line 59 is more than \$25,000, complete the entire balance sheet. See instructions.

Note: Columns (C) and (D) are optional. Columns (A) and (B) must be completed to the extent applicable. Where required, attached schedules should be for end-of-year amounts only.

	(A) Beginning of year	End of year		
		(B) Total	(C) Unrestricted/Expendable	(D) Restricted/Nonexpendable
Assets				
45 Cash—non-interest bearing				
46 Savings and temporary cash investments				
47 Accounts receivable ▶ minus allowance for doubtful accounts ▶				
48 Pledges receivable ▶ minus allowance for doubtful accounts ▶				
49 Grants receivable				
50 Receivables due from officers, directors, trustees and key employees (attach schedule)				
51 Other notes and loans receivable ▶ minus allowance for doubtful accounts ▶				
52 Inventories for sale or use				
53 Prepaid expenses and deferred charges				
54 Investments—securities (attach schedule)				
55 Investments—land, buildings and equipment: basis ▶ minus accumulated depreciation ▶ (attach schedule)				
56 Investments—other (attach schedule)				
57 Land, buildings and equipment: basis ▶ minus accumulated depreciation ▶ (attach schedule)				
58 Other assets:				
59 Total assets (add lines 45 through 58)	11,537			
Liabilities				
60 Accounts payable and accrued expenses				
61 Grants payable				
62 Support and revenue designated for future periods (attach sched.)				
63 Loans from officers, directors, trustees and key employees (attach schedule)				
64 Mortgages and other notes payable (attach schedule)				
65 Other liabilities:				
66 Total liabilities (add lines 60 through 65)	0			
Fund Balances or Net Worth				
Organizations that use fund accounting, check here <input type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75.				
67 Current funds				
68 Land, buildings and equipment fund				
69 Endowment fund				
70 Other funds (Describe ▶)				
Organizations that do not use fund accounting, check here <input type="checkbox"/> and complete lines 71 through 75.				
71 Capital stock or trust principal				
72 Paid-in or capital surplus				
73 Retained earnings or accumulated income	0			
74 Total fund balances or net worth (see instructions)	11,537			
75 Total liabilities and fund balances/net worth (see instructions)	11,537			

Part VII List of Officers, Directors and Trustees (See Instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if any)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
William H. Kruen Jr. 1442 Camino Del Mar, Del Mar Ca 92014	Director/President one	0	0	0
Louis M. Terrell 333 Pine Valley Dr, Del Mar Ca 92014	Director - one	0	0	0
Paul O. Hollidien 1333 Paseo Rd Del Mar Ca 92014	Director one	0	0	0
Liz Youngflask 1135 E Camino Del Mar, Del Mar Ca 92014	Treasurer - two	0	0	0
Kathy Bussey 1050 Camino Del Mar Del Mar Ca 92014	Secretary - two	0	0	0

Part VIII Other Information

	Yes	No
1. Has the organization engaged in any activities not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of the activities.		<input checked="" type="checkbox"/>
2. Have any changes been made in the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes.		<input checked="" type="checkbox"/>
3. (a) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . (b) If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year? . (c) If the organization has gross sales or receipts from business activities not reported on Form 990-T, attach a statement explaining your reason for not reporting them on Form 990-T.		<input checked="" type="checkbox"/>
4. Was there a liquidation, dissolution, termination, or substantial contraction during the year (see instructions)? If "Yes," attach a statement as described in the instructions.		<input checked="" type="checkbox"/>
Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization (see instructions)? . . . If "Yes," enter the name of organization ▶ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		<input checked="" type="checkbox"/>
5. (a) Enter amount of political expenditures, direct or indirect, as described in the instructions (b) Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year? Did your organization receive donated services or the use of materials, equipment or facilities at no charge or at substantially less than fair rental value? If "Yes," you may indicate the value of these items here. Do not include this amount as support in Part I or as an expense in Part II. See instructions for reporting in Part III ▶		<input checked="" type="checkbox"/>
6. Section 501(c)(5) or (6) organizations.—Did the organization spend any amounts in attempt to influence public opinion about legislative matters or referendums (see instructions and Regulations section 1.162-20(c))? If "Yes," enter the total amount spent for this purpose		<input checked="" type="checkbox"/>
Section 501(c)(7) organizations.—Enter amount of: (a) Initiation fees and capital contributions included on line 12 (b) Gross receipts, included in line 12, for public use of club facilities (see instructions) (c) Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion (see instructions)?		<input checked="" type="checkbox"/>
7. Section 501(c)(12) organizations.—Enter amount of: (a) Gross income received from members or shareholders (b) Gross income received from other sources (do not net amounts due or paid to other sources against amounts due or received from them)		<input checked="" type="checkbox"/>
8. Public interest law firms.—Attach information described in instructions.		<input checked="" type="checkbox"/>
9. List the States with which a copy of this return is filed ▶ Calif		
10. The books are in care of ▶ Liz Youngflask Telephone No. ▶ (619) 431-5111 Located at ▶ 1135 E Camino Del Mar, Del Mar Ca 92014		

Preparer's Use Only	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer Liz Youngflask	Date 11/15/82	Title Treasurer
Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address	ZIP code	

IRS Form 990

Schedule

1d Valley Federal Savings & Loan, 6842 Van Nuys Blvd., Van Nuys CA 91405
June 10, 1981 \$5,000.00

Schedule

9a,b, &c Revenue, expense and income from the community activities of
"Del Mar Day 1981"

1981

Name Del Mar Foundation Employer identification number 9513718831

Part I Compensation of Five Highest Paid Employees
(Other than Officers, Directors, and Trustees—see specific instructions)

Name and address of employees paid more than \$30,000	Title and average hours per week devoted to position	Compensation	Contributions to employee benefit plans	Expense account and other allowances
N/A				
Total number of other employees paid over \$30,000				

Part II Compensation of Five Highest Paid Persons for Professional Services
(See specific instructions)

Name and address of persons paid more than \$30,000	Type of service	Compensation
N/A		
Total number of others receiving over \$30,000 for professional services		

Part III Statements About Activities

	Yes	No
1 During the year have you attempted to influence national, State or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total of the expenses paid or incurred in connection with the legislative activities \$..... Complete Part VI of this form for organizations that made an election under section 501(h) on Form 5768 or other statement. For other organizations checking "Yes," attach a statement giving a detailed description of the legislative activities and a classified schedule of the expenses paid or incurred.		<input checked="" type="checkbox"/>
2 During the year have you, either directly or indirectly, engaged in any of the following acts with a trustee, director, principal officer or creator of your organization, or any organization or corporation with which such person is affiliated as an officer, director, trustee, majority owner or principal beneficiary: (a) Sale, exchange, or leasing of property? (b) Lending of money or other extension of credit? (c) Furnishing of goods, services, or facilities? (d) Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? (e) Transfer of any part of your income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3 Attach a statement explaining how you determine that individuals or organizations receiving disbursements from you in furtherance of your charitable programs qualify to receive payments. (See specific instructions.) N/A		
4 Do you make grants for scholarships, fellowships, student loans, etc.?		<input checked="" type="checkbox"/>
5 During the year did you receive any qualified conservation contribution whose value was more than \$5,000? If "Yes," attach a schedule as described in the instructions.		<input checked="" type="checkbox"/>

Part IV Reason for Non-Private Foundation Status (See instructions for definitions)The organization is not a private foundation because it is (check applicable box; please check only **ONE** box):

- 6 ☐ ¹ A church. Section 170(b)(1)(A)(i).
- 7 ☐ ² A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 3.)
- 8 ☐ ³ A hospital. Section 170(b)(1)(A)(iii).
- 9 ☐ ⁴ A governmental unit. Section 170(b)(1)(A)(v).
- 10 ☐ ⁵ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter name and address of hospital ► _____
- 11 ☐ ⁶ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete Support Schedule.)
- 12 ☒ ⁷ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)
- 13 ☐ ⁸ An organization that normally receives: (a) no more than 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, and (b) more than 1/3 of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc. functions—subject to certain exceptions. See section 509(a)(2). (Use cash receipts and disbursements method of accounting; also complete Support Schedule.)
- 14 ☐ ⁹ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) boxes 6 through 13 above or (2) section 501(c)(4), (5), or (6) if they meet the test of section 509(a)(2). See section 509(a)(3).

Provide the following information about the supported organizations. (See instructions for Part IV, box 14.)

(a) Name of supported organizations

(b) Box number from above

(c) Relationship of supported organizations to your organization:

- (1) Check here ☐ if the supported organizations appoint a majority of your governing board.
- (2) Check here ☐ if a majority of your governing board belong to governing boards of the supported organizations.
- (3) Check here ☐ if (1) or (2) above does not apply. (See Regulations 1.509(a)-4.)

(d) If applicable, enter the number of supported organizations exempt under:

- (1) Section 501(c)(4)
- (2) Section 501(c)(5)
- (3) Section 501(c)(6)

(e) Check here ☐ if your organization's main function is to provide funds to the supported organizations.

- 15
- ☐
- ⁰
- An organization organized and operated to test for public safety. Section 509(a)(4). (See specific instructions.)

Support Schedule (Complete only if you checked box 11, 12, or 13 above)

Calendar year (or fiscal year beginning in) ►	(a) 1980	(b) 1979	(c) 1978	(d) 1977	(e) Total
16 Gifts, grants, and contributions received. (Do not include unusual grants. See line 29 below.) . . .	N/A	Del Mar Foundation		established	
17 Membership fees received		July 1, 1981			
18 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc. purpose					
19 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
20 Net income from unrelated business activities not included in line 19 . . .					

(Continued on page 3)

Part IV Support Schedule (continued) (Complete only if you checked box 11, 12, or 13 on page 2)

Calendar year (or fiscal year beginning in) ▶	(a) 1980	(b) 1979	(c) 1978	(d) 1977	(e) Total
21 Tax revenues levied for your benefit and either paid to you or expended on your behalf	N/A	Del Mar Foundation			
22 The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge		established		July 1, 1981	
23 Other income. Attach schedule. Do not include gain (or loss) from sale of capital assets					
24 Total of lines 16 through 23					
25 Line 24 minus line 18					
26 Enter 1% of line 24					
27 Organizations described in box 11 or 12, page 2:					
(a) Enter 2% of amount in column (e), line 25					
(b) Attach a list (not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1977 through 1980 exceeded the amount shown in 27(a). Enter the sum of all excess amounts here					
28 Organizations described in box 13, page 2:					
(a) Attach a list, for amounts shown on lines 16, 17, and 18, showing the name of, and total amounts received in each year from each "disqualified person," and enter the sum of such amounts for each year:					
(1980)..... (1979)..... (1978)..... (1977).....					
(b) Attach a list showing, for 1977 through 1980, the name and amount included in line 18 for each person (other than "disqualified persons") from whom the organization received more, during that year, than the larger of: the amount on line 26 for the year or \$5,000. Include organizations described in boxes 6 through 12 as well as individuals. Enter the sum of these excess amounts for each year:					
(1980)..... (1979)..... (1978)..... (1977).....					
29 For an organization described in boxes 11, 12, or 13, page 2, that received any unusual grants during 1977 through 1980, attach a list (not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 16 above. (See specific instructions.)					

Part V Private School Questionnaire

To Be Completed ONLY by Schools that Checked Box 7 in Part IV

	Yes	No
30 Do you have a racially nondiscriminatory policy toward students by statement in your charter, bylaws, other governing instrument, or in a resolution of your governing body?		
31 Do you include a statement of your racially nondiscriminatory policy toward students in all your brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
32 Have you publicized your racially nondiscriminatory policy by newspaper or broadcast media during the period of solicitation for students or during the registration period if you have no solicitation program, in a way that makes the policy known to all parts of the general community you serve?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
33 Do you maintain the following:		
(a) Records indicating the racial composition of the student body, faculty, and administrative staff?		
(b) Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? (See instructions.)		
(c) Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
(d) Copies of all material used by you or on your behalf to solicit contributions?		
if you answered "No," to any of the above, please explain. (If you need more space, attach a separate statement.)		

Part V Private School Questionnaire
To Be Completed ONLY by Schools that Checked Box 7 in Part IV (Continued)

34 Do you discriminate by race in any way with respect to:	Yes	No
(a) Students' rights or privileges?		
(b) Admissions policies?		
(c) Employment of faculty or administrative staff?		
(d) Scholarships or other financial assistance (see instructions)?		
(e) Educational policies?		
(f) Use of facilities?		
(g) Athletic programs?		
(h) Other extra-curricular activities?		
If you answered "Yes," to any of the above, please explain. (If you need more space, attach a separate statement.)		
35 (a) Do you receive any financial aid or assistance from a governmental agency?		
(b) Has your right to such aid ever been revoked or suspended?		
If you answered "Yes," to either 35(a) or (b), please explain using an attached separate statement.		
36 Do you certify that you have complied with the applicable requirements of section 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation (see instructions for Part V)		

Part VI Lobbying Expenditures By Public Charities (See instructions) (To be completed ONLY by an eligible organization that filed Form 5768.)

Check here ► (a) <input type="checkbox"/> If the organization belongs to an affiliated group (see instructions).	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
Check here ► (b) <input type="checkbox"/> If you checked (a) and "limited control" provisions apply (see instructions).		
Limits on Lobbying Expenses		
37 Total (grassroots) lobbying expenses to influence public opinion		
38 Total lobbying expenses to influence legislative body		
39 Total lobbying expenses (add lines 37 and 38)		
40 Other exempt purpose expenses (see Part VI instructions)		
41 Total exempt purpose expenses (add lines 39 and 40) (see instructions)		
42 Lobbying nontaxable amount. Enter the smaller of \$1,000,000 or the amount determined under the following table— If the amount on line 41 is— Not over \$500,000 20% of the amount on line 41 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 \$225,000 plus 5% of the excess over \$1,500,000 The lobbying nontaxable amount is—		
43 Grassroots nontaxable amount (enter 25% of line 42) (Complete lines 44 and 45. File Form 4720 if either line 37 exceeds line 43 or line 39 exceeds line 42.)		
44 Excess of line 37 over line 43		
45 Excess of line 39 over line 42		

4-Year Averaging Period Under Section 501(h). (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 46-51 for details.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenses During 4-Year Averaging Period				
	(a) 1981	(b) 1980	(c) 1979	(d) 1978	(e) Total
46 Lobbying nontaxable amount (line 6, Sch. A (Form 990) (1978-80), line 42 (1981))					
47 Lobbying ceiling amount (150% of line 46(e))					
48 Total lobbying expenses (line 3, Sch. A (Form 990) (1978-80), line 39 (1981))					
49 Grassroots nontaxable amount (line 7, Sch. A (Form 990) (1978-80), line 43 (1981))					
50 Grassroots ceiling amount (150% of line 49(e))					
51 Grassroots lobbying expenses (line 1, Sch. A (Form 990) (1978-80), line 37 (1981))					



EXEMPT ORGANIZATION ANNUAL INFORMATION RETURN

For calendar year 1981, and fiscal year begun July 1, 1981, and ended June 30, 1982

PLEASE AFFIX PREADDRESSED LABEL OR PRINT OR TYPE

Indicate address change on label See Instruction H

DEL 1087691 DM9F* **N 06 08/20/81**
DEL MAR FOUNDATION
(D D WORDEN
1050 CAMINO DEL MAR
DEL MAR CA 92014

DO NOT USE THESE SPACES

SN _____

CORP./ORG. NO. _____ PC _____

TYE _____ CC _____

CY _____ DE _____ CA _____ FA _____ A _____

Remittance _____

FEDERAL EMPLOYER IDENTIFICATION NO. 95-3718831

PART I All organizations complete Part I (unless permitted to file Form 199B, see General Instruction A)

ATTACH REMITTANCE HERE

Receipts (Revenues)	1. Gross sales and receipts from all sources, other than shown on lines 5 and 6 (from Part II, line 8).	15,100	10
	2. Cost of goods sold.		
	3. Cost or other basis and sales expenses of assets sold.		
	4. Gross Income—line 1 less sum of lines 2 and 3.	15,100	10
	5. Gross dues and assessments from members and affiliates.		
	6. Gross contributions, gifts, grants, and similar amounts received (see instructions) <i>attached</i> .	9,500	00
	7. Total—add lines 4, 5, and 6.	24,600	10
	8. Gross receipts for filing requirement tests—add lines 1, 5, and 6.	24,600	10
Expenses and Disbursements	9. Expenses and disbursements (from Part II, Line 18)	13,063	45
	10. Excess of receipts over expenses and disbursements—line 7 less line 9.	11,536	65
11. Have any changes not previously reported to the Franchise Tax Board been made in your governing instrument, articles of incorporation, or bylaws, or other instruments of similar import? If "Yes," attach a copy of the changes.		Yes	No
12. If exempt under Section 23701d, have you during the year (1) attempted to influence legislation or any ballot measure, or (2) participated in any political campaign, or (3) made an election under Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509 (see instructions).			X
13. Is this a group return filed on behalf of affiliated organizations? (see General Instruction F)			X
14. If exempt under Sec. 23701g, enter amount of gross receipts from general public use of club facilities ▶			
15. The books are in care of ▶ <u>Liz Youngflesh, Treasurer</u> Telephone Number: <u>714 481-5111</u> Located at ▶ <u>1125 Camino Del Mar, Del Mar CA 92014</u>			
16. Check form(s) filed: Federal <input type="checkbox"/> 990 <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 5227 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120; State <input type="checkbox"/> 109 <input type="checkbox"/> 100.			
17. FILING FEE—\$5.00 (see General Instruction D). If exempt under Section 23701d and fee not required, check appropriate box: (see instructions) <input type="checkbox"/> Religious <input type="checkbox"/> School <input checked="" type="checkbox"/> Public charity <input type="checkbox"/> Controlled by religious organization.			
18. PENALTY FOR FAILURE TO FILE ON TIME (see General Instruction E).			
19. BALANCE DUE: (add lines 17 and 18) PAY ENTIRE AMOUNT WITH RETURN ▶			

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

10-14-82 Liz Youngflesh Treasurer Calif
Date Signature of officer Title State in which signed

Preparer's Information
Preparer's signature Liz Youngflesh, Treasurer Date 10-14-82
Firm's name (or yours, if self-employed), address and ZIP Code _____

Mail Return with Remittance to **FRANCHISE TAX BOARD, SACRAMENTO, CALIFORNIA 95857**

PART II Organizations with gross receipts of more than \$10,000 and private foundations regardless of amount of gross receipts—complete Part II or furnish substitute information. See Specific Instructions.

Receipts from Other Sources (Part I, line 1)

1. Gross sales or receipts from all business activities (state nature). Attach a statement explaining how each business activity not reported on Form 109 contributed importantly to your exempt purpose (see General Instruction M).	14,312.48	
2. Interest		14,312.48
3. Dividends		787.65
4. Gross rents		
5. Gross royalties		
6. Gross amount received from sale of assets, excluding inventory items (attach schedule)		
7. Other income (attach schedule—do not include contributions, gifts, grants, etc.)		
8. Total gross sales or receipts from other sources. Enter here and on page 1, line 1.		15,100.13

Expenses and Disbursements (Part I, line 9)

9. Contributions, gifts, grants, and similar amounts paid (attach itemized statement)		
10. Disbursements to or for members		
11. Compensation of officers, directors, and trustees (attach schedule)		
12. Other salaries and wages		
13. Interest		3,250.00
14. Taxes		
15. Rent		
16. Depreciation and depletion		
17. Other (attach schedule)		9,513.45
18. Total. Enter here and on page 1, line 9.		13,063.45

BALANCE SHEETS

	Beginning of Taxable Year		End of Taxable Year	
	(A) Amount	(B) Total	(C) Amount	(D) Total
Assets				
9. Cash: (a) Savings and interest-bearing accounts	2,000.00		11,536.65	
(b) Other		8,000.00		11,536.65
10. Accounts receivable net				
11. Notes receivable net (attach schedule)				
12. Inventories				
13. Gov't obligations: (a) U.S. and instrumentalities				
(b) State, subdivisions thereof, etc.				
14. Investments in nongovernmental bonds, etc. (attach schedule)				
15. Investments in corporate stocks (attach schedule)				
16. Mortgage loans (number of loans _____)				
17. Other investments (attach schedule)				
18. Depreciable (depletable) assets (attach schedule)				
(a) Less accumulated depreciation (depletion)				
19. Land				
20. Other assets (attach schedule)				
21. Total assets		8,000.00		11,536.65
Liabilities				
2. Accounts payable				
3. Contributions, gifts, grants, etc., payable				
4. (a) Bonds and notes payable (attach schedule)				
(b) Mortgages payable				
5. Other liabilities (attach schedule)				
6. Total liabilities				
Net Worth				
7. Capital stock or principal fund				
8. Paid-in or capital surplus				
9. Retained earnings or income fund				
10. Total net worth		8,000.00		11,536.65
11. Total liabilities and net worth				11,536.65

Attachment

PART I, ITEM 6

Valley Federal Savings & Loan, 6842 Van Nuys Blvd., Van Nuys, CA 91405
June 10, 1982 - \$5000.00

1981 Del Mar Day Expenses

<u>Account</u>	<u>Amount</u>
Swim Swim Magazine	100.00
U.S. Post Office	22.19
Del Mar Blueprint	51.94
California Blueprint	32.19
Del Mar Blueprint	262.88
Secretary of State	215.00
San Diego Track News	260.00
Smythe Graphics	40.00
Sports Consultants	300.00
Ivy Press	153.00
Del Mar Camera	20.50
Solana Lumber	37.49
Safety Specialties	14.44
Del Mar Drug	22.30
Secretay of State	2.50
Postage Meter	13.83
Portable Sanitation	72.20
Sports Consultants	261.36
Hudson Safety Lite	120.00
Cal West Trophies	378.42
Del Mar Blueprint	85.07
Pam Dreschel	62.40
Sports Consultants	319.20
West Coast Band	325.00
Jeff the Juggler	100.00
Sports Consultants	1,295.80
Mission Distributing	174.00
Swede Throneson	453.93
Meeting Services	65.00
Radio Shack	35.75
Consolidated Portable Sanitation	216.60
Second Sole	3,316.52
Seven Up Bottling Co.	226.83
U.S. Post Office	77.77
Bay Signs	350.14
Suzanne Lyons	100.00
Swede Throneson	91.14
Solana Lumber	26.97
Petty Cash	111.09
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	9,813.45