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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open Ins

2010
Open to Public Inspection

<u> A F</u>	or the 2	2010 calendar year, or tax year beginning $$ JUL 1 , 2010 and ending	<u>JUN 30, 2</u>	011					
B c	heck if oplicable	C Name of organization	D Employer is	dentific	cation number				
Γ	Address change	THE SAN DIEGO WOMEN'S FOUNDATION							
	Name change	Doing Business As	3	3-0 <u>9</u>	907092				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone i	number	,				
	Termin- ated	2508 HISTORIC DECATUR ROAD 200		619)235-2300				
<u>_</u>	Amende return	City or town, state or country, and ZIP + 4	G Gross receipts	\$	0.				
L	Applica- tion pending	SAN DIEGO, CA 32100	H(a) Is this a g	H(a) Is this a group return					
	pending	F Name and address of principal officer:ROBERT KELLY	for affiliate	es?	Yes X No				
		SAME AS ABOVE	H(b) Are all affili	iates incl	luded? L Yes L No				
			527 If "No," at	ttach a	list. (see instructions)				
		E ► WWW.SDWOMENSFOUNDATION.ORG	H(c) Group ex						
			<u>ear of formation; 20</u>	<u> 00</u> M	State of legal domicile: CA				
Pa		Summary							
ø	1	riefly describe the organization's mission or most significant activities: TO EDUCA							
Governance	_	ENGAGE IN SIGNIFICANT AND SUSTAINABLE PHILAN							
ern	l	check this box 🕨 📖 if the organization discontinued its operations or disposed of r	nore than 25% of its	net aș					
Š	3 N	lumber of voting members of the governing body (Part VI, line 1a)		. 3	22				
প্	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)		4	22				
Activities	5 T	otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0				
Σ	6 T	otal number of volunteers (estimate if necessary)		. 6	225				
Act	7 a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	<u> </u>				
	b N	let unrelated business taxable income from Form 990-T, line 34		7b	<u> </u>				
	ļ		Prior Year		Current Year				
ē		contributions and grants (Part VIII, line In)	<u> </u>	0.	0.				
ē		Program service revenue (Part VIII, line 2g)	ļ	0.	0.				
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	<u></u>	0.	0.				
		كثابة revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) رين المجادة		0.	0.				
		otal revenue - add lines 8 through 11 (mustiequal Part-VIII, column (A), line 12)		0.	0.				
	ı	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	l	Benefits paid to or for members (Part IX, column (A), line 4)	}	0.	0.				
es	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses	I	Professional fundraising fees (Part IX, column (A), line 11e)	<u></u>	0.	0.				
Ϋ́	I	otal fundraising expenses (Part IX, column (D), line 25)							
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		0.	0.				
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>0.</u>	0.				
_ 0	19 F	Revenue less expenses Subtract line 18 from line 12	 	0.	0.				
Net Assets or Fund Balances			Beginning of Curren		End of Year				
Sse	20 1	Total assets (Part X, line 16)	ļ	<u>0.</u>	0.				
Teles	21 7	Total liabilities (Part X, line 26)		<u>0</u> .	0.				
晉	<u> 22 N</u> art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		0.	0.				
_		ties of perjury, I declare that have examined this return, including accompanying schedules and st	atamanta and to the h	ost of m	v knowledge and ballet it is				
	-	, and complete. Declaration of Departs (Street han officer) is based on all information of which pre		-	y knowledge and belief, it is				
	, correct	, and complete. Declaration of the price surface had officer its based on an information of which pre	Jaier has any knowled	15/12	1				
' <u>`</u> :	_	Signature of officer	Date	r p o	<u>/</u>				
Sig		ROBERT KELLY	24.5						
(Her		Type or print name and title							
<u>(8</u>			Date /	Check	PTIN				
Pai		Print/Type preparer's name ROBERT C. GELLMAN Preparer's signature	57.1. I	f self-emplaye	-				
	r	Firm's name CBIZ MHM, LLC	Firm's		<u></u>				
	-	Firm's address 10616 SCRIPPS SUMMIT COURT		LIIV					
- Jac	J	SAN DIEGO, CA 92131	Dhone	nn Ω	58-795-2000				
Ma	the IP	S discuss this return with the preparer shown above? (see instructions)	LEHOHE	110. 0	X Yes No				

	990 (2010)		O WOMEN'S FOUNDATION	33-090	07092 Page 2
Pai	t III Statement of	Program Service Acc	complishments		
	Check if Schedule	O contains a response to a	any question in this Part III		
1	Briefly describe the orga	anization's mission:			
2	the pnor Form 990 or 99		ram services during the year which were no	t listed on	Yes X No
3	Did the organization cea	ase conducting, or make sig	o. Inificant changes in how it conducts, any pr	ogram services?	Yes X No
4	Describe the exempt pu Section 501(c)(3) and 50	01(c)(4) organizations and se	ch of the organization's three largest progra ection 4947(a)(1) trusts are required to repo ue, if any, for each program service reporte	ort the amount of grants and	
4a	(Code: SEE SCHEDULE) (Expenses \$	0 . including grants of \$		0.)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Expenses \$	s. (Describe in Schedule O.)	nts of \$) (Revenue \$		
			//vaveuge a)	

Form 990 (2010) THE SAN DIEGO WOMEN'S FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes, " complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	L.	Х
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," complete Schedule D, Part IV	9] .	х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			[
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			}
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		ļ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	├—	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	7
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13	_	X
14a		<u>14a</u>		
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, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
13	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	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	-13		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	1	x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		41
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_''_		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	٠.٠		
	complete Schedule G, Part III	19		L _X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that		<u> </u>	
_	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
			990	2010)

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Form 990 (2010) THE SAN DIEGO WOMEN'S FOUNDATION

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
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		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23_		<u>X</u>
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 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		<u>X</u> _
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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		<u>X</u> _
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			,,
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection 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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	00-		х
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	280		
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
•	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 00	<u> </u>	
٠.	If "Yes," complete Schedule N, Part I	31		x _
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X_
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	ļ	ļ	ļ
	If "Yes," complete Schedule R, Part V, line 2	36_	<u> </u>	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	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		Form	990	2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

1s Enter the number reported in Box 3 of Form 1096. Enter 0-ft not applicable		Check of Schedule O contains a response to any question in this Part V			
b. Enter the number of Forms W23 included in line 1a. Enter 0-if not applicable				Yes	No
Designation of the organization of multiple space of the organization state are celled to space of the organization space	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
to be provided the organization for the symbol to the organization for the symbol the organization for the organization for the symbol the organization for the organization f	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0	, ,		
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year anding with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more dumpt the year? b if Yes, * has if filed a Form 990 T for the year? If No, * provide an explanation in \$2 captured or other authority over, a financial account, in a foreign country (such as a bank account, so the file of the organization have in the organization have in the organization and the organization and the organization have in the organization and the organization of the organization of the organization and the organization of the organization of the organization has the organization has the organization of the organization of the organization has the organization of the organization has the organization has the organization file Form 8885-17	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ı
filled for the calendary year ending with or within the year covered by this return Note. If the sum of lines 1 a and 2 are greater than 250, you may be required to e-file. (see instructions) 3a Did the organization have unrelated business gross encome of \$1,000 or more during the year? 8b If "Yes," and it filled a form \$95 for this year? If "No.," provide an explanation in Schedule 0 8b If "Yes," and it filled a form \$95 for this year? If "No.," provide an explanation in Schedule 0 8b If "Yes," and it filled a form \$95 for this year? If "No.," provide an explanation in Schedule 0 8c at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountry (such as a bank account, or other financial accountry." 8c a instructions for filling requirements for form TD = \$90.22.1, Report of Foreign Bank and Financial Accounts. 8c in the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 8c in Yes," to line Sa or 50, did the organization file Form 88861? 8c in Yes," to line Sa or 50, did the organization file Form 88861? 8c if "Yes," did 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? 8c if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9c if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9c if "Yes," did the organization receive a payment in excess of \$57 made party as a contribution and party for goods and services provided to the payor? 9c if "Yes," did the organization receive a payment in excess of \$57 made party as a contribution of the solicit payment in excess of \$57 made party as a contribution of the solicit payment in excess of \$57 made party as a contribution of the organization		(gambling) winnings to prize winners?	1c		
If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3		filed for the calendar year ending with or within the year covered by this return 2a 0		- 1	
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b if "Yes," has it flied a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; which is a bank account, securities account, or other financial account? 4		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
4a All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5a X x bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b X 5c if 1°yes, "to line 5a or 5b, did the organization file Form 88861.79 Boes 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? 6c if 1°yes, "did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7a if 1°yes, "did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 8b if 1°yes," did the organization notify the donor of the value of the goods or services provided? 9c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7b If 1°yes," indicate the number of Forms 8282 filed during the year 9c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7c X great if the organization received a contribution of qualified infelsebutal property, did the organization file Form 8099 as required? 7a If the organization received a contribution of qualified infelsebutal property, did the organizations. Did the supporting organization, and account property for other vehicles, did the organizations. But the supporting organization, a	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
financial account in a foreign country (such as a bank account, securhies account, or other financial account)? b f 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X Ves,' to line 5a or 5b, did the organization file Form 888617 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? 6b Ves,' did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 A X I'Yes,'' did the organization notify the donor of the value of the goods or services provided? 7 Did the organization receive apayment in excess of \$75 made party as a contribution and party for goods and services provided to the Form 8826? 6b Ves,'' did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8826? 6c Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 E X 10 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 E X 11 The organization similating donor advised funds and section \$96(8)(3) supporting organizations. Did the supporting organizations and party the during the year? 9 Sponsoring organizations maintaining donor advised funds. 1	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
b if "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b 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? 7c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a bil 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 If "Yes," did the organization include with verification of the value of the goods or services provided? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b If "Yes," did the organization notify the donor of devised funding the year. 9 If "Yes," did the organization of forms 8282 filed during the year. 9 Sponsoring organization services and contribution of qualified infletetual property, did the organization file a form 1098-07 file organization, or a donor advised fund maintained by a sponsoring organization, a	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization are consisted any contributions that were not tax deductible? 5c Joseph Tess," did the organization unclude with every solicitation an express statement that such contributions or grifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made parity as a contribution and party for goods and services provided to the payor? 5b If "Yes," did the organization notify the donor of the value of the goods or services provided? 5c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6c If "Yes," indicate the number of Forms 8282 filed during the year 6c Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7s Spensoring organizations maintaining donor advised funds and section 59(8)(3) supporting organizations. Did the supporting organization maintaining donor advised funds and section 59(8)(3) supporting organizations. Did the supporting organization maintaining donor advised funds and section 59(8)(3) supporting organizations. Did the supporting organization maintaining donor advised funds and section 59(8)(3) supporting organizations. Did the supporting organization maintaining donor advised funds. 7d Did the organization make any taxable distributions under section 4968? 8d Did the organization maintaining donor advised funds and sectio		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b		organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	а	Did the organization make any taxable distributions under section 4966?	9a		
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
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c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	þ				į
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		· · · · · · · · · · · · · · · · · · ·	\vdash		- 37
					X
	<u>b</u>	in res, has it lied a rotti (20 to report these payments (if Ivo, provide an explanation in Schedule O		000	2010

032005 12-21-10

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

	Check if Schedule O contains a response to any guestion in this Part VI			LXI
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 22			
b	Enter the number of voting members included in line 1a, above, who are independent 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	i		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5_		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	L	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
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 be reached at the	[:		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	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 such chapters, affiliates,	1	}	
	and branches to ensure their operations are consistent with those of the organization?	10b	ļ	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			Ì
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	<u> </u>
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	Х	L
15	Did the process for determining compensation of the following persons include a review and approval by independent			Ì
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X_
b	Other officers or key employees of the organization	15b		<u>X</u> _
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	i	1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	 	X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		}	•
	exempt status with respect to such arrangements?	16b	L	L
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	tor		
	public inspection. Indicate how you make these available. Check all that apply.			
	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, conflict of interest policy, a	nd fina	incial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion.	-	
	HAL ORR - 619-235-2300			
	2508 HISTORIC DECATUR RD, #200, SAN DIEGO, CA 92106			

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	(C)						(D)	(E)	(F)		
Name and Title	Average	١		Pos	ition)		Reportable	Reportable	Estimated		
	hours per	(cl	heck	all	that	app	ly)	compensation	compensation	amount of		
	week	흉		\				from	from related	other		
	(describe hours for	ual trustee or director				20		the organization	organizations (W-2/1099-MISC)	compensation		
	related	stee 0	rustee			ES SE		(W-2/1099-MISC)	(W-2/1099-WIGC)	from the organization		
	organizations	ם	onalt		ologe	[함 왕		(17 2, 1000 111100)		and related		
	in Schedule	divid	Institutional trustee	Officer	Кеу етріоуев	Highest compensated employee	Former			organizations		
	<u>O)</u>	<u>=</u>	=	-	<u> </u>	₹ 5						
EILEEN HAAG	7 00	.	l	₹.								
BOARD PRESIDENT	7.00	Α.	┝	X	-	⊢	├—	0.	0.	0.		
TERESA JACQUES	4 00	,,										
BOARD VICE PRESIDENT	4.00	X	├	X	<u> </u>	┝		0.	0.	0.		
A.J. FRANK	4 00				ĺ							
BOARD TREASURER	4.00	X	├_	X		ļ	<u> </u>	0.	0.	0.		
SUSIE ZLOTNIK	2 00	١					İ					
BOARD SECRETARY	3.00	X	ļ	X	_	-	<u> </u>	0.	0.	0.		
CATHERINE BLAIR		l]		ł			_		
DIRECTOR	5.00	X	<u> </u>	ļ	<u> </u>	╙		0.	0.	0.		
DANA DAHLBO			1		1	Ì		1	_	_		
DIRECTOR	3.00	X	-	_	<u> </u>	ļ	_	0.	0.	0.		
BERIT DURLER		Ì	1	Ì	1			<u> </u>	_	_		
DIRECTOR	3.00	X			<u> </u>	<u> </u>	 	0.	0.	0.		
PAM HAMILTON LESTER		Ì				1	1	_				
DIRECTOR	3.00	X	<u> </u>	L	<u> </u>	<u> </u>	ļ.	0.	0.	0.		
LEIGH HARTMAN			ĺ			ì						
DIRECTOR	3.00	X	<u> </u>	ļ	<u> </u>	╙	<u> </u>	0.	0.	0.		
VALERIE JACOBS		1			1							
DIRECTOR	3.00	X			_	<u> </u>	<u> </u>	0.	0.	0.		
ELAINE KALIN		1	İ	1	1	ł	}					
DIRECTOR	3.00	X	<u> </u>			L	L	0.	0.	0.		
COLEEN KRAUSE		}				}	1					
DIRECTOR	3.00	X			<u></u>		<u> </u>	0.	0.	0.		
SUZANNE LATOUR	1	1			1	l						
DIRECTOR	3.00	X				L		0.	0.	0.		
GAIL VETTER LEVIN	1	1	\	١		1						
DIRECTOR	3.00	X	_					0.	<u> </u>	0.		
ASHLEY MCELRAVY		1		1								
DIRECTOR	3.00	X						0.	0.	0.		
BETHEL NATHAN			_									
DIRECTOR	3.00	X	L		L	L		0.	0.	0.		
CINDY OLMSTEAD												
DIRECTOR	3.00	X	L		L			0.	0.	0.		
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' (A)	(B) Average			(C Pos	C) rtion			(D)	(E)		(F)		
Name and title	hours per	(0			that apply)			Reportable compensation	Reportable compensatio			timate nount	_
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	3	fr org an	other pensa om the anizat d relat anizati	e ion ed
MARJORIE O'MALLEY DIRECTOR	3.00	x						0.		0.			0.
LENORE RINGLER							Г						
DIRECTOR	3.00	X	<u> </u>		<u> </u>	_		0.		0.		_	0.
JULIE RUEDI		1	1	\									
DIRECTOR	3.00	X	\vdash	<u> </u>	ļ		₩	0.		0.			0.
RITA SOLBERG	3.00	Ļ					ļ	0.		0.			^
DIRECTOR ERICA UELAND	3.00	┼≏	+		├	-		<u> </u>		<u> </u>			0.
DIRECTOR	3.00	$ \mathbf{x} $						0.		0.			0.
TRACY JOHNSON		1				1			 -				
EXECUTIVE DIRECTOR	40.00	-	-	X	<u> </u>	<u> </u>	-	0.	65,89	93.			0.
		<u> </u>	_	_			<u> </u>						
1b Sub-total		٠.				▶		0.	65,89	93.			0.
c Total from continuation sheets to Part	VII, Section A							0.		0.			0.
d Total (add lines 1b and 1c)						▶		<u> </u>	65,89		<u> </u>		0.
Total number of individuals (including but compensation from the organization	not limited to ti	1056	e liste	ed a	bov	e) w	ho ı	received more than \$100),000 in reportable	e 			0
3 Did the organization list any former office	er, director or tru	ıste	e, ke	y en	nplo	yee,	or	highest compensated ei	nployee on			Yes	No
line 1a? If "Yes," complete Schedule J for	such individual	,			-						3		X
4 For any individual listed on line 1a, is the			-					•	the organization		ì		
and related organizations greater than \$1									4 - 1 6	•	4_		X
5 Did any person listed on line 1a receive o rendered to the organization? If "Yes," co	•				•	,	rela	ted organization or indiv	idual for services		5		X
Section B. Independent Contractors	implete ocijeda.	<u> </u>	101 3	ucn	per.	3011				_			
Complete this table for your five highest of the organization. NONE	compensated in	dep	ende	ent c	cont	racto	ors	that received more than	\$100,000 of com	pens	ation 1	rom	
(A) Name and busines	ss address							(B) Description of s	services)) compe		n
													<u></u>
													_
		_				<u></u>					_		
													
2 Total number of independent contractors \$100,000 in compensation from the orga	-	not i	ımıte	ed to		se li O	ste	d above) who received n	nore than				
											Form	990 (2010)

Pa	rt V	Ш	Statement of Revenu	16					
			,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1 :	а	Federated campaigns .	1a					
Contributions, gifts, grants and other similar amounts			Membership dues	1b			1		
g,E			Fundraising events	1c					
#E			Related organizations	1d					ļ
S, C	i ! ,		Government grants (contributio						
P. S.			All other contributions, gifts, grants						
E E		-	similar amounts not included above		ı				
d dri		g	Noncash contributions included in lines 1	a-1f \$					
S E		_	Total. Add lines 1a-1f			L			
					Business Code				
ġ.	2	а							
ا کِز		b							
Se		С							
am		d							
Program Service Revenue		е							
P		f	All other program service reven	 ue					
				<u></u> .					
	3		Investment income (including d	ividends, inte	rest, and				
			other similar amounts)		>				
	4		Income from investment of tax-	exempt bond	proceeds				
	5		Royalties						
			<u> </u>	(i) Real	(ıi) Personal				1
	6	а	Gross Rents						
	1	þ	Less: rental expenses						
		С	Rental income or (loss)				[ļ
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory				ļ		ļ
		þ	Less: cost or other basis		1				
			and sales expenses .	·					
	1		Gain or (loss)				1		ļ
	1		Net gain or (loss)		<u> </u>				
e	8	а	Gross income from fundraising						İ
Other Revenue			including \$		Ĭ				
Вè			contributions reported on line 1	lc). See			i		
ĕ	ļ	_	Part IV, line 18		a	,	,		ĺ
ĕ			Less: direct expenses	• •	b	-			
			Net income or (loss) from fundi	•					
	9	а	Gross income from gaming act		_ ا]		
		.	Part IV, line 19 Less: direct expenses	-	a b	1			
	1		Net income or (loss) from gamil		P	1	1		,
			Gross sales of inventory, less r	-		· · · · · · · · · · · · · · · · · · ·	 		
	''	a	and allowances						
		h	Less: cost of goods sold	-	a	1			
	Ī		Net income or (loss) from sales						ĺ
		<u> </u>	Miscellaneous Revenue		Business Code				-
	11	a				1			
	''	b					ţ		
		c							
		d							†
	1		Total. Add lines 11a-11d						
	12		Total revenue. See instructions.			0.	0.	0.	0.
0320 12-2	109 1-10								Form 990 (2010)

Part IX Statement of Functional Expenses

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

	. All other organizations must com				<u> </u>
Do 1 7b, 1	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21		_		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.		:		
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			1	
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):		!		
а	Management				
b	Legal	····	<u></u>		
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties .				<u></u>
16	Occupancy	·		· · · · · · · · · · · · · · · · · · ·	
17	Travel		··		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	· · · · · · · · · · · · · · · · · · ·				
b	_				
С					
d					
е	_				
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	0.	0.	0.	0.
26	Joint costs. Check here If following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

orm	990 (2010) THE SAN DIEGO WOMEN'S FOUNDATION	<u> 33-090'</u>	<u> 7092</u>	Pag	<u>је 12</u>
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6_			
Pa	t XII Financial Statements and Reporting	-			
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	ļ ļ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•	2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>X</u>	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.]		
d	if "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis		1 1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audıt			
	Act and OMB Circular A-133?		_3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form	990 (2010)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Employer identification number

Name of	the organizati	on						E	mployer i	dentificati	on nur	nber
		THE SAN	DIEGO WOMEN	<u> 'S FO</u>	UNDAT	ION			33	-0907	092	
Part I	Reason	for Public Chari	ty Status (All organiz	ations mu	st complet	e this part) See inst	ructions.				
The organ	nization is not a	private foundation b	ecause it is: (For lines	1 through ⁻	11, check (only one b	ox)					
1 🔲	A church, co	nvention of churches	, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 170)(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🛄			al service organization o									
4 📖	A medical res	search organization o	perated in conjunction	with a hos	pıtal descr	nbed in se	ction 170	(b)(1)(A)(i	ii). Enter th	ne hospital	's nam	Θ,
	city, and stat											
5 🔲			enefit of a college or ur	niversity ov	wned or op	erated by	a governr	nental un	ıt describe	d in		
	section 170	(b)(1)(A)(iv). (Comple	te Part II)									
6 🖳	A federal, sta	ite, or local governme	ent or governmental uni	t described	d in sectio	n 170(b)(1)(A)(v).					
7 📖	An organizati	on that normally rece	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	e general p	ublic desc	nbed II	n
_	section 170(b)(1)(A)(vi). (Complet	e Part II)									
8 🖳			ection 170(b)(1)(A)(vi).		-							
9 📖	An organizat	on that normally rece	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, m	nembersh	ip fees, an	d gross red	ceipts 1	from
			ctions - subject to certa							-		
			xable income (less sec	tion 511 ta	x) from bu	sinesses a	cquired b	y the org	anızatıon a	fter June 3	80, 197	5.
		509(a)(2). (Complete										
10			erated exclusively to te					-				
11 X			erated exclusively for the									or
			tions described in secti				2). See sec	ction 509	(a)(3). Che	ck the box	that	
			organization and compl	_	_						_	
T.	a X Type			с 🔲 Тур		•	•		d∟	Type III - (
e X			t the organization is not		•	_	-		-			n
			nan one or more publici		_				9(a)(1) or s	section 509	9(a)(2).	
f			en determination from	the IRS tha	atıtıs a. Ty	pe I, Type	II, or Type	e III				
	· · · · · ·	rganization, check th				_				•	•	\mathbf{x}_{-}
9			rganization accepted ai			_					<u> </u>	
		=	rectly controls, either al	ione or tog	etner with	persons o	iescribed (in (ii) and	(III) below,	14.40	Yes	No
	•		pported organization?	1					•	11g(i)		X
		·	described in (i) above?		-0					11g(ii)	1	X
	` .	•	person described in (i)	• •	•	•	• •			11g(iii)	Щ	X
h	Provide trie i	ollowing information	about the supported or	ganization	(S).							
			(iii) Type of	Gul le the		(v) Did vo	, notify the	/vix l	s the			
	e of supported	(ii) EIN	organization	in col. (i) h	organization sted in your	organizat	inouty the	lorganizat	ion in col. [nount o	f
org	janization		(described on lines 1-9		document?			(i) organi U.S	zed in the S.?	Sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
SAN I	DIEGO			† 	 	 			 	,		
		95-2942582	7	l x	1	x		x				0.
		33 23 22 3 2 2		1	 	-		1				
									1 1			
							<u> </u>		1			
						l						
				1	ļ				1			
							1		1			
				1		ļ			 			
Total			_] _	1							0.
_	Paperwork Re	eduction Act Notice.	see the Instructions 1	for				Schedu	le A (Form	n 990 or 99	90-EZ1	

032021 12-21-10

Form 990 or 990-EZ.

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and]			
	membership fees received. (Do not		}				
	ınclude any "unusual grants ")			<u> </u>			
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to		}	}			
	or expended on its behalf				İ		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						1
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a		1	1]		
	governmental unit or publicly				1		
	supported organization) included		1	•	1		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		1				
	column (f)		L				
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support	,					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4		ļ <u></u>			<u></u>	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties				Ì	ļ	
	and income from similar sources					<u> </u>	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on		ļ				
10	Other income Do not include gain		\	l .	ŀ		
	or loss from the sale of capital						
	assets (Explain in Part IV)	<u></u>					
11	Total support. Add lines 7 through 10	·	<u> </u>	L	<u> </u>		
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stor	here			<u></u>		<u> </u>
5e (ction C. Computation of Publ	ic Support Pe	ercentage			,	
	Public support percentage for 2010 (• •	•	column (f))		14	%
	Public support percentage from 2009	•	•		-	15	%
16a	33 1/3% support test - 2010.If the o				14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		•	•		•	▶∟⊥
b	33 1/3% support test - 2009. If the o	-			line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization qual		• • •				▶∟
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•	•	rt IV how the organ	nization
	meets the "facts-and-circumstances"	•	•		•		>
b	10% -facts-and-circumstances tes	_			· · · · · · · · · · · · · · · · · · ·		
	more, and if the organization meets to				-		,
	organization meets the "facts-and-cire	cumstances" test.	. The organization	qualifies as a publ	icly supported org	anization	. ▶Ц
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	s >
					Sch	edule A (Form 990	or 990-EZ) 2010

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

(Complète only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support	ow, please comp	olete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and	(a) zoco	10,2007	(6) 2000	(u) 2005	(e) 2010	(I) Total
membership fees received. (Do not						
include any "unusual grants.")				ì		
2 Gross receipts from admissions,					· · · · · · · · · · · · · · · · · · ·	
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the		j				
organization's tax-exempt purpose			<u> </u>			
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513	İ	1				
-						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf		<u> </u>	·		 	<u> </u>
5 The value of services or facilities					1	
furnished by a governmental unit to			}			
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				·	<u> </u>	
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						<u> </u>
c Add lines 7a and 7b					 	
8 Public support (Subtract line 7c from line 6)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	<u> </u>	1	<u></u>
Section B. Total Support		,				, <u>.</u>
Calendar year (or fiscal year beginning in) 🕨 📙	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6			 -	<u> </u>	ļ	
10a Gross income from interest, dividends, payments received on		Ì				
securities loans, rents, royalties					1	
and income from similar sources				<u> </u>		
b Unrelated business taxable income		1	}			
(less section 511 taxes) from businesses						
acquired after June 30, 1975	<u>.</u>			<u> </u>		
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carned on		l			<u> </u>	
12 Other income. Do not include gain				Ţ		
or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization'	s first, second, the	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here						
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2010 (lii	ne 8, column (f) d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2009	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Incom	e Percentage	1			
17 Investment income percentage for 20	IO (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	009 Schedule A,	Part III, line 17		·	18	%
19a 33 1/3% support tests - 2010. If the			on line 14, and lin	e 15 is more than		
more than 33 1/3%, check this box an	•				•	
b 33 1/3% support tests - 2009. If the			-			and
line 18 is not more than 33 1/3%, chec	-			•	•	
20 Private foundation. If the organization					_	

SCHEDULE D

Department of the Treasury

Internal Revenuè Service

(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.

2010 Open to Public

Name of the organization

Employer identification number

THE SAN DIEGO WOMEN'S FOUNDATION 33-0907092 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 vear -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

		DIEGO WOM				- 011			33-09			
Par												
3	Using the organization's acquisition, accession	on, and other record	s, check any	of the f	ollowing tha	t are a s	ignifi	cant u	ise of its	collection	item	S
	(check all that apply):											
а	Public exhibition	d			ange progra	ams						
b	Scholarly research	е	U Other									
C	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explain	n how they fu	ther th	e organizati	on's exe	mpt	purpo	se in Par	t XIV		
5	During the year, did the organization solicit o	r receive donations o	of art, historic	al treas	ures, or oth	er sımıla	r ass	ets	·	_		_
	to be sold to raise funds rather than to be ma							-		Yes		No
Par	t IV Escrow and Custodial Arran		ete if the orga	nızatıor	answered '	"Yes" to	Forn	n 990	Part IV, I	ıne 9, or		
	reported an amount on Form 990, Par										_	
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contri	butions	or other as	sets not	tınclı	ıded	_	_	_	_
	on Form 990, Part X?								L_	Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:				_					
							Ļ			Amount		
C	Beginning balance						_	1c				
d	Additions during the year						L	1d				
e	Distributions during the year				•		L	1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?							Yes	<u> </u>	No
_	If "Yes," explain the arrangement in Part XIV.											
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes'	to For	m 990, Part	IV, line	10.					
		(a) Current year	(b) Prior ye	ear	(c) Two year	rs back	(d) T	hree y	ears back	(e) Four	years	back
1a	Beginning of year balance											
b	Contributions											
c	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance .											
2	Provide the estimated percentage of the year	r end balance held a	ıs:									
а	Board designated or quasi-endowment		_%									
b	Permanent endowment	%										
C	Term endowment	%										
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are	held ar	nd administe	red for t	the o	rganız	ation	_		
	by:										Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	on Schedule F	?						3b		
4	Describe in Part XIV the intended uses of the											
Pa	rt VI Land, Buildings, and Equipm	nent. See Form 990	O, Part X, line	10.		, -						
	Description of investment	(a) Cost or o		-	or other			nulate	d	(d) Book	c value	ə
		basis (investr	ment)	basis (other)	de	prec	ation				
1a	Land											
b	Buildings											
С	Leasehold improvements											
d	Equipment											
<u>e</u>	Other											
T-4:	1. Add loss 4. the call 4. (Ostron: /-1)t	Co COO C+	V 1 12	1	0/-11				N			^

Schedule D (Form 990) 2010

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

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

032053 12-20-10

(9) (10)

	dule D (Form 990) 2010 THE SAN DIEGO WOMEN'S FOUNDATION t XI Reconciliation of Change in Net Assets from Form 990 to Audited Fina	ancial S		0907092	Page 4
			tatemen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1			0.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		 	0.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3			<u> </u>
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		83,479	
9	Total adjustments (net). Add lines 4 through 8	9		83,479	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		83,479	<u>,150.</u>
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Rev	enue p	er Ketun		
1	Total revenue, gains, and other support per audited financial statements		1	135648	<u>3334.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
а	Net unrealized gains on investments				
þ	Donated services and use of facilities				
C	Recoveries of prior year grants				
d	Other (Describe in Part XIV.)	6483	34.		
е	Add lines 2a through 2d		2e	135648	<u>3334.</u>
3	Subtract line 2e from line 1		3		<u> </u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV.)				
¢	Add lines 4a and 4b		4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5_		0.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Ex	penses	per Retu		
1	Total expenses and losses per audited financial statements		. 1	52,169	<u>,184.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments				
C	Other losses 2c				
d	Other (Describe in Part XIV) 2d 52,1	169,1	84.		
е	Add lines 2a through 2d		. <u>2e</u>	52,169	<u>,184.</u>
3	Subtract line 2e from line 1		3		<u> 0 </u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV.)				
С	Add lines 4a and 4b		4c	. <u> </u>	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5		0.
	rt XIV Supplemental Information				
X, lın	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to p				4; Part
	COME AND EXPENSES REPORTED BY OTHER ENTITIES INCLUING INSOLIDATED AUDITED FINANCIAL STATEMENTS:\$83,479,150		N THE		
SCI	HEDULE D, PART XII, LINE 2D				
<u>IN</u>	COME REPORTED BY OTHER ENTITIES INCLUDED IN THE COM	SOLI			00) 0040
03205 12-20	4 -10		Scned	lule D (Form 9	90) 2010

Schedule D (Form 990) 2010 THE SAN DIEGO WOMEN'S FOUNDATION Part XIV Supplemental Information (continued)	33-0907092 Page 5
FINANCIAL STATEMENTS: \$135,648,334	
SCHEDULE D, PART XIII, LINE 2D	······
EXPENSES REPORTED BY OTHER ENTITIES INCLUDED IN THE CONSOLI	DATED AUDITED
FINANCIAL STATEMENTS: \$52,169,184	
	·

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

internal Revenue Service

Name of the organization

THE SAN DIEGO WOMEN'S FOUNDATION

Employer identification number 33-0907092

FORM 990, PART III, LINE 1

THE CORPORATION IS A NONPROFIT PUBLIC BENEFIT CORPORATION AND IS NOT
ORGANIZED FOR THE PRIVATE GAIN OF ANY PERSON. IT IS ORGANIZED FOR
CHARITABLE PURPOSES. THE SPECIFIC PURPOSE OF THE CORPORATION IS TO
SUPPORT THE SAN DIEGO FOUNDATION BY EDUCATING AND INSPIRING WOMEN TO
ENGAGE IN SIGNIFICANT AND SUSTAINABLE PHILANTHROPY TO STRENGTHEN THE
SAN DIEGO REGION. THE CORPORATION WILL MAKE GRANTS TO OTHER NEEDY
AND/OR DESERVING IRS SECTION 501(C)(3) ORGANIZATIONS WHICH SERVE SAN
DIEGO COUNTY AND NEIGHBORING COMMUNITIES.

FORM 990, PART III, LINE 4A

THE SAN DIEGO WOMEN'S FOUNDATION, WHILE BEING A SEPARATE 501(C)(3), HAS

CHOSEN TO HAVE ITS ASSETS MANAGED BY THE SAN DIEGO FOUNDATION, THEIR

SUPPORTED ORGANIZATION. THE SAN DIEGO WOMEN'S FOUNDATION IS A

MEMBERSHIP ORGANIZATION THAT IS FOCUSED ON PHILANTHROPIC EDUCATION,

DEVELOPING GRANT CRITERIA, AND MONITORING THE DISBURSEMENT OF ANNUAL

GRANTS OF APPROXIMATELY \$274,466. THE SAN DIEGO WOMEN'S FOUNDATION HAS

A STANDALONE BOARD OF GOVERNORS AND BOARD APPOINTED COMMITTEES. THERE

ARE TWO STAFF MEMBERS OF THE SAN DIEGO FOUNDATION WHO SUPPORT THE 225

PLUS VOLUNTEERS OF THE SAN DIEGO WOMEN'S FOUNDATION.

THE CORPORATION WILL ACCOMPLISH ITS GOALS BY BUILDING A CLASS OF MEMBERSHIP KNOWN AS "CONTRIBUTING MEMBERS". A WOMAN MAY BECOME A

CONTRIBUTING MEMBER BY PLEDGING TO CONTRIBUTE AT LEAST \$2,000 PER YEAR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)

THE SAN DIEGO WOMEN'S FOUNDATION

Employer identification number 33-0907092

TO THE CORPORATION FOR A MINIMUM OF A FIVE (5) YEAR PERIOD. ALTHOUGH CONTRIBUTING MEMBERS WILL HAVE NO VOTING RIGHTS, THEY MAY PROVIDE INPUT TO THE BOARD OF TRUSTEES OF THE CORPORATION AS TO (I) AREAS OF NEED IN SAN DIEGO COUNTY AND ITS NEIGHBORING COMMUNITIES AND (II) APPROPRIATE CHARITABLE RECIPIENTS OF GRANTS AND GIFTS FROM THE CORPORATION. IN THIS WAY, THE CORPORATION WILL INTRODUCE WOMEN IN SAN DIEGO COUNTY TO PHILANTHROPY AND CULTIVATE THEIR ABILITY TO PARTICIPATE IN ALL PARTS OF THE CHARITABLE GIVING PROCESS. THE ASSETS OF THE SAN DIEGO WOMEN'S FOUNDATION ARE HELD AT THE SAN DIEGO FOUNDATION, THE SUPPORTED ORGANIZATION. AS OF JUNE 30, 2011, THE VALUE OF THESE ASSETS WAS \$2,479,500. THE GRANTING PRIORITY FOR FISCAL YEAR 2011 WAS ARTS AND CULTURE. A TOTAL OF \$181,700 WAS GRANTED TO 5 COMMUNITY PARTNERSHIP GRANTEES (NON-PROFITS). SINCE ITS FOUNDING IN 2000, THE SAN DIEGO WOMEN'S FOUNDATION HAS GRANTED OVER \$2.1 MILLION TO 58 COMMUNITY PARTNERS AND BUILT AN ENDOWMENT OF \$2.3 MILLION. AT THE END OF THE FISCAL YEAR. THE SAN DIEGO WOMEN'S FOUNDATION MEMBERSHIP INCLUDED 215 WOMEN FROM ACROSS THE SAN DIEGO COUNTY.

FORM 990, PART IV, LINE 12B

THE SAN DIEGO WOMEN'S FOUNDATION IS A SUPPORTING ORGANIZATION OF THE

SAN DIEGO FOUNDATION. THE FINANCIAL STATEMENTS OF THE SAN DIEGO

FOUNDATION AND ALL SUPPORTING ORGANIZATIONS, INCLUDING THE SAN DIEGO

WOMEN'S FOUNDATION, ARE AUDITED ON A CONSOLIDATED BASIS.

THE SAN DIEGO WOMEN'S FOUNDATION IS A SUPPORTING ORGANIZATION OF THE

SAN DIEGO FOUNDATION. THE FINANCIAL STATEMENTS OF THE SAN DIEGO

Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization THE SAN DIEGO WOMEN'S FOUNDATION	Employer identification number 33-0907092
FOUNDATION AND ALL SUPPORTING ORGANIZATIONS, INCLUDING TH	E SAN DIEGO
WOMEN'S FOUNDATION, ARE AUDITED ON A CONSOLIDATED BASIS.	
<u> </u>	
THE SAN DIEGO FOUNDATION HAS AN AUDIT COMMITTEE WHICH IS	CHARGED WITH
THE RESPONSIBILITY OF OVERSIGHT OF THE AUDIT OF ITS FINAN	CIAL
STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.	
	
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Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number 33-0907092

Direct controlling

End-of-year assets Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Total income Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) THE SAN DIEGO WOMEN'S FOUNDATION Primary activity Name, address, and EIN of disregarded entity Name of the organization Part

(g) Section 512(b)(13) ٥ N × controlled entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) 501(A)(1) e Exempt Code section 501(C)(3) € Legal domicile (state or foreign country) ত CALIFORNIA Primary activity 3 SRANT MAKING SAN DIEGO FOUNDATION - 95-2942582 2508 HISTORIC DECATUR RD, STE 200 Name, address, and EIN of related organization SAN DIEGO, CA 92106

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

PartII

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

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Schedule R (Form 990) 2010

33-0907092 Page 2

Schedule R (Form 990) 2010 THE SAN DIEGO WOMEN'S FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) PartIII

טופטווובמווסוט ווסמוסט מט ש אמיינין איינין	מוני פווויום מוונים וויי) year.)								
(a)	(b)	(C)	(b)	(e) Predominant income			(h)	(i) Code V:HBI	General ori	(k) Percentage
Name, address, and EIN of related organization	Frimary activity	domicile (state or foreign country)		recomment income (related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	ate allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	managed ownership partner?
		:								
						•				
						•				
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or frust during the tax year.)	janizations Taxable a	is a Corp	oration or Trust (Co	mplete if the organiza	tion answered "Yes'	to Form 990, Pai	r IV, line 34	because it had or	ne or mor	e related
(a)			(q)	(0)	(p)	(e)	(£)	(6)		£
I have constitute constituted	2		1-1			Time of patition				000000000
name, address, and Ein of related organization	Z c		Primary activity	/Ify Legal domicile (state or foreign country)	Direct controlling entity	(C corp, S corp, or trust)	onare or total income	me end-of-year assets		Percentage ownership
		!								
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032162 12-21-10				26				Schedule	R (Form	Schedule R (Form 990) 2010

Schedule R (Form 990) 2010 THE SAN DIEGO WOMEN'S FOUNDATION

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listed	in Parts II-IV?	•
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			•	Ta X
b Gift, grant, or capital contribution to other organization(s)				1b X
c Gift, grant, or capital contribution from other organization(s)				1c X
d Loans or loan guarantees to or for other organization(s)				
e Loans or loan guarantees by other organization(s)				
				-
f Sale of assets to other organization(s)				×
g Purchase of assets from other organization(s)				1g X
h Exchange of assets				
i Lease of facilities, equipment, or other assets to other organization(s)				1i X
(2) - 1				
Lease of racinities, equipment, of other assets from other organization(s) L. Derformance of services or membership or fundrassing solicitations for other organization(s)	(s/cotation/e)	•		¥ \$
	iization(s)			¥
m Sharing of facilities, equipment, mailing lists, or other assets			,	Ļ
n Sharing of paid employees				
o Bembi issement haid to other organization for evnenses				
				0 t
 q Other transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s) 				14 X X
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete tl	is line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	
(1)				
(2)				
(4)				
(5)				
(9)				
032163 12-21-10	27		Scheduk	Schedule R (Form 990) 2010

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Schedule R (Form 990) 2010 THE SAN DIEGO WOMEN'S FOUNDATION

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

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

Iffat was not a related organization. See instructions regarding excusion to contain myssument partitions.	And the containt investment painted		3	(3)	9	(5)	3
(a)	(a)	(c)	3		E (8	
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
OI GILLIY		country)	Yes No		Yes No	of Schedule K·1 (Form 1065)	
							
			-				
					_		_
							-
						Schedule R (Form 990) 2010	1 990) 2010

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