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Return of Organization Exempt From Income Tax

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

MAN

SCANNED

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2009 calendar year, or tax year beginning and ending D Employer identification number Please C Name of organization Southern California Grantmakers Check if applicable use IRS Address change Doing Business As 95-2831058 label or print or Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number type. 230 213-680-8866 Initial return 1000 N. Alameda Street Specific City or town, state or country, and ZIP + 4 Terminated Instruc 90012 CA G Gross receipts \$ 1,357,297 os Angeles Amended return tions Yes X Application pending Name and address of principal officer H(a) Is this a group return for affiliates? Sushma Raman 1000 North Alameda Street, Los Angeles, CA 90012 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status: | X | 501(c) (4947(a)(1) or 3) **◄** (insert no) J Website: ▶ www.socalgrantmakers.org H(c) Group exemption number X Corporation Other **>** L Year of formation M State of legal domicile K Form of organization Association 1973 CA Part I Summary Briefly describe the organization's mission or most significant activities: Increase effectiveness of philanthropic organizations. Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 18 Number of independent voting members of the governing body (Part VI, line 1b) 17 Total number of employees (Part V, line 2a) . . 5 10 Total number of volunteers (estimate if necessary 6 19 Total gross unrelated business revenue from Partivity Column (2) Uhe 12 7a Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 933,800 1,181,197 Contributions and grants (Part VIII, line 1h) 8 9 Program service revenue (Part VIII, line 2g). 139.347 141,461 Investment income (Part VIII, column (A), lines (1) (A) (Column (A), lines 5, 6d, 8c, 9c, 10c) 10 40.037 34.639 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,113,184 1,357,297 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 12,000 58,472 14 Benefits paid to or for members (Part IX, column (A), line 4). 888,855 721,065 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e). Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 469,893 496.419 1,275,956 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25). 1,370,748 19 Revenue less expenses Subtract line 18 from line 12 -257.564 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,815,693 1,874,703 21 292,329 220,321 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 1,523,364 1,654,382 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of office Here President Raman Type or print name and title Check if Preparer's identifying number Preparer's signature self-Paid ► X 00009906 4/13/2010 employed Preparer's Firm's name (or yours Howard J. Levine C.P A EIN ► 95-3535569 **Use Only** if self-employed), ▶ (818) 994-5562 16600\\$herman Way #280, Van Nuys, CA 91406 Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

Χl Yes.

) (Revenue \$

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

Total program service expenses -

(Expenses \$

including grants of \$

963,151

Par	t IV . Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		ļ	
	candidates for public office? If "Yes," complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
•	Part II	4	х	
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,"			ŀ
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ -		 ^`
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-'-		 ^
0	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? If "Yes,"	_		
40	complete Schedule D, Part IV .	9	<u> </u>	_X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	40		
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	۱.,		
	VII, VIII, IX, or X as applicable	11	Х	<u> </u>
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			1
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			l
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			Ι,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		1	
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1		1
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			l
•	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 "Yes," complete Schedule D, Part X	'		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No]		
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	. ; >		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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 I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	Γ		
	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		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	· · •		Ė
. •	If "Yes," complete Schedule G, Part III	19		×
20	Did the organization operate one or more hospitals? If "Ves." complete Schedule H	20		X

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

Par	t IV ₂ 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	X	
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		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
		23	х	
	employees? If "Yes," complete Schedule J	23	 ^-	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			١.,
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
-	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		<u> </u>
26		26		X
0.7	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20		 ^
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		·	Ì
	substantial contributor, or a grant selection committee 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 transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	,		ľ
	Schedule L, Part IV	28b		X
С	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	- 50 -		<u> </u>
31		31	·	Х
20	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		 ^
32	- · · ·			
	If "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			١.,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	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)? If "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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		_x_
38				

Fai	Statements Regarding Other IRS Fillings and Tax Compilance			
			Yes	No
1a -	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		X	
_	gaming (gambling) winnings to prize winners?	1c	-	
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.			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 10 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	-x	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	20	 ^ 	
	•		ļ	
3a	instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
Ja	this return?	3a		
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		†	
Tu	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	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 Foreign Bank			
	and Financial Accounts.	l		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	ŀ		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c	İ	x
	required to file Form 8282?	10		 ^-
d e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	İ		
U	benefit contract?	7e	_	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:]		
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	l		
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes" enter the amount of tax-exempt interest received or accrued during the year.	<u>12a</u>		
h	If "Yes " enter the amount of tax-exempt interest received or accrued during the year 12b	I	1	ı

95-2831058 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI. for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	ion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body	1a		18			
b	Enter the number of voting members that are independent	1b	L	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship						
	any other officer, director, trustee, or key employee?			· ·	2		X
3	Did the organization delegate control over management duties customarily performed by or u						
	supervision of officers, directors or trustees, or key employees to a management company or				3_		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 9				4		Х
5	Did the organization become aware during the year of a material diversion of the organization	n's ass	ets?	Ļ	5		Х
6	Does the organization have members or stockholders?		•	Ļ	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or r	more n	nembers				ļ
	of the governing body?				7a_	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or ot				7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	rtaker	n during				
	the year by the following:						
а	The governing body?			·	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			. [8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot		eached				1
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedul		· ·		9a		X
Sect	ion B. Policies (This Section B requests information about policies not required by th	e Inte	rnal				
Reve	enue Code.)						
						Yes	No
	Does the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of		n chapters	;,			
	affiliates, and branches to ensure their operations are consistent with those of the organization	on?		[10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body to form?	efore	filing the		11		x
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	١		_ [
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			· I	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests		ould aive	Ī			<u> </u>
-	rise to conflicts?			.	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the po	licv? /	f "Yes "	· I			
	describe in Schedule O how this is done				12c	х	
13	Does the organization have a written whistleblower policy?			`	13	X	
14	Does the organization have a written document retention and destruction policy?			· h	14	X	
15	Did the process for determining compensation of the following persons include a review and		 /al.hv	·			
10	independent persons, comparability data, and contemporaneous substantiation of the deliber			ion?			
а	The organization's CEO, Executive Director, or top management official	4	una acoio		15a	~ x	
b	Other officers or key employees of the organization	•		·	15b	X	
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		•	•	. 50	<u> </u>	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a	arrand	ement				
ıva	with a taxable entity during the year?	arrang	Cilicit		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization	Ito ev	 aluata	· I	104		<u> </u>
~	its participation in joint venture arrangements under applicable federal tax law, and taken ste						
	the organization's exempt status with respect to such arrangements?	•	-		16b		·
Sect	ion C. Disclosure	···			100		
<u> 3601</u> 17	List the states with which a copy of this Form 990 is required to be filed ► CA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, as	nd gar)-T (501/c	1(3)5 0	nlv)		
	available for public inspection. Indicate how you make these available. Check all that apply.	550	,501,6	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,/		
	Own website X Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents of the control	mente	conflict o	f intere	ct		
	policy, and financial statements available to the public.	ciilo,	Jorninot U		J.		
20	State the name, physical address, and telephone number of the person who possesses the b	nocke i	and record	ts of th	۵		
	Cushes Dames			80-886			
	1000 N. Alameda Street, Los Angeles, CA 90012				<u></u>		

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 organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compe	ensate any curre	ent of	fice	r, d	irec	ctor, o	r tr	ustee.		
(A)	(B) (C) (D) (E) (F)							(F)		
Name and Title	Average hours per week		institutional trustee		k Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Sushma Raman President	40	Х		Y	x			179,209	0	44,960
E J A!:	40	-^-	┼─	^	Ĥ			179,209	0	44,900
Fred Ali	5	Х		х				0	0	0
Board Chair	5		├	<u> </u>	Н			0	<u> </u>	0
Latonya Slack Vice Chair	5.	х		х				0	0	0
Bill Ahmanson										•
Treasurer	5.	Х	L	Х	Ш			0	0	0
Judy Belk Director	2.	×						0	o	0
Kafi Blumenfield					П			_		
Director	2.	Х		į				l o	l o	0
Elise Buik										
Director	2.	Х						0) о	0
Danielle Campos										
Director	2.	х						0	l 0	0
Cathy Hession										
Director	2.	х						l o	0	О
Rachel Levin					П					
Director	2.	Х						0	l 0	0
Alicia Procello Maddox										
Director	2.	Х						0	l o	0
Mary Odell										
Director	2.	Х						0	l o	0
Alvertha Penny										
Director	2.	Х						0	l 0.	0
Janice Pober										
Director	2.	Х						0	0	0
Hugh Ralston										
Director	2.	Х					L	0	О	0
Marcos Ramirez								1		
Director	2.	Х						0	0	0

95-2831058 .Form 990 (2009) Southern California Grantmakers Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (C) (D) (E) (F) (A) (B) Position (check all that apply) Estimated Reportable Reportable Name and title Average amount of compensation compensation hours per Key employee Highest compensated employee Individual trustee Institutional trustee from from related other week director organizations the compensation (W-2/1099-MISC) organization (W-2/1099-MISC) from the organization and related organizations Ray Reisler Х 0 Director Johnathan Weedman Х Director 2 Siddharth Kara **Chief Operating Officer** 40. 109,687 31,600 288,896 76,560 1b Total Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such ındıvıdual . 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (C) Name and business address Description of services Compensation 0 None 0 0 0 0

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 in compensation from the organization

Form 990 (2009)

Part	t VIII	Statement of Revenue						
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
σ _ω	1a	Federated campaigns	11	a	 -			0.2,0.0,0.0.
ant	1	Membership dues	—	b 61,000	· ·			· ·
g	b	- ·	<u> </u>	C 01,000				
Contributions, gifts, grants and other similar amounts	C	Fundraising events						
gi	d	Related organizations	_	d				
ns,	е		<u> </u>	le				
itio er s	f	All other contributions, gifts, grants, an						,
혈축		similar amounts not included above.	. Ľ	lf 1,120,197	ŀ			
d tr	g	Noncash contributions included in lines	s 1a-1f: \$					
Se	h	Total. Add lines 1a-1f	•		1,181,197			
				Business Code				
en	2a	Conferences and roundtables		611430	141,461	141,461		
Re.	ь							-
<u> </u>	c							
ē	d				-			
Program Service Revenue	e							
gra	f	All other program service revenue						
Pro	a	Total. Add lines 2a–2f			141,461	,		
	3	Investment income (including dividend						·
	3			_ 1	34,639			34,639
		other similar amounts)			34,039			34,039
	4	•	bona proce	eeus .				
	5	Royalties		P				
	_	 	(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	C	Rental income or (loss)		. L		·		
	d	Net rental income or (loss)		▶			•	
	7a	Gross amount from sales of	(i) Secunties	(II) Other				
		assets other than inventory						
	b	Less: cost or other basis			,			!
		and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)		. •			·	
		Gross income from fundraising						
ne		events (not including \$						
ē		of contributions reported on line 1c).						
ě		See Part IV, line 18.		a				
F.	۱ ہ	Less. direct expenses		b				
Other Revenue		Net income or (loss) from fundraising e						to make the comment of
0		Gross income from gaming activities.	svents .					
	34			_				
						*		l
	l	Less: direct expenses	-	b				-10
		Net income or (loss) from gaming activ	lities	·,——· •				
	10a	Gross sales of inventory, less						,
	١.	returns and allowances .		` 				
		Less: cost of goods sold	•	b				
	<u> </u>	Net income or (loss) from sales of inve	ntory .	_				
	<u> </u>	Miscellaneous Revenue		Business Code				
	11a			-		_		
	b				1			
	C				Ī			
	d	All other revenue	•				-	
	e	Total. Add lines 11a–11d		▶	1055055	444		34 639
	17	Total revenue. See instructions		▶	1 357 297	141 461		34 639

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) (B) (C) Do not include amounts reported on lines 6b, Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 58,472 58,472 organizations in the U.S. See Part IV, line 21. Grants and other assistance to individuals in 2 the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members . . . Compensation of current officers, directors, trustees, and key employees 179,209 121,000 44,911 13,298 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). . 368,732 248,964 92,408 27,360 7 Pension plan contributions (include section 401(k) 55,685 16,788 6,089 78,562 and section 403(b) employer contributions) 55.620 37,202 14,438 3,980 9 Other employee benefits . . 26,608 9,405 2,929 10 Payroll taxes 38,942 Fees for services (non-employees): 11 Management а Legal b 15,686 20,150 4,464 C Accounting. Lobbying d Professional fundraising services. See Part IV, line 17 f 161,967 154,488 413 7.066 Other . . . g 225 12 Advertising and promotion . 1,030 805 13 Office expenses 10,047 5.951 2,841 1,255 Information technology . 14 15 Royalties 73,290 49.359 18,461 5,470 16 Occupancy. 4,639 3,417 494 17 8,550 Travel . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 126,826 122,260 3,202 1,364 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 2,219 12,781 9,554 1,008 22 Depreciation, depletion, and amortization 5,447 7,532 1,519 566 23 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) Dues and subscriptions 11,813 8,775 2,074 964 а Equipment maintance and leases 16,451 3,833 1.083 11,535 b 242 2,265 1,182 Postage 3,689 177 Printing 25,217 525 25,919 d 638 9,115 5,996 2,481 Telephone е All other expenses Miscellaneous 547 7.259 5,045 1,667 74,530 Total functional expenses. Add lines 1 through 24f 1,275,956 963,151 238.275 25 Joint costs. Check here ▶ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Part X Balance Sheet (B) (A) Beginning of year End of year 201,234 1 269,059 1 Cash-non-interest-bearing 2 2 Savings and temporary cash investments . . 315.616 404.734 293,750 3 258,677 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 Part II of Schedule L . . Notes and loans receivable, net 7 Assets 7 Inventories for sale or use . . 8 9 Prepaid expenses and deferred charges. 6.850 9 9.609 10a 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less accumulated depreciation 10b 46,377 10c 33.596 11 Investments—publicly traded securities. 879,157 11 961,969 12 12 Investments—other securities. See Part IV, line 11. . . 13 Investments—program-related See Part IV, line 11 . . . 13 14 14 Intangible assets 4,884 4,884 15 Other assets. See Part IV, line 11. 15 1,815,693 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,874,703 17 Accounts payable and accrued expenses 52,674 17 83,350 18 18 Grants payable 136,971 19 Deferred revenue. 239,655 19 20 20 Tax-exempt bond liabilities . 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 22 persons. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties . 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities. Complete Part X of Schedule D 25 25 292,329 220,321 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 871,020 27 1,131,405 Unrestricted net assets 28 Temporarily restricted net assets . . 652.344 28 522,977 29 Permanently restricted net assets . . . 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds. 32 1,654,382 33 Total net assets or fund balances 1,523,364 33 1,874,703 Total liabilities and net assets/fund balances. 1,815,693 34

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2009)

3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer Identification number Name of the organization 95-2831058 Southern California Grantmakers Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 ١x١ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III–Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (v) Did you notify (vii) Amount of (iii) Type of organization (iv) Is the organization (vi) Is the (ii) EIN (i) Name of supported the organization in (described on lines 1-9 in col (i) listed in your organization in col support organization above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes Yes Yes No No No

Total

Schedule A (Form 990 or 990-EZ) 2009 Southern California Grantmakers Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received. (Do not 1,807,025 933,800 1,181,197 1,086,265 856,604 5,864,891 include any "unusual grants") Tax revenues levied for the organization's 2 benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge . . . 1.807.025 933.800 1,181,197 Total. Add lines 1 through 3 1,086,265 856.604 5,864,891 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 849,816 Public support. Subtract line 5 from line 4. 5.015.075 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 1,086,265 856,604 1,807,025 933.800 1,181,197 5,864,891 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 34,514 41,891 62,452 40,037 34,639 sources 213,533 . . 9 Net income from unrelated business activities, whether or not the business is regularly carried on . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). 11 6,078,424 Total support. Add lines 7 through 10 12 771,062 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Sec	tion C. Computation of Public Support Percentage		
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	82.51%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	83.61%
16a	33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 and stop here. The organization qualifies as a publicly supported organization		ore, check this box
b	33 1/3% support test–2008. If the organization did not check a box on line 13 or 16a, and line 15 is 3 box and stop here. The organization qualifies as a publicly supported organization		or more, check this ▶
17a	10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop her the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly sup	re . Expl	lain in Part IV how
b	10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16l or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop her the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly sup	b, or 17a re. Exp	a, and line 15 is 10% blain in Part IV how
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and se	e instru	ctions

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	o. gaa				
• Se	ection 501(c)(4), (5), or (6) org	ganizations Complete Part III	<u> </u>		
Na	me of organization			Employ	er identification number
South	nern California Grantmake	ers			95-2831058
Pai	rt I-A Complete if t	he organization is exempt und	er section 501(c) or is a section 527	organization.
1	Provide a description of t	the organization's direct and indirect	political campaig	n activities in Part IV.	
2	Political expenditures			🕨 \$	45,035
3	Volunteer hours				
Pai		<u>he organization is exempt und</u>			
1	•	excise tax incurred by the organizat			
2	Enter the amount of any	excise tax incurred by organization	managers under s	section 4955 🕨 \$	
3	If the organization incurre	ed a section 4955 tax, did it file Forn	n 4720 for this ye	ar?	. Yes No
4a	Was a correction made?	·			Yes No
b	If "Yes," describe in Part	IV.			
Pai	t I-C Complete if t	he organization is exempt und	er section 501(c), except section 50	1(c)(3).
1	Enter the amount directly	y expended by the filing organization	for section 527	exempt function	
	activities			> \$	
2	Enter the amount of the t	filing organization's funds contribute	d to other organiz	ations	
	for section 527 exempt for	• •			
3	Total exempt function ex	penditures. Add lines 1 and 2. Enter	r here and on For	m 1120-POL.	
	· · ·			▶ \$	
4	Did the filing organization	n file Form 1120-POL for this year?			. Yes No
5	• •	ses and employer identification num			zations to which
_		or each organization listed, enter the			
	amount of political contri	butions received that were promptly	and directly deliv	ered to a separate politic	al organization, such as
	a separate segregated fu	und or a political action committee (F	PAC). If additional	l space is needed, provid	e information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(0) 21	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
	·				
 					
				ļ	
			<u> </u>	ļ	
		 			

Schedule-C (Form 990 or 990-EZ) 2009

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election Part II-A under section 501(h)). if the filing organization belongs to an affiliated group. Check ▶ If the filing organization checked box A and "limited control" provisions apply. Check ▶ R Limits on Lobbying Expenditures (a) Filing (b) Affiliated organization's totals group totals (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) 1a Total lobbying expenditures to influence a legislative body (direct lobbying). b Total lobbying expenditures (add lines 1a and 1b). C Other exempt purpose expenditures . . . d Total exempt purpose expenditures (add lines 1c and 1d). . . e Lobbying nontaxable amount Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. \$100,000 plus 15% of the excess over \$500,000. Over \$500,000 but not over \$1,000,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No 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 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period (d) 2009 (e) Total Calendar year (or fiscal year (a) 2006 (b) 2007 (c) 2008 beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has No	OT fil	ed Fo	orm 57	'68	
· .	(election under section 501(h)).	(a)		(b)	
		Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or			İ		
	referendum, through the use of:					
а	Volunteers?		X	İ		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
С	Media advertisements?		X	<u> </u>		
d	Mailings to members, legislators, or the public?		X			
е	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	<u> </u>		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u></u>	X	L.—		
i	Other activities? If "Yes," describe in Part IV	X	ــــــ	ļ		5,035
j	Total. Add lines 1c through 1i	l			4	5,035
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
	If "Yes," enter the amount of any tax incurred under section 4912			<u> </u>		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			<u> </u>		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?]	<u> </u>			
Par	Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5), or	section	on	
	501(c)(6).				Yes	No
4	Mare substantially all (000), or mare) dues received pendeductible by members?			1	163	110
1	Were substantially all (90% or more) dues received nondeductible by members?	•		2	+	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? .			3	+	
3 Pos	III-B Complete if the organization is exempt under section 501(c)(4), section 50					<u> </u>
·	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	S.	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	lobbying and political expenditure next year?		4	1		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		_	
Part	IV Supplemental Information					
Also,	olete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line complete this part for any additional information.	5; and	d Part	II-B, lin	e 1ı.	
Part I	I-B Line i The organization retained the services of a lobbyist to track legislation					
dusia.	~ 2000					
aurin	g 2009.					
						
						•==
		. -				
				•==		

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

Sout	nern California Grantmakers				95-2831058
Par		or Advised Funds or Other S	Similar Fund	s or Ac	counts. Complete if
	the organization answered "Yes" t	o Form 990, Part IV, line 6.			
	- -	(a) Donor advised funds		(b) F	unds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and o				
	funds are the organization's property, subje				L Yes No
6	Did the organization inform all grantees, do				
	used only for charitable purposes and not for		or advisor, or f	or any o	
	purpose conferring impermissible private be				Yes No
Par	Conservation Easements. Comp	olete if the organization answer	red "Yes" to	Form 9	90, Part IV, line 7.
1	Purpose(s) of conservation easements held	l by the organization (check all the	at apply).		
	Preservation of land for public use (e.g.	., recreation or pleasure) 🔲 Pre	eservation of a	an histor	ically important land area
	Protection of natural habitat	Pre	eservation of a	a certifie	d historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization	ation held a qualified conservation	n contribution	in the fo	orm of a conservation
_	easement on the last day of the tax year.	ation field a qualified conscivation			in or a concervation
	2233				Held at the End of the Tax Year
а	Total number of conservation easements			2a	THOIR BY THE ENGLISH FOR TOUR
b	Total acreage restricted by conservation ea	sements		2b	
C	Number of conservation easements on a ce		ın (a)	2c	
d	Number of conservation easements include			2d	
3	Number of conservation easements modifie		shed, or termi	nated by	the organization
	during the tax year	_			-
4	Number of states where property subject to	conservation easement is located	d ▶		
5	Does the organization have a written policy	regarding the periodic monitoring	, inspection, h	nandling	of
	violations, and enforcement of the conserva	ition easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing co	onservation ea	sement	s during the year
	•				
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conser	rvation easem	ents du	ring the year
	▶ \$				
8	Does each conservation easement reported		quirements of	section	
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(II)?				. L Yes No
9	In Part XIV, describe how the organization r				
	balance sheet, and include, if applicable, th	•	iization's finan	cial stat	ements that describes
Par	the organization's accounting for conservati Organizations Maintaining Collection		or Other Sir	miles As	
Гај	Complete if the organization answere			IIIIai As	55615.
					d balanca abandunada af
ıa	If the organization elected, as permitted und art, historical treasures, or other similar assistance.				
	service, provide, in Part XIV, the text of the				
b	If the organization elected, as permitted und				
	historical treasures, or other similar assets I				
	service, provide the following amounts relat				•
	(i) Revenues included in Form 990, Part VII (ii) Assets included in Form 990, Part X	II, line 1			▶ \$
	(ii) Assets included in Form 990, Part X				▶ \$
2	If the organization received or held works of	fart, historical treasures, or other	similar assets	for fina	ncial gain, provide the
	following amounts required to be reported u	nder SFAS 116 relating to these i	ıtems:		
а	Revenues included in Form 990, Part VIII, li	ne 1			▶ \$
h	Accets included in Form 900, Part Y				▶ ¢

Page 2

Part	Organizations Maintainin	g Collections of	Art, I	<u> listorical</u>	<u>Treasures, o</u>	r Oth	<u>er Similar Ass</u>	ets (c	ontinu	ıed)_
3	Using the organization's acquisition use of its collection items (check al		. r		-			nifican	t	
а	Public exhibition		q [Loan	or exchange p	rogra	ms			
b	Scholarly research		e [Othe	r					
С	Preservation for future gener	ations								
4	Provide a description of the organiz Part XIV.	zation's collections	and e	xplain how	they further the	e orga	ınızation's exem	pt purp	ose in	1
5	During the year, did the organization assets to be sold to raise funds rational to the sold to raise funds rational to raise funds rational to raise funds rational to raise funds rational to raise funds rational to raise funds rational to raise funds rational to raise funds rational to raise funds rational to raise f							ΠY	es 🗌	No
Part		rrangements. Co	omple	te if the or	ganization an			rm 990	D, Par	t
	Is the organization an agent, truste					or of	ner assets not			
b								Y	es 🗌	No
	· · ·						An	nount		
C	Beginning balance		,			1c			<u>.</u>	
d	Additions during the year					1d				
е	Distributions during the year .					<u>1e</u>				
f	Ending balance					1f				
2a	Did the organization include an am	ount on Form 990,	Part X	K, line 21?				Yo	es 🛛	No
<u>b</u>	If "Yes," explain the arrangement in									
Part	V Endowment Funds. Com	plete if the organ	izatio	n answere	ed "Yes" to Fo	rm 99	90, Part IV, line	10.		
		(a) Current year	(b)	Pnor year	(c) Two years b	ack	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance									
b	Contributions							ļ		
С	Net investment earnings, gains,					i				
	and losses			· · · · · · · · · · · · · · · · · · ·	_					
d	Grants or scholarships									
6	Other expenditures for facilities									
	and programs				ļ					
f	Administrative expenses									
g	End of year balance	<u></u>			1	ļ		L		
2	Provide the estimated percentage of		ance h	ield as:						
a	Board designated or quasi-endown	nent P								
b	Permanent endowment									
C	Term endowment									
3a	Are there endowment funds not in t	ne possession of t	ne org	anization t	nat are neid an	u adn	mustered for the	· 	Yes	No
	organization by.							20(1)	162	NO
	(i) unrelated organizations		• •			•		3a(i)		—
L	(ii) related organizations . If "Yes" to 3a(ıı), are the related org			 irad an Cal		•		3a(ii) 3b		
ь 4	Describe in Part XIV the intended it							30		
Part						X line	e 10			
ı ait	Description of investment	(a) Cost or ot			ost or other		cumulated	(d) Bc	ook value	
	Description of investment	(investm			is (other)		reciation	(0) 50	OK Valu	,
1a	Land									
b	Buildings	·		<u> </u>	1					
C	Leasehold improvements .									
d	Equipment			<u> </u>	63,904		30,308		3:	3,596
e	Other									
	I. Add lines 1a through 1e. (Column	(d) must equal For	m 990	Part X. co	lumn (B), line	10(c)	. •		3	3,596

organization's liability for uncertain tax positions under FIN 48.

Part VII Investments—Other Securities	Soo Form 000 Port Y	line 12	raye C
Part VII Investments—Other Securities (a) Description of security or category		(c) Method of value	uation
(including name of security)	(b) Book value	Cost or end-of-year ma	
Financial derivatives			
Closely-held equity interests			
Other			
			<u> </u>
			
	· 		
	· 		
	-	-	. ,
	-		
	· 	-	-
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Relat	ed. See Form 990, Part	K, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu	
		Cost or end-of-year ma	arket value
			
Total (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990,			
	(a) Description		(b) Book value
	····		
	·		-
T-1-1 (Column (h) must soud Form 000 Port V	(D) (m- 45)		
Total. (Column (b) must equal Form 990, Part X, Part X Other Liabilities. See Form 99		· · · · · · · · · · · · · · · · · · ·	<u> </u>
1. (a) Description of liability	(b) Amount		
Federal income taxes	(b) Amount		
rederal income taxes	 		
Total (Column (b) must equal Form 990, Part X, ∞I (B) line 25)			
2. FIN 48 Footnote. In Part XIV, provide the text	of the footnote to the organ	zation's financial statements that	reports the

Sched	ule D (Form 990) 2009				Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	<u>o Audited Financia</u>			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		357,297
2	Total expenses (Form 990, Part IX, column (A), line 25)	•	2	1,2	275,956
3	Excess or (deficit) for the year Subtract line 2 from line 1.		3		81,341
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		·
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine li		10	D - 4	81,341
	Reconciliation of Revenue per Audited Financial Statem	ents with Revenue			100.074
1	Total revenue, gains, and other support per audited financial statements.			1 1,4	106,974
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	20 1 40 6			
a	Net unrealized gains on investments	2a 49,6	277		
b	Donated services and use of facilities		-		
С	Recoveries of prior year grants	2c	\dashv		
d	Other (Describe in Part XIV)	2d	\dashv		49,677
e	Add lines 2a through 2d			e	
3	Subtract line 2e from line 1		<u> </u> -	3 1,3	357,297
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4.5			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	\dashv	1	
b	Other (Describe in Part XIV.) [⊢ ,	_ -	
C	Add lines 4a and 4b		-	<u>sc </u>	
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Reconciliation of Expenses per Audited Financial States				501,291
1	Total expenses and losses per audited financial statements	Henra With Expens	- 1		275,956
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		\vdash	1,2	.70,556
	Donated services and use of facilities	2a			
a b	Prior year adjustments	2b	\dashv		
C	Other losses	2c	\dashv		
d	Other (Describe in Part XIV)	2d	\dashv	j	
e	Add lines 2a through 2d		—	le l	
3	Subtract line 2e from line 1			_	275,956
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	'		1,2	10,000
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	\dashv		
c	Add lines 4a and 4b		- - <u>-</u> ∡	lc	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		_		275,956
	t XIV Supplemental Information	3 10.7		1,1	., 0,000
and :	plete this part to provide the descriptions required for Part II, lines 3, 5, and 92b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and part to provide any additional information.	Part XIII, lines 2d and	4b. A	Also complete	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Southern California Grantmakers

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

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

Attach to Form 990.

DMB No 1545-0047	2009	
Ó		(

Open to Public Inspection

95-2831058

Š (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance 58,472 (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (c) IRC section if applicable 501(c)(3) 95-6045463 (p) EIN 1000 N Spring St Los Angeles, CA 90012 1 (a) Name and address of organization or government City of Los Angeles Partl Part II

Enter total number of section 501(c)(3) and government organizations
 Enter total number of other organizations

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

Schedule I (Form 990) 2009

	Page 2		
95-2831058		ganization answered "Yes" to Form 990, Part IV, line 22.	
Southern California Grantmakers	Schedule I (Form 990) 2009	Part III Grants and Other Assistance to Individuals in the United States. Complete if the or	Use Part IV and Schedule I-1 (Form 990) if additional space is needed
		lifornia Grantmakers 95-2831058	lifornia Grantmakers 35-2831058 and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (a) Type of gant or assistance (b) Number of (c) Amount of (d) Amount of (d) Amount of (exceptents) Part IV Supplemental Information. Complete this part to provide the information required in Part I Part II. Line 1. A grant was made to support the organization's programs.

SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Southern California Grantmakers

Internal Revenue Service

Compensation Information

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

 OMB No 1545-0047

2009

Open to Public Inspection

Employer Identification number

95-2831058

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

Page 2

Schedule J (Form 990) 2009

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation	-2 and/or 1099-MIS	C compensation				
(A) Name		(i) Base (ii) compensation	i) Bonus & incentive	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
Sushma Raman	€ €	179,209			28,160	16,800	224,169	199,809
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	(E)							
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer Identification number

Southern California Grantmakers	[95-2831058
Form 990 Part VI Section B Line 11 The Form 990 is carefully review	ved by the COO and the President
prior to filing	
Form 990 Part VI Section B Line 12 The President and COO periodic	cally monitor the policy. Board
members are expeced to disclose any conflicts prior to voting on the	matter.
Form 990 Part VI Section B Line 15 An external compensation cons	ultant is engaged to conduct a
review and make recommendations to the Executive Committee.	
Form 990 Part VI Section C Line 19 Financial statements and conflic	ct of interest policy are
available upon written request.	