

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCANN . . C. 01 2012

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

Inspection

B Check 1 applicative Anderius change Name change Name chang	Α	For the	e 2011 cal	lendar year, or tax year beginning , and ending		·					
Name change Institution Number and states (in PC Dos if mail is not delivered to street address) Roombuste E Talphone number S060 Shoreham Place, Sutto 350 City or time, state or county, and 2P + 4 S060 Shoreham Place, Sutto 350 City or time, state or county, and 2P + 4 S060 Shoreham Place, #350 San Diego, CA 92122 Yeld to the part of the pa	В	Check if	applicable	C Name of organization San Diego Grantmakers	D Employer id	entification number					
Name change Initial return Number and street (or P 0 bout mail to not delivered to street address) Roomboute E releiphone number Sel69 Shror-blam Place, Suits 350 Self Shror-blam Place, Suits 350 Self Shror-blam Place		Address	change	Doing Business As	33-0868261						
Terminated Amended relaum San Dilego CA 92122 G Gross recepts \$ 420,721		Name ch	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite		umber					
Terminated Amended relaum San Dilego CA 92122 G Gross recepts \$ 420,721	一	Initial reti	urn	5060 Sharaham Blaca Suita 350	(050) 075 227	20					
Amended return Amended return P Name and address of principal officer Name and softess officer Name and softess officer Name and softess officer Name an	=				(656) 6/5-333	33					
Application pending F. Name and address of proncopal officer Name y Jamisson 5080 Shoreham Place, #350, San Diego, CA 22/122 High striats a proup return for efflatiests?	=				G Gross recoun	to \$ 400.704					
Tax-exempt status X Solic(S) Solic No I Tax-exempt status X Solic(S) Solic No I I No No I I No No	=			<u> </u>							
Tax-exempt status	ш	Application	on pending	1 ' '		= =					
Website:					re all affiliates inclu	ded? Yes No					
Part Summary Summary	1 7	Tax-exem	npt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	f "No," attach a list ((see instructions)					
Part Summary Summary	J	Website	e: ▶ ww	w.sdgrantmakers.org H(c) (Group exemption nur	mber ▶					
Part Summary Bnefly describe the organization's mission or most significant activities: Our Mission is to connect, educate, develop and inspire organized philanthropy to be more effective individually and collectively.											
1 Brefly describe the organization's mission or most significant activities: Qur Mission is to connect, educate, develop and inspire organized philanthropy to be more effective individually and collectively. 2 Check this box ▶ ☐ 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). 4 Number of independent voting members of the governing body (Part VI, line 1b). 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a). 6 Total number of voting members of the governing body (Part VI, line 2b). 7 Total unrelated business revenue from Part VIII, column (C), line 12. 7 Total unrelated business stexable income from Form 990-T, line 34. 7 To Current Year 8 Contributions and grants (Part VIII, line 1b). 9 Programs service revenue (Part VIII, line 1p). 9 Programs service revenue (Part VIII, column (M), line 2b). 10 Investment income (Part VIII, column (M), line 2b). 11 Other revenue (Part VIII, column (M), line 2b). 12 Total revenue—add lines 8 through 1 (must-equilibrative). 13 Grants and similar amounts paid (Part X, column (A), line 12). 14 Benefits paid to of for members (Part XI, column (A), line 12). 15 Salanes, other compensation, employed benefits (Part X, column (A), line 2b). 16 Total supersess (Part IX, column (A), line 3b). 17 Other expenses (Part IX, column (A), line 3b). 18 Total expenses (Part IX, column (A), line 3b). 19 Total assets (Part X, line 16). 10 Total assets (Part X, line 2b). 10 Total assets (Part X, line 2b). 10 Total assets (Part X, line 2b). 11 Total iliabilities (Part X, line 2b). 11 Total expenses (Part IX, column (A), line 2b). 12 Total assets (Part X, line 2b). 13 Total expenses (Part IX, column (A), line 2b). 14 Type or pint mane and title 15 Type or pint mane and title 16 Total expenses (Part X, line 2b). 17 Type or pint mane and title 18 Total expenses (Part X, line 2b). 19 Total assets of fund balances. Subtract line 21 from line 20. 10 Total assets o	_				1999 1999	M State of legal domicile CA					
develop and inspire organized philanthropy to be more effective individually and collectively. 2 Check this box ▶	J										
Collectively. Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets		ן י			on is to connect	, educate,					
7a Total unrelated business revenue from Part VIII, column (C), line 12.	o.										
7a Total unrelated business revenue from Part VIII, column (C), line 12.	Ě		collectiv	vely.							
7a Total unrelated business revenue from Part VIII, column (C), line 12.	Ë										
7a Total unrelated business revenue from Part VIII, column (C), line 12.	Š	2	Check t	this box ▶ If the organization discontinued its operations or disposed of more than 25%	of its net assets						
7a Total unrelated business revenue from Part VIII, column (C), line 12.	∞ ∞	3				3 14					
7a Total unrelated business revenue from Part VIII, column (C), line 12.	ies	4	Number	r of independent voting members of the governing body (Part VI, line 1b)	L	4 14					
7a Total unrelated business revenue from Part VIII, column (C), line 12.	₹	5	Total nu	umber of individuals employed in calendar year 2011 (Part V, line 2a)		5 7					
b Net unrelated business taxable income from Form 990-T, line 34. Prior Year Current Year	Ą	6	Total nu	umber of volunteers (estimate if necessary)	[6 50					
8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g). 10 Investment income (Part VIII, column (A) lines 14 (A Per VII). 11 Other revenue (Part VIII, column (A) lines 14 (A Per VII). 12 Total revenue—add lines 8 through 11 (must-equal Part VIII, column (A) lines 14 (A Per VIII). 13 Grants and similar amounts paid (Part IX, column (A), lines 1-32). 14 Benefits paid to or for members (Part IX, column (A), lines 1-32). 15 Salaries, other compensation, employed banefits (Part IX, column (A), lines 1-32). 16 Professional fundraising fees (Part IX, column (A), lines 1-32). 17 Other expenses (Part IX, column (A), lines 1-32). 18 Total expenses (Part IX, column (A), lines 11-31). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. 30 Total liabilities (Part X, line 26). 31 Total liabilities (Part X, line 26). 32 Signature Block 32 Signature Block 33 Date		7a	Total ur	nrelated business revenue from Part VIII, column (C), line 12							
8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g). 10 Investment income (Part VIII, column (A), lines 4 Aafe Vol. 11 Other revenue (Part VIII, column (A), lines 5 Aafe Vol. 12 Total revenue—add lines 8 through 11 (must-equal Part VIII, column (A), lines 5 Aafe Vol. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3 Aafe Vol. 14 Benefits paid to or for members (Part XI, column (A), lines 1-3 Aafe Vol. 15 Salaries, other compensation, employed benefits (Part IX, column (A), lines 1-3 Aafe Vol. 16 Professional fundraising expenses (Part IX, column (A), lines 1-3 Aafe Vol. 17 Other expenses (Part IX, column (A), lines 1-3 Aafe Vol. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 26). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Signature Block 24 Part II Signature Block 25 John Aafe Vol. 26 Part II Signature Block 26 Part II Signature Block 27 Preparer 28 John Aafe Vol. 29 Preparer 29 John Aa However III Part III A		b	Net unr	elated business taxable income from Form 990-T, line 34	<u> </u>	7b 0					
9 Program service revenue (Part VIII, line 2g) 9,238 57,839 10 Investment income (Part VIII, column (A), lines 1,14(Hz/d) 1,976 1,123 11 Cother revenue (Part VIII, column (A), lines 1,14(Hz/d) 1,976 1,123 12 Total revenue—add lines 8 through 11 (must-equal Part VIII, column (A), line 12) 494,585 420,721 13 Grants and similar amounts paid (Part IX, column (A), line 1 0 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4 0 0 0 15 Salaries, other compensation, employed barletis (Part IX, column (A), line 4 0 0 0 0 16 Salaries, other compensation, employed barletis (Part IX, column (A), line 4 0 0 0 0 0 17 Other expenses (Part IX, column (A), line 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			_		Prior Year	Current Year					
11 Other revenue (Part VIII, column (A), lines 5, Ed. 19c. 9c. TCc, abg 11 te) 12 Total revenue—add lines 8 through 1 (must-equal Part VIII, column (A), line 12). 13 Grants and similar amounts paid (Part IX, column (A), lines 1 - 3 (Part IX). 14 Benefits paid to or for members (Part IX, column (A), lines 1 - 3 (Part IX). 15 Salaries, other compensation, employed benefits (Part IX, column (A), lines 5 - 10) 16 Professional fundraising fees (Part IX, column (A), lines 1 - 10) 17 Other expenses (Part IX, column (A), lines 1 - 11d, 11f-24e). 18 Total expenses. Add lines 13 - 17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total lassets (Part X, line 16). 22 Total assets (Part X, line 16). 33 Eaginning of Current Year Beginning of Current Year Beginning of Current Year End of Year 21 Total liabilities (Part X, line 26). Net assets or fund balances. Subtract line 21 from line 20. 39 John Liabilities (Part X, line 26). Net assets or fund balances. Subtract line 21 from line 20. 39 John Liabilities of Part X, line 26. Sign Liabilities of Part X, line 26. 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, by complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Proporters and belief, it is true, correct, by complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge self-employed P00287581 Proporters and Electron of Infort Self-employed P00287581 Proporters and Electron of Infort Self-employed P00287581 Firm's name Sonnenberg Company, CPAs Firm's EIN Self-employed P00287581 Firm's address Self-employed P00287581	a	8	Contrib	utions and grants (Part VIII, line 1h)	483,2	291 360,371					
11 Other revenue (Part VIII, column (A), lines 5, Ed. 19c. 9c. TCc, abg 11 te) 12 Total revenue—add lines 8 through 1 (must-equal Part VIII, column (A), line 12). 13 Grants and similar amounts paid (Part IX, column (A), lines 1 - 3 (Part IX). 14 Benefits paid to or for members (Part IX, column (A), lines 1 - 3 (Part IX). 15 Salaries, other compensation, employed benefits (Part IX, column (A), lines 5 - 10) 16 Professional fundraising fees (Part IX, column (A), lines 1 - 10) 17 Other expenses (Part IX, column (A), lines 1 - 11d, 11f-24e). 18 Total expenses. Add lines 13 - 17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total lassets (Part X, line 16). 22 Total assets (Part X, line 16). 33 Eaginning of Current Year Beginning of Current Year Beginning of Current Year End of Year 21 Total liabilities (Part X, line 26). Net assets or fund balances. Subtract line 21 from line 20. 39 John Liabilities (Part X, line 26). Net assets or fund balances. Subtract line 21 from line 20. 39 John Liabilities of Part X, line 26. Sign Liabilities of Part X, line 26. 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, by complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Proporters and belief, it is true, correct, by complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge self-employed P00287581 Proporters and Electron of Infort Self-employed P00287581 Proporters and Electron of Infort Self-employed P00287581 Firm's name Sonnenberg Company, CPAs Firm's EIN Self-employed P00287581 Firm's address Self-employed P00287581	Š	9	Progran	m service revenue (Part VIII, line 2g)	9,2	238 57,839					
11 Other revenue (Part VIII, column (A), lines 5, Ed. 19c. 9c. TCc, abg 11 te) 12 Total revenue—add lines 8 through 1 (must-equal Part VIII, column (A), line 12). 13 Grants and similar amounts paid (Part IX, column (A), lines 1 - 3 (Part IX). 14 Benefits paid to or for members (Part IX, column (A), lines 1 - 3 (Part IX). 15 Salaries, other compensation, employed benefits (Part IX, column (A), lines 5 - 10) 16 Professional fundraising fees (Part IX, column (A), lines 1 - 10) 17 Other expenses (Part IX, column (A), lines 1 - 11d, 11f-24e). 18 Total expenses. Add lines 13 - 17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total lassets (Part X, line 16). 22 Total assets (Part X, line 16). 33 Eaginning of Current Year Beginning of Current Year Beginning of Current Year End of Year 21 Total liabilities (Part X, line 26). Net assets or fund balances. Subtract line 21 from line 20. 39 John Liabilities (Part X, line 26). Net assets or fund balances. Subtract line 21 from line 20. 39 John Liabilities of Part X, line 26. Sign Liabilities of Part X, line 26. 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, by complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Proporters and belief, it is true, correct, by complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge self-employed P00287581 Proporters and Electron of Infort Self-employed P00287581 Proporters and Electron of Infort Self-employed P00287581 Firm's name Sonnenberg Company, CPAs Firm's EIN Self-employed P00287581 Firm's address Self-employed P00287581	ě	10	Investm	nent income (Part VIII, column (A), lines 4,4 and Va) \	1,9						
12 Total revenue—add lines 8 through 11 (must-equal Part VIII, column (A), line 12). 494,585 420,721 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 15 Salaries, other compensation, employed benefits (Part IX column (A), line 4) 0 196,431 260,153 16a Professional fundraising fees (Part IX, column (A), line 11e 2) 0 0 0 15 Total fundraising expenses (Part IX, column (A), line 21) 0 0 0 17 Other expenses (Part IX, column (A), line 21) 31,068 0 0 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 412,114 497,134 19 Revenue less expenses. Subtract line 18 from line 12 82,471 -76,413 19 Revenue less expenses. Subtract line 18 from line 12 82,471 -76,413 19 Revenue less expenses. Subtract line 18 from line 12 82,471 -76,413 20 Total assets (Part X, line 26) 161,782 114,201 19 Vet assets or fund balances. Subtract line 21 from line 20 468,995 392,582 Part II Signature Block 161,782 114,201 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 Pinn/Type preparer's name Penalties of Brack Firm's alme Po00287581 Prim's name Sonnenberg Penalties signature Date Check if self-employed P00287581 Prim's address 5190 Governor Dr., Ste. 201, San Diego, CA 92122 Phone no (858) 457-5252	Œ	11	Other re	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9e, 10c, and 11e)							
13 Grants and similar amounts paid (Patr IX, column (A), line 1 0 0 0 0 14 Benefits paid to or for members (Patr IX, column (A), line 4) 0 0 0 0 0 0 15 Salaries, other compensation, employee benefits (Patr IX, column (A), line 5-10) 196,431 260,153 16a Professional fundraising fees (Patr IX, column (A), line 25) 0 0 0 0 0 0 0 0 0		12			494,5						
14 Benefits paid to or for members (Part X, column (A), line 4 15 Salaines, other compensation, employed banefits (Part X, column (A), line 4 16 196,431 260,153 260,153 16a Professional fundraising fees (Part IX, column (A), line 25)		13									
15 Salaries, other compensation, employed benefits (Part X column (A), lines 5–10) 196,431 260,153 16a Professional fundraising eese (Part IX, column (A), line 25) 0 0 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 215,683 236,981 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 412,114 497,134 19 Revenue less expenses. Subtract line 18 from line 12 82,471 -76,413 20 Total assets (Part X, line 16) 630,777 506,783 21 Total liabilities (Part X, line 26) 161,782 114,201 22 Net assets or fund balances. Subtract line 21 from line 20 468,995 392,582 Part II Signature Block Signature		14				0 0					
16a Professional fundraising fees (Part IX, Column (A)) Initial 16	s	15			196,4	131 260.153					
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e). 215,683 236,981 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 412,114 497,134 19 Revenue less expenses. Subtract line 18 from line 12. 82,471 -76,413 20 Total assets (Part X, line 16). 630,777 506,783 21 Total liabilities (Part X, line 26). 161,782 114,201 22 Net assets or fund balances. Subtract line 21 from line 20. 468,995 392,582 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 knpwledge Sign Here Paid Preparer Use Only Paid Prim's name Sonnenberg & Company. CPAs Firm's address \$\infty\$ 5190 Governor Dr, Ste. 201, San Diego, CA 92122 Phone no (858) 457-5252	JSe	16a									
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e). 215,683 236,981 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 412,114 497,134 19 Revenue less expenses. Subtract line 18 from line 12. 82,471 -76,413 20 Total assets (Part X, line 16). 630,777 506,783 21 Total liabilities (Part X, line 26). 161,782 114,201 22 Net assets or fund balances. Subtract line 21 from line 20. 468,995 392,582 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 knpwledge Sign Here Paid Preparer Use Only Paid Prim's name Sonnenberg & Company. CPAs Firm's address \$\infty\$ 5190 Governor Dr, Ste. 201, San Diego, CA 92122 Phone no (858) 457-5252	ē	Ь									
18	û	17			215.6	383 236,981					
19 Revenue less expenses. Subtract line 18 from line 12		18									
Beginning of Current Year End of Year		19									
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 Here Pint Cya T Fint Signature of officer Signature of officer Chair of Brand Preparer's signature Print/Type preparer's name Preparer's signature Date Check ☐ if Self-employed Proparer's self-employed Proparer's self-employed Proparer's self-employed Proparer's address ▶ 5190 Governor Dr, Ste. 201, San Diego, CA 92122 Phone no (858) 457-5252	5	ŝ									
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 Here Pint Cya T Fint Signature of officer Signature of officer Chair of Brand Preparer's signature Print/Type preparer's name Preparer's signature Date Check ☐ if Self-employed Proparer's self-employed Proparer's self-employed Proparer's self-employed Proparer's address ▶ 5190 Governor Dr, Ste. 201, San Diego, CA 92122 Phone no (858) 457-5252	sets	20	Total as	ssets (Part X, line 16)	630.7	777 506.783					
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 Here Pint Cya T Fint S name Preparer's signature Prim's name Sonnenberg & Company. CPAs Firm's address ▶ 5190 Governor Dr, Ste. 201, San Diego, CA 92122 Phone no (858) 457-5252	Ä	21		· · · · · · · · · · · · · · · · · · ·							
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 Here Pint Cya T Fint S name Preparer's signature Prim's name Sonnenberg & Company. CPAs Firm's address ▶ 5190 Governor Dr, Ste. 201, San Diego, CA 92122 Phone no (858) 457-5252	ž	22									
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 Here Chair of Brack Print/Type or print name and title						333,555					
Sign Here Paid Preparer Use Only Pignard Pig					to the best of my kr	nowledge					
Here Signature of officer Lenata H Comez Chair of Board Type or print name and title Preparer Use Only Print/Type preparer's name Preparer's signature Print's pr											
Here Signature of officer	Si,	70		Marata N Home I	912	-0/12					
Type or print name and title Paid Preparer Use Only Pirm's name Sonnenberg Firm's EIN Firm's EIN Sonnenberg Firm's EIN Firm's EIN Sonnenberg Firm's EIN F		_			Date						
Type or pnnt name and title Paid Preparer Use Only Type or pnnt name and title Ponnt/Type preparer's name Peparer's signature Pont/Type preparer's name Peparer's signature B/29/2012 Pont/Type preparer's name Pont/Type preparer's signature Pont/Type preparer's name Pont/Type pr	пе	er e		Kenata H tomez (hair of Brand							
Paid Preparer Use Only Leonard Sonnenberg Leonard Sonnenberg Leonard Sonnenberg Firm's name Sonnenberg & Company. CPAs Firm's ellN Pooler				· · · · · · · · · · · · · · · · · · ·		- :-					
Preparer Use Only Leonard Sonnenberg Leonard Sonnenberg Firm's name Sonnenberg & Company. CPAs Firm's ell Firm's address Firm's ell Phone no (858) 457-5252			Prin	nt/Type preparer's name Preparer's signature □							
Use Only Firm's name ► Sonnenberg & Company. CPAs Firm's EIN ► 95-3749711 Phone no (858) 457-5252	Pa	id	l.								
Firm's address ▶ 5190 Governor Dr, Ste. 201, San Diego, CA 92122 Phone no (858) 457-5252	Pre	eparei	r Lec		8/29/2012 self-	-employed [P00287581					
Firm's address ▶ 5190 Governor Dr, Ste. 201, San Diego, CA 92122 Phone no (858) 457-5252	Us	e Onl	y Firm	m's name ► Sonnenberg & Company. CPAs	Firm's EIN ► 9	5-3749711					
	_			n's address ▶ 5190 Governor Dr, Ste. 201, San Diego, CA 92122	Phone no (8	358) 457- <u>5</u> 252					
	Ma	y the II	RS discu	ss this return with the preparer shown above? (see instructions)		X Yes No					

	990 (2011)	San Diego Grantmakers	33-0868261	Page 2
Pa	ert III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response to any question in this Part III		<u>. Ll</u>
`1		describe the organization's mission:		
		sion is to connect, educate, develop and inspire organized philanthropy to be more		
	effective	e individually and collectively.		
2		organization undertake any significant program services during the year which were not listed o		
		r Form 990 or 990-EZ?	· · L Yes	X No
•		describe these new services on Schedule O.		
3		organization cease conducting, or make significant changes in how it conducts, any program		
			· · · L Yes	X No
4		describe these changes on Schedule O.		1 L .,
7		e the organization's program service accomplishments for each of its three largest program ser es. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to r		
		and allocations to others, the total expenses, and revenue, if any, for each program service repo		1
	g.a.no c	and disoblitation to distall, the total expenses, and revenue, if any, for each program service repo	ntea.	
4a	(Code:) (Expenses \$ 387,050 including grants of \$ 0) (Rever	\$ 57	830)
•••	•	0	ide ψ	
		pt \$25,000 or more annually of charitable giving. SDG's membership includes nearly 100		
		iona comparata philostheany giving airela dener advised funda greaturaline sublic		
		s and government funders. SDG enhances the good work of its members by: Connecting		
	grantma	skoro to opph other, connecting grantmakens to knowledge and best grantface. As distance		
		ation among funders and across sectors, ensuring that organized philanthropy and members'		
	work are	e appropriately visible with key leaders, leveraging local philanthropy to help bring more		
	resourc	es to our region.		
4b	(Code:) (Expenses \$ 0 including grants of \$ 0) (Rever	nue \$	0.)
		,		
4c	(Code:) (Expenses \$ 0 including grants of \$ 0) (Rever	we \$	0)
	,	, (=, +, +, =, +,		/
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		******
			,	••••••
				•••••
			••••••	
		***************************************	•••••	•••••
		***************************************	•••••	
4d		rogram services. (Describe in Schedule O.)		
	(Expens		0)	
40	Total n	rogram service expenses ► 387.050		

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х 4 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, 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 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 . Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI. VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a 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 Х c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 11e Х 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E........ 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Χ b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Х 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, Parts III and IV Х 16 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 (see instructions)...... 17 Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1		
	24b through 24d and complete Schedule K If "No," go to line 25	24a		×
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	23a		 ^- -
	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	256		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		X
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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? 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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	Did the organization receive any payment from or engage in any transaction with a controlled entity within			
	the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Ιx
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		 	m
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	The second secon			(2011)
		1 01111	220	12011)

	990 (2011) San Diego Grantmakers 33-08 rt V Statements Regarding Other IRS Filings and Tax Compliance	368261		Page 5
_	Check if Schedule O contains a response to any question in this Part V			\Box
	official in Confedence of Confedence to drift question in this factor.	· · ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	15	163	110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		-
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	Ť		'
	gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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 during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ļ		
	account)?	4a		X
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.	<u> </u>	ļ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	ļ	├
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?			
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		X
b	gifts were not tax deductible?	e h		
7	Organizations that may receive deductible contributions under section 170(c).	6b	1	+
a	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	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		 ^
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.5	<u> </u>	
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		l	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		ļ	ļ
	organization, have excess business holdings at any time during the year?	8	<u> </u>	_
9	Sponsoring organizations maintaining donor advised funds.	ļ	<u> </u>	
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	-	
10	Section 501(c)(7) organizations. Enter:	ł	1	1
a	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		1	
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	1	1	
a b	Gross income from members or shareholders	\dashv	ļ	1
D		İ	1	
12a	against amounts due or received from them.)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	128	 	+-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	\dashv		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
	Note. See the instructions for additional information the organization must report on Schedule O.	134	1	\vdash
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
-	the organization is licensed to issue qualified health plans		ļ	1
С	Enter the amount of reserves on hand	╛	1	
			1	

Did the organization receive any payments for indoor tanning services during the tax year?
If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2011) San Diego Grantmakers
33-0868261

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI

Sect	ion 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 14	1		
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent .	1 b 14	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relat	onship with			
	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or uncontrol over management duties.	der the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or of	other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v	vas filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization	n's assets?	5		Х
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elec	t or appoint			
	one or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	ers,			
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undert	aken during			
	the year by the following:	-			l
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	pe reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule	0	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue C	ode.)		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of su	ich chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exemp	t purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body be	fore filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	I give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy'	? If "Yes,"			
	describe in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and ap				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				<u> </u>
а	The organization's CEO, Executive Director, or top management official		15a		
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	,	rangement			
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to e				
	participation in joint venture arrangements under applicable federal tax law, and take steps to s				
	the organization's exempt status with respect to such arrangements?	<u></u>	16b		
Sect	ion 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	l 990-T (Section 501(c)(3)s	only))
	available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing docume	nts, conflict of interes	t		
	policy, and financial statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the bo				
	organization: ► Nancy Jamison	(858) 875-3	333	-	
	5060 Shoreham Place #350, San Diego, CA 92122				

•											
Form 990 (2011)	San Diego Grantmakers				-					33-08682	61 Page 7
Part VII	Compensation of Officers, Direct		es, K	еу	Em	plo	yees	s, H	ighest Comp	ensated	
•	Employees, and Independent Contains a re		, au	etic	n i	a th	ic Da	ırt \	/II		
Section A.	Officers, Directors, Trustees, Key E									• • •	· <u> </u>
	this table for all persons required to be				-					ng with or within	the
organization's	s tax year										
	of the organization's current officers, on the control of the co							is o	r organizations)	, regardless of a	imount
	of the organization's current key empl							finit	ion of "kev emp	lovee."	
	organization's five current highest co										nployee)
	reportable compensation (Box 5 of Fo	rm W-2 and/or	Box 7	of	For	m 1	099-1	MIS	C) of more than	\$100,000 from	the
	and any related organizations.	1			4			_4_	atlaa		- 41
	of the organization's former officers, k eportable compensation from the orga								a employees wr	io received more	e tnan
	of the organization's former directors		-		_				tv as a former d	irector or trustee	of the
	more than \$10,000 of reportable comp										
	n the following order: individual trustee		nstitu	ition	al t	rust	ees; (offic	ers; key employ	ees; highest	
	employees; and former such persons										
Check th	is box if neither the organization nor ar	ny related organ	izatio	on c	om	oens	sated	any	y current officer,	director, or trus	tee
						C)			!		
	(A)	(B)	(do r	ot ch		ition more	than o	one	(D)	(E)	(F)
	Name and Title	Average hours per					is both or/trust		Reportable compensation	Reportable compensation	Estimated amount of
		week (describe							from the	from related organizations	other
		hours for	Individual trustee or director	Institutional trustee	Officer	y em	Highest co	Former	organization	(W-2/1099-MISC)	compensation from the
		related organizations	or al	onal		employee	e con		(W-2/1099-MISC)		organization and related
		ın Schedule O)	l stee	trust		ee	pen				organizations
		,	"	e		ļ	Highest compensated employee				
(1) Kathy i	Patoff		_	 							-
Chair		2.00	X		X				0	o	0
(2) Chris V	Veil										-
Treasurer		2 00	X	-	X				0	0	0
	Hron Gomez	2.00			×						_
Secretary (4) Valerie	Jacobs	2 00	 ^	╁	┝	_	<u> </u>		0	0	0
Past Chair		2.00	×		×				0	0	0
(5) Murray	Galinson										
Director		1.00	Х	<u> </u>					0	0	.0
(6) Mary H	erron										
Director (7)	Africa	1.00	X	 	1	<u> </u>		_	0	0	0
(7) Janine Director	IVIASOR	1 00	v		1	1			0	0	О
(8) Connie	Matsui	1 00	 ^	 		\vdash		 		<u> </u>	l. — <u> </u>
Director	There are the second of the se	1 100	×						۸ ا	ا م	۱ ،

1.00 X

1.00 X

1.00 X

1.00 X

100 X

1.00 X

(9) Charlene Seidle

(10) Alan Sorkin

(11) Sid Voorakkara

(12) Christy Wilson Director

(13) Paula Cordeiro

(14) Beatriz Palomino Young

Director

Director

Director

Director

Director

0

0

0

0

0

0

0

0

0

0

0

0

0

Pa	rt VII	Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd l	High	est	Compensated	Employees (co	ontinue	<i>d)</i>	
		(A) Name and title	(B) Average hours per	bοx,	unles	Pos neck ss pe	rson	than is both	n an	(D) Reportable compensation	(E) Reportable compensation		(F) stimated	
			week (describe hours for related organizations in Schedule O)	Individual trustee or director	1	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fr org	other pensation the anization direction the anization direction	on n i
	Nancy Jative Dire		40.00			x				80,730	(0
(16)														
<u>(1</u> 7)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
		al							▶	80,730				0
		om continuation sheets to Part VII, dd lines 1b and 1c)					•		•	80.730))		<u>0</u> 0
2	Total nu	dd lines 1b and 1c)	limited to those	liste	d at	ove	e) w					<u> </u>		
													Yes	No
3		organization list any former officer, di e on line 1a? <i>If "Yes," complete Sche</i>					yee	e, or I 	nigh	nest compensate	ed 	3		X
4	-	individual listed on line 1a, is the sum								•				
	_	al										4		X
5		person listed on line 1a receive or access rendered to the organization? If "										5		Х
Sect		dependent Contractors	roo, complete	00/10	dun		0. 0	Ju 011	por	<u> </u>				
1		e this table for your five highest comp sation from the organization. Report o											x	
		(A) Name and business add	dress							(B) Description of se	rvices	(C Comper		
									Ľ					0
									╀					0
									+	·· =				0
								L					0	
2		mber of independent contractors (inc an \$100,000 of compensation from th		nited ►	l to t	thos	e lis	sted :	abo	ve) who receive	d			

	90 (201					33-0868	261 Page 9
Par	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
nts	1a	Federated campaigns 1a	0		İ		
Sra Iou	b	Membership dues <u>1b</u>	167,188				
S, (С	Fundraising events 1c	0				
Giff Far	d	Related organizations 1d	o				
iE.	e	Government grants (contributions) 1e	0				
io S	f	All other contributions, gifts, grants, and					1
but The		similar amounts not included above 1f	193,183				
돌으	g	Noncash contributions included in lines 1a-1f ⁻ \$	0		1		1
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		360,371			
			Business Code	,			
euc	2a	Conference Attendee Fees	900099	16,439	16,439		1
Se S	ь	Membership dues	900099	41,400	41,400	·	1
<u>.8</u>	С			0	11,100		† · · · · · · · · · · · · · · · · · · ·
<u>ح</u> و	d			0			
S E	e		· · · · · · · · · · · · · · · · · · ·	0			
Program Service Revenue	f	All other program service revenue		0			
P o	ا م	Total. Add lines 2a–2f	•	57,839			
	3	Investment income (including dividends, interes other similar amounts).	t, and ▶	1,123			1,123
	4	Income from investment of tax-exempt bond pro	ceeds .▶	0		 	<u> </u>
	5	Royalties		0			
		(ı) Real	(II) Personal		1		
	6a	Gross rents			i		
	b	Less: rental expenses					
	С	Rental income or (loss)0					
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of (i) Securities	(II) Other		1		
		assets other than inventory 0	0				
	b	Less: cost or other basis			İ		
		and sales expenses 0					1
	С	Gain or (loss)					
_	d	Net gain or (loss)	•	0			
Other Revenue	8a	Gross income from fundraising events (not including \$0 of contributions reported on line 1c). See Part IV, line 18 a	0				
똕	b	Less: direct expenses b	0		ļ		
_		Net income or (loss) from fundraising events .		0			1
		Gross income from gaming activities.					
		See Part IV, line 19	l ol				1
	ь	Less: direct expenses b	0				
		Net income or (loss) from gaming activities		0	\		
		Gross sales of inventory, less					
		returns and allowances a	l ol				
	Ь	Less: cost of goods sold b	i o				1
	ı	Net income or (loss) from sales of inventory		0			†
		Miscellaneous Revenue	Business Code		-		
	11a		900099	71	71		1
	Ъ	Misc	900099	1,317			
	C		555555	1,517			
	ď	All other revenue		0			
	e	Total. Add lines 11a–11d		1,388			+
	12	Total revenue. See instructions		420,721			1,123
		Total Tevenue. See Instructions	· · · ·	420,721	39,227		J 1,123

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).

Check if Schedule Contians a response to any question in this Part IX. 1	770170	Charles (October 1 to Constant)		. 124		
Total expenses		Check if Schedule O contains a response to any	question in this Pai	rt IX		<u> </u>
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				Program service	Management and	Fundraising
2 Grants and other assistance to individuals in the United States See Part IV, line 22	1	Grants and other assistance to governments and				· · · · · · · · · · · · · · · · · · ·
United States See Part IV, line 22. 0 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, line 15 and 16. 0 Benefits paid to or for members. 0 Compensation of current officers, directors, trustees, and key employees . 0 Compensation of uncluded above, to disqualified persons (as defined under section 4956()(3)(B). 133,507 93,572 26,624 13,311 Other and persons described in section 4956()(3)(B). 133,507 93,572 26,624 13,311 Other analysis of the section 4956()(3)(B). 133,507 93,572 26,624 13,311 Other analysis of the section 4956()(3)(B). 133,507 93,572 26,624 13,311 Other salanes and wages. 0 Person plan accruals and contributions (include section 401(k) and 403(b) employer contributions (include section 401(k) employer contributions (include 401(k) employer contributions (include 401(k) employer contributions (include 401(k) employer contributions (include 401(k) emplo		organizations in the United States. See Part IV, line 21	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16. 8 Benefits pand 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 persons described in section 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 4958(f)(3)(b). 7 Other salines and wages. 9 Penson plan accruals and contributions (include section 401(k) and 403(b) employer contributions. 9 Other employee benefits. 10 Payroll taxes. 17,460 12,222 3,492 1,746 10 Payroll taxes. 17,460 12,222 3,492 1,746 10 Payroll taxes. 10 0 0 11 Ostion and the provided in	2	Grants and other assistance to individuals in the				
organizations, and individuals outside the United States See Part IV, lines 15 and 16 . 0 . 0		United States See Part IV, line 22	o	ļ		
United States See Part IV, lines 15 and 16. 0 Benefits paid to of for members 0 Compensation of current officers, directors, trustees, and key employees claim of control of compensation of current officers, directors, trustees, and key employees claim of control of compensation of the control of compensation of control of compensation of control of compensation of control of compensation of control of compensation of control of compensation of compensatio	3	Grants and other assistance to governments,				
4 Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees. 6 Compensation not included above, to disqualified persons (as defined under section 4956(()1) and persons described in section 4956(()1) and persons described in section 4956(()3)(B). 7 Other salanes and wages. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions. 9 Other employee benefits. 28,456 19,919 5,691 2,846 19,919 5,691 5,691 1,331 1,446 1,466 1,4		organizations, and individuals outside the				
5 Compensation of current officers, directors, trustees, and key employees . 80,730 56,511 16,146 8,073 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 4958(f)(8) . 133,507 93,572 26,624 13,311 7 0 Other salanes and wages . 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		United States See Part IV, lines 15 and 16	0	,		
tustees, and key employees .	4	Benefits paid to or for members	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958((√1)) and persons described in section 4958((√1)) and persons described in section 4958((√1)) and persons described in section 4958((√1)) and persons described in section 4958((√1)) and 403((√1)) employer contributions (include section 401(√1)) and 403(√1)) mployer contributions (include section 401(√1)) and 403(√1) employer contributions (include section 401(√1)) and 403(√1) employer contributions (include section 401(√1)) and 403(√1) employer contributions (include section 401(√1)) and 403(√1) employer contributions (include section 401(√1)) and 403(√1) employer contributions (include section 401(√1)) and 403(√1) employer contributions (include section 401(√1)) and 403(√1) employer contributions (include section 401(√1)) and 403(√1) employer contributions (include section 401(√1)) and 403(√1) employer contributions (include section 401(√1)) and 403(√1) employer contributions (include section 401(√1)) and 401(√1) employer contribution (include section 401(√1)) and 501(√1) employer contributions (include section 401(√1)) and 501(√1) employer contribution (include section 40	5	Compensation of current officers, directors,				
persons (as defined under section 4958(n)(1)) and persons described in section 4958(n)(3)(8). 7 Other salanes and wages. 8 Pension plan accruals and contributions (include section 401(k) and 403(k) employer contributions). 9 Other employee benefits. 10 Payroll taxes. 17,460 12,222 3,492 1,746 11 Fees for services (non-employees): a Management 0 0 1 Lobbying. 1 Doublying. 1 Professional fundraising services. See Part IV, line 17. 0 Investment management fees. 1 Office expenses. 1 Office expenses. 9 Other . 10 Coupancy. 10 Coupancy. 10 Coupancy. 10 Corferences, conventions, and meetings. 10 Corferences, conventions, and meetings. 10 Insurance. 10 Coupancy. 11 Fayments to affiliates. 12 Payments to affiliates. 13 Coupancy. 14 Insurance. 15 Payments to affiliates. 16 Coupancy. 17 Travel. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings. 10 Conferences, conventions, and meetings. 11 Strategic Initiatives. 12 Payments to affiliates. 13 Conferences, conventions, and meetings. 14 Insurance. 15 Payments to affiliates. 16 Coupancy. 17 Travel. 18 Payments to affiliates. 19 Conferences, conventions, and meetings. 19 Conferences, conventions, and meetings. 10 Conferences, conventions, and meetings. 10 Conferences, conventions, and meetings. 11 Conferences, conventions, and meetings. 15 Payments to affiliates. 10 Conferences, conventions, and meetings. 15 Payments to affiliates. 10 Conferences, conventions, and meetings. 15 Payments to affiliates. 10 Conferences, conventions, and meetings. 15 Payments of travel or entertainment expenses for any federal, state, or local public officials. 10 Conferences, conventions, and meetings. 15 Payments of travel or entertainment expenses. 16 Payments of travel or entertainment expenses. 17 Travel. 18 Payments of travel or entertainment expenses. 19 Payments of travel or entertainment expenses. 10 Conferences. 10 Conferences. 10 Conf		trustees, and key employees	80,730	56,511	16,146	8,073
persons described in section 4958(c)(3)(B). 133,507 93,572 26,624 13,311 Other salanes and wages 0 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 28,456 19,919 5,691 2,846 Payroll taxes 17,460 12,222 3,492 1,746 Payroll taxes 17,460 12,222 3,492 1,746 Payroll taxes 17,460 12,222 3,492 1,746 Person services (non-employees): a Management 0 b Legal 95 67 20 8 c Accounting 10,303 10,303 d Lobbying 0 0 10,303 10,303 d Lobbying 0 0 10,303 10,303 d Lobbying 0 0 16,250 10 16,250	6					
7 Other salanes and wages . 0						
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits . 28,456 19,919 5,691 2,846 10 Payroll taxes . 17,460 12,222 3,492 1,746 11 Fees for services (non-employees): a Management . 0			133,507	93,572	26,624	13,311
section 401(k) and 403(b) employer contributions). 9	7	•	0			
9 Other employee benefits	8	· · · · · · · · · · · · · · · · · · ·				
10 Payroll taxes .						
11 Fees for services (non-employees): a Management b Legal					5,691	2,846
a Management b Legal			17,460	12,222	3,492	1,746
b Legal	11	· · · · · · · · · · · · · · · · · · ·				
to Accounting definition of the program of the pro	а					
d Lobbying .	b			67		8
Professional fundraising services. See Part IV, line 17	C				10,303	
f Investment management fees 0 16,250 1	d	Lobbying				<u>.</u>
State Company Compa	-					· · · · · · · · · · · · · · · · · · ·
Advertising and promotion 0 0 130 Office expenses 9,055 7,334 1,148 573 Information technology 2,842 2,842 15 Royalties 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	-					
3	_			16,250		
14			<u> </u>			
15 Royalties .					1,148	573
16 Occupancy				2,842		
17 Travel 3,169 2,218 634 317 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 19 Conferences, conventions, and meetings 41,122 40,151 971 20 Interest 0 0 21 Payments to affiliates 0 0 22 Depreciation, depletion, and amortization 1,512 1,058 303 151 23 Insurance 3,007 3,007 3,007 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 38,770 27,139 7,752 3,879 b Program Expense 99,783 99,783 99,783 c Sponsorships 2,975 2,975 2,975 2,975 2,975 4 Forum of Reg. Assoc. Grantmakers 3,864 3,864 3,864 3,864 2,925 164 25 Total functional expenses. Add lines 1 through 24e 497,134 387,050 79,016 31,068 26 Joint costs. Complete this line only if the organization reported in		Royalles				
18	-			2.040	004	047
for any federal, state, or local public officials .			3,109	2,210	634	317
19 Conferences, conventions, and meetings	10		ا			
20	19	Conferences conventions and meetings		40 151	071	
21 Payments to affiliates 0 22 Depreciation, depletion, and amortization 1,512 1,058 303 151 23 Insurance 3,007 3,007 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 27,139 7,752 3,879 b Program Expense 99,783 99,7				40,131	971	
Depreciation, depletion, and amortization 1,512 1,058 303 151 23 Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Strategic Initiatives 38,770 27,139 7,752 3,879 Program Expense 99,783 99,783 Sponsorships 2,975 Forum of Reg. Assoc. Grantmakers All other expenses Miscellaneous 4,234 1,145 2,925 164 Total functional expenses. Add lines 1 through 24e 497,134 387,050 79,016 31,068 151 1,058 303 151 1,058 303 151 1,058 3,007 27,139 7,752 3,879 3,879 4,752 3,879 5,975 4,975 5		Payments to affiliates		-	·	
23		-		1 058	303	151
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Strategic Initiatives 38,770 27,139 7,752 3,879 program Expense 99,783 99,783 c Sponsorships 2,975 2,975 c Sponsorships 2,975 2,975 c Sponsorships 3,864 3,864 e All other expenses Miscellaneous 4,234 1,145 2,925 164 program Expenses Add lines 1 through 24e 497,134 387,050 79,016 31,068 program a combined educational campaign and fundraising solicitation. Check here if				1,000		
above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Strategic Initiatives 38,770 27,139 7,752 3,879 b Program Expense 99,783 99,783 c Sponsorships 2,975 2,975 d Forum of Reg. Assoc. Grantmakers 3,864 3,864 e All other expenses Miscellaneous 4,234 1,145 2,925 164 25 Total functional expenses. Add lines 1 through 24e 497,134 387,050 79,016 31,068 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here			0,007		- 0,007	
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Strategic Initiatives		· · · · · · · · · · · · · · · · · · ·				
(A) amount, list line 24e expenses on Schedule O.) a Strategic Initiatives 38,770 27,139 7,752 3,879 b Program Expense 99,783 99,783 c Sponsorships 2,975 2,975 d Forum of Reg. Assoc. Grantmakers 3,864 3,864 e All other expenses Miscellaneous 4,234 1,145 2,925 164 25 Total functional expenses. Add lines 1 through 24e 497,134 387,050 79,016 31,068 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if						
a Strategic Initiatives 38,770 27,139 7,752 3,879 b Program Expense 99,783 99,783 c Sponsorships 2,975 2,975 d Forum of Reg. Assoc. Grantmakers 3,864 3,864 e All other expenses Miscellaneous 4,234 1,145 2,925 164 25 Total functional expenses. Add lines 1 through 24e 497,134 387,050 79,016 31,068 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if						
b Program Expense 99,783 99,783 c Sponsorships 2,975 2,975 d Forum of Reg. Assoc. Grantmakers 3,864 3,864 e All other expenses Miscellaneous 4,234 1,145 2,925 164 25 Total functional expenses. Add lines 1 through 24e 497,134 387,050 79,016 31,068 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if	а	Otracta nila tracta di la la	38.770	27.139	7.752	3.879
c Sponsorships 2,975 2,975 d Forum of Reg. Assoc. Grantmakers 3,864 3,864 e All other expenses Miscellaneous 4,234 1,145 2,925 164 25 Total functional expenses. Add lines 1 through 24e . 497,134 387,050 79,016 31,068 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if	b	Drogram Evnance				-,
d Forum of Reg. Assoc. Grantmakers e All other expenses Miscellaneous 7 Total functional expenses. Add lines 1 through 24e . 25 Total functional expenses. Add lines 1 through 24e . 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	С	Spongorehine				· · · · · · · · · · · · · · · · · · ·
e All other expenses Miscellaneous 4,234 1,145 2,925 164 25 Total functional expenses. Add lines 1 through 24e . 497,134 387,050 79,016 31,068 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if	d					
Total functional expenses. Add lines 1 through 24e . 497,134 387,050 79,016 31,068 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if	е				2.925	164
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	<u>25</u>					
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if				,	-,	- 1,-0
from a combined educational campaign and fundraising solicitation. Check here ▶ if						
fundraising solicitation. Check here ▶☐ if						

	990 (2				33	3-0868261	Page 11
۲۵	art X	Balance Sheet				(D)	 _
				(A) Beginning of year		(B) End of y	ear
	1	Cash—non-interest-bearing		79,266	1	2110 01 9	91,763
	2	Savings and temporary cash investments		389,045			374,952
	3	Pledges and grants receivable, net		151,500			32,300
	4	Accounts receivable, net		0	4		32,300
	5	Receivables from current and former officers,		U			
	້	employees, and highest compensated employ					
		Schedule L			5		
	6	Receivables from other disqualified persons (a			3		
	"	4958(f)(1)), persons described in section 4958			1		
		employers and sponsoring organizations of se			1		
Ø		employees' beneficiary organizations (see ins					
Assets	,	Notes and loans receivable, net		0	6		
As	7 8			- 0			(
-	9	Inventories for sale or use		0.440	8		4 400
	-	Prepaid expenses and deferred charges	1	6,149	9	·	4,463
	10a	Land, buildings, and equipment cost or	7.75		- 1		
	_	other basis. Complete Part VI of Schedule D Less: accumulated depreciation			10		
	l ab			† · · · · · · · · · · · · · · · · · · ·	10c	<u> </u>	3,305
	11	Investments—publicly traded securities		0			
	12	Investments—other securities. See Part IV, lin		0			
	13	Investments—program-related. See Part IV, II		_			
	14	Intangible assets	0				
	15	Other assets. See Part IV, line 11					
	16	Total assets. Add lines 1 through 15 (must ed			16		506,783
	17	Accounts payable and accrued expenses				18,552	
	18	Grants payable		18			
	19	Deferred revenue	76,300			92,463	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete			21		
Liabilities	22	Payables to current and former officers, direct	· · · · · · · · · · · · · · · · · · ·				
Ĕ		employees, highest compensated employees					
iat		persons. Complete Part II of Schedule L			22		
_	23	Secured mortgages and notes payable to unre	•			-	0
	24	Unsecured notes and loans payable to unrela	•	0	24		0
	25	Other liabilities (including federal income tax,	- -				
		parties, and other liabilities not included on lin	•				
							3,186
	26_	Total liabilities. Add lines 17 through 25		161,782	26		114,201
s		Organizations that follow SFAS 117, check					
ce		complete lines 27 through 29, and lines 33	and 34.				
lar	27	Unrestricted net assets		278,480	27		248,984
Ва	28	Temporarily restricted net assets		190,515	28		143,598
п	29	Permanently restricted net assets			29		
Fu		Organizations that do not follow SFAS 117	. check here ▶				
o		and complete lines 30 through 34.	,				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current fund	le.		30		
SSE	31	Paid-in or capital surplus, or land, building, or			31		
Ę	32	Retained earnings, endowment, accumulated			32		
Š	33	Total net assets or fund balances		468,995			302 592
-	34	Total liabilities and net assets/fund balances .					392,582
	U- 1	Total nabilities and het assets/fully balances .	<u> </u>	630,777	34		506,783

Form 9	990 (2011) San Diego Grantmakers	33	3-0868261	Paç	ge 12
Par					
	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) <u>,721</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			7,134
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>3,413</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>468</u>	3 <u>,995</u>
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		392	2,582
Part	XII Financial Statements and Reporting			(_
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		. 2a	Х	
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain	n			
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
-	the Single Audit Act and OMB Circular A-133?		. 3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		. 34		 ^`
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
		<u></u>	1	990	(0044)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2011

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

San	Diego	<u>o Grantmaker</u>	'S							33-08	368261
Pai	t I	Reason	for Public Ch	arity Status (All org	anization	ns must c	omplete	this part	t.) See in	struction	ıs.
The o	orgar			ation because it is: (Fo							
1	Щ	A church, co	nvention of chu	rches, or association o	of churche	s describ	ed in sec	tion 170((b)(1)(A)(i).	
2		A school des	scribed in sectio	on 170(b)(1)(A)(ii). (At	ttach Sche	edule E.)					
3		A hospital or	a cooperative h	nospital service organi	zation des	scribed in	section	170(b)(1)	(A)(iii).		
4			esearch organiza ime, city, and sta	ation operated in conju ate:	inction wit	h a hospi	tal descri	bed in se	ction 170)(b)(1)(A)	(iii). Enter the
5				r the benefit of a collect (Complete Part II.)	ge or univ	ersity owr	ned or op	erated by	a govern	mental ur	nit described
6				ernment or governme	ntal unit d	escribed	n sectio :	170(b)(1)(A)(v).		
7	X	An organizat	tion that normall	y receives a substantı (1)(A)(vi). (Complete I	al part of					or from the	e general public
8		A community	y trust described	in section 170(b)(1)	(A)(vi) . (C	omplete f	Part II.)				
9		An organization receipts from support from	tion that normall n activities relate n gross investme	ly receives: (1) more the d to its exempt function on the income and unrelated after June 30, 1975.	han 33 1/3 ons—subj ted busine	3% of its s ect to cer ess taxabl	support fro tain exce e income	ptions, an (less sec	nd (2) no r ction 511	more than	33 1/3% of its
10		An organizat	tion organized a	nd operated exclusive	ly to test f	for public	safety. S	ee sectio	n 509(a)(4).	
11 e		purposes of 509(a)(3). C a Type By checking persons other	one or more pul heck the box that I b this box, I certif	and operated exclusive blicly supported organ at describes the type of Type II cythat the organization managers and others.	izations dof supporti Type Tis not co	escribed ng organi III-Funct ntrolled d	in section zation an tionally in rectly or	509(a)(1 d comple tegrated indirectly) or section te lines 1 by one or	on 509(a) 1e throug d	(2). See section h 11h. Type III–Other qualified
f g		organization Since Augus following per (i) A pers and (ii (ii) A fami	, check this box st 17, 2006, has rsons? son who directly i) below, the gov ily member of a	a written determination the organization acce or indirectly controls, verning body of the su person described in (it	pted any of the period and period of the period	gift or con ne or toge rganizatio	tribution	from any	of the	l in (ii)	Yes No 11g(i) 11g(ii)
h				ation about the suppor							11g(iii)
		of supported	(ii) EIN		(iv) is the o		(v) Did y the organ col (i)	ou notify nization in of your port?	organiza (i) organi	Is the tion in col. ized in the S?	(vii) Amount of support
					Yes	No	Yes	No	Yes	No	
A)								[
B)									-	ļ	ļ <u>C</u>
B)				.,							
C)											C
D)											C
E)					<u> </u>						C
Γota	<u>L</u>										

Sched	ulle A (Form 990 or 990-EZ) 2011 San Diego Gran	ntmakers				33-086826	1 Page 2
Pai							
	(Complete only if you checked the						under
	Part III. If the organization fails to o	<u>ualify under t</u>	<u>he tests listed</u>	below, pleas	se complete F	Part III.)	
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	337,870	406,573	381,863	483,371	401,771	2,011,448
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	337,870	406,573	381,863	483,371	401,771	2,011,448
5	The portion of total contributions by each	1	1				
	person (other than a governmental unit						
	or publicly supported organization)	1	i				
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,	1					
	column (f)						266,500
6	Public support. Subtract line 5 from line 4.						1,744,948
	tion B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	337,870	406,573	381,863	483,371	401,771	2,011,448
8	Gross income from interest, dividends,	ļ				ļ	
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	5,634	8,591	6,204	1,976	1,123	23,528
9	Net income from unrelated business		:				
	activities, whether or not the business is						
	regularly carried on						0
10	Other income Do not include gain or						
	loss from the sale of capital assets						

	organization, check this box and stop here							
Sec	tion C. Computation of Public Support Percentage							
14	Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	85.75%					
15	Public support percentage from 2010 Schedule A, Part II, line 14	15	0.00%					
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3	3% or r	nore, check this box					
	and stop here. The organization qualifies as a publicly supported organization		▶ 🗙					
b	33 1/3% support test-2010. If the organization did not check a box on line 13 or 16a, and line 15 is 3	33 1/39	6 or more, check this					
	box and stop here. The organization qualifies as a publicly supported organization		▶ 🗌					
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and see the "facts and organization meets" and organization meets the "facts and organization meets and organization meets and organization meets and	stop he	ere. Explain in					
	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16	6b, or 1	7a, and line					
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box ar	nd stop	here. Explain in					
	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a	-						

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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)

(Explain in Part IV.)

Total support. Add lines 7 through 10.

supported organization.

11

12

13

18

2,034,976

64,009

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

(Complete 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 qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		ī				0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge .						0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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						
c	amount on line 13 for the year Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)			, , ,		<u>~</u>	0
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6 .	0	0	0	0	0	0
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether	0	0	0	0	0	0
12	or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets						0
13	(Explain in Part IV). Total support. (Add lines 9, 10c, 11, and 12).	0	0	0	0	0	0
14	First five years. If the Form 990 is for the organization, check this box and stop here						.▶□
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2011 (line 8, column		e 13, column (f))			15	0.00%
16 Soc	Public support percentage from 2010 Schedule A,				•	16	98.64%
<u>5ec</u> 17	tion D. Computation of Investment Inco Investment income percentage for 2011 (line 10c,			ımn (fl)		17	0.00%
17 18 19a	Investment income percentage for 2010 Schedu 33 1/3% support tests—2011. If the organization	le A, Part III, line	17		ore than 33 1/3%	18	1.36%
	not more than 33 1/3%, check this box and stop h 33 1/3% support tests—2010. If the organization	i ere. The organiz did not check a b	ation qualifies as oox on line 14 or	s a publicly suppo line 19a, and line	orted organizatio e 16 is more thai	n n 33 1/3%, and	▶ □
20	line 18 is not more than 33 1/3%, check this box a Private foundation. If the organization did not che			•		_	▶∐

Schedule A (Fo	orm 990 or 990-EZ) 2011	San Diego Grantmakers		33-0868261	Page 4
Part IV	Supplemental	Information. Complete t	his part to provide the explanations requ	uired by Part II, line 1	0;
			12. Also complete this part for any addit		
	instructions)	,	, , ,	•	
	· · · · · · · · · · · · · · · · · · ·				
		• • • • • • • • • • • • • • • • • • • •			
		• • • • • • • • • • • • • • • • • • • •			
					·
			•••••		

Schedule A (Form 990 or 990-EZ) 2011

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

OMB No 1545-0047

Open to Public Inspection

Yes

Internal Revenue Service

b If "Yes," describe in Part IV

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. Department of the Treasury See separate instructions. If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations Complete Part III. Name of organization **Employer identification number** San Diego Grantmakers 33-0868261 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. Volunteer hours . . . Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . **\$** Yes

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

Enter the amount directly expended by the filing organization for section 527 exempt function

Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,

5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.									
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-					
(1)				0	0					
(2)				0	0					
(3)				0	0					
(4)				o	0					
(5)				0	O					
(6)				0	0					

2 Enter the amount of the filing organization's funds contributed to other organizations

	San Diego Grantmakers edule C (Form 990 or 990-EZ) 2011				33-0868261	Page 2
Р	art II-A Complete if the organization	n is exempt	under section 50	01(c)(3) and filed	Form 5768 (elec	
	under section 501(h)).		-			
Α		-	•		•	p member's
	name, address, EIN, expe					
В	Check ▶ if the filing organization ch	necked box A	and "limited cont	rol" provisions ap	ply.	
	Limits on Lobi	bying Expendi	tures		(a) Filing	(b) Affiliated
	(The term "expenditures" m			.)	organization's totals	group totals
<u>1a</u>	Total lobbying expenditures to influence pr	ublic opinion (a	rass roots lobbying	1)	0	0
b	Total lobbying expenditures to influence a				0	0
С	Total lobbying expenditures (add lines 1a				0	0
d	Other exempt purpose expenditures				387,050	0
е	Total exempt purpose expenditures (add li				387,050	0
f	Lobbying nontaxable amount. Enter the ar	•			007,000	
·	columns.	mount moin the	Tollowing table in b	, our	77,410	0
ſ	If the amount on line 1e, column (a) or (b) is:	The lobbyin	g nontaxable amou	nt is:	77,410	<u>_</u>
ı	Not over \$500,000		mount on line 1e	110.		
Ì	Over \$500,000 but not over \$1,000,000		us 15% of the excess	over \$500 000		
- 1	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		us 5% of the excess of			
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25%	6 of line 1f)			19,353	0
h	Subtract line 1g from line 1a. If zero or les	•			0	0
i	Subtract line 1f from line 1c. If zero or less				0	0
i	If there is an amount other than zero on ei				720 reporting	
•	section 4911 tax for this year?					Yes No
	4-Y (Some organizations that m columns below	ear Averaging nade a section . See the instr	Period Under Se 501(h) election d uctions for lines 2	ction 501(h) o not have to com 2a through 2f on p	plete all of the five	
	Lobbyin	ng Expenditure	es During 4-Year	Averaging Period		
	Calendar year (or fiscal year	(a) 2008	(b) 2000	(a) 2010	(4) 2011	(a) Total

	Lo	bbying Expenditures	During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount	77,983			0	77,983
b	Lobbying ceiling amount (150% of line 2a, column(e))					116,975
С	Total lobbying expenditures	11,090			0	11,090
d	Grassroots nontaxable amount	19,496			0	19,496
е	Grassroots ceiling amount (150% of line 2d, column (e))					29,244
f	Grassroots lobbying expenditures				0	(

Schedule C (Form 990 or 990-EZ) 2011

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(b))

	(election under section 501(h)).	l (a	a)		(b)	
	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description e lobbying activity.	Yes	No	A	mount	
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 referendum, through the use of:					l
a b	Volunteers?					
d	Media advertisements?			· · · · ·		
e f g	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?			· · · · · · · · · · · · · · · · · · ·		
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
j 2a	Total. Add lines 1c through 1i					0
С	If "Yes," enter the amount of any tax incurred under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	(c)(5),	or se	ection	-	ļ
4					Yes	No
1 2 3	Were substantially all (90% or more) dues received nondeductible by members?			2 3		
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes."	(c)(5),	or s	ection		, is
1 2	Dues, assessments and similar amounts from members		1			
a b	Current year		2a 2b			
с 3	Total		2c 3			0
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?					
5 Part	Taxable amount of lobbying and political expenditures (see instructions)		5			0
Comp Also,	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; complete this part for any additional information.			nd Part		
did n	ot engage in any lobbying activities. Therefore no lobbying expenditures are reported for tax					
year	2011.					

\$CHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

3.

	Diego Grantmakers	33-0868261
Part	Organizations Maintaining Donor Advised Funds or Other Similar Funds	nds or Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6.	·
	(a) Donor advised funds	(b) Funds 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 donor advisors in writing that the assets held	un donor advisod
J		
	funds are the organization's property, subject to the organization's exclusive legal control	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or	
	purpose conferring impermissible private benefit?	Yes No
Part	Conservation Easements. Complete if the organization answered "Yes" t	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		of an historically important land area
		* *
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	. 2d
3	Number of conservation easements modified, transferred, released, extinguished, or ter	minated by the organization
	during the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	n, handling of
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	easements during the year
	•	• •
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easi	ements during the year
	▶ \$	•
8	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)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue	ie and expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's fin	•
	the organization's accounting for conservation easements.	
Part		Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
19	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its	royonus statement and balance sheet
ıa		
	works of art, historical treasures, or other similar assets held for public exhibition, educated by the social provide in Part XIV, the text of the feetnets to its financial statements.	
L	of public service, provide, in Part XIV, the text of the footnote to its financial statements	
Ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reversed and the statement and the	
	works of art, historical treasures, or other similar assets held for public exhibition, educa	tion, 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	· · · · · ▶ \$
_		
2	If the organization received or held works of art, historical treasures, or other similar ass	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these	items:
a	Revenues included in Form 990, Part VIII, line 1	· · · · ▶ \$
h	Assets included in Form 000, Port V	▶ €

Par	VI Land, Buildings, and Equipmen	t. See Form 990, Par	rt X, line 10.		
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0		0
b	Buildings	0	0	0	0
С	Leasehold improvements	0	0	0	0
d	Equipment	0	7,752	4,447	3,305
е	Other	0	0	0	0
	II. Add lines 1a through 1e. (Column (d) must		Column (B) line 10	(c)) •	3 305

Page 3

(a) Description of including name of security (castegory (notion)	Part VII Investments—Other Securitie	s. See Form 990, Part X,	line 12.
(1) Francial derivatives		(b) Book value	
			Cost or end-or-year market value
(3) Other	· · ·	-	
(A)			
(B)	(3) Outer		
(C)			
(5)			
(F)	· · · · · · · · · · · · · · · · · · ·	0	
G	· · · · · · · · · · · · · · · · · · ·	0	
(1) (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	(F)	0	
(1)	(G)	0	
Total			
Investments			
(a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (d) 0 (e) 0 (f) 1 (f) 0 (f) 1 (f)			line 42
(1)			
(2)	(a) Description of investment type	(b) Book value	
(3)	(1)	0	
(4)	(2)	0	
(5)	(3)	0	
(6) (7) 0 0 (8) 0 0 (9) (10) 0 0 (10) 0 0 (10) 0 0 (10) 0 0 (10) 0 0 (10) 0 0 (10) 0 0 (10) 0 0 (10) 0 0 (10) 0 0 (10) 0 0 (10) 0 0 (10) 0 0 (10) 0	(4)	0	
(7)		· — — — — — — — — — — — — — — — — — — —	· · · · · · · · · · · · · · · · · · ·
(8)			
(9) (10) 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(10) Total (Column (b) must equal Form 990, Part X, col. (B) line 13)			
Total (Column (b) must equal Form 990, Part X, col. (B) line 13)			
Part IX			
(a) Description (b) Book value (1) 0 (2) 0 (3) 0 (4) 0 (5) 0 (6) 0 (7) 0 (8) 0 (9) 0 (10) 0 Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) > (0) 0 Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (3) 0 (4) 0 (5) 0 (6) 0 (7) 0 (8) 0 (9) 0 (10) 0 (11) 0	(1) (1) (1) (1)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ 0 Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Funds Held in Trust 3,186 (3) (4) (5) (6) (7) (8) (9) (10) (9) (10) (10) (10) (10) (10) (10) (11)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ 0 Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of hability (b) Book value (1) Federal income taxes 0 (2) Funds Held in Trust 3,186 (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (11)			
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ 0 Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Funds Held in Trust 3,186 (3) 0 (4) 0 (5) 0 (6) 0 (7) 0 (8) 0 (9) (9) 0 (10) 0 (11)	(2)		0
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ 0 Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Funds Held in Trust 3,186 (3) 0 (4) 0 (5) 0 (6) (7) 0 (8) 0 (9) (10) 0 (11)	_(3)		0
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ 0 Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of Itability (b) Book value (1) Federal Income taxes 0 (2) Funds Held in Trust 3,186 (3) (4) (5) (5) (6) (7) (8) (9) (9) (10) (10) (11)	(4)		.0
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ 0 Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Funds Held in Trust 3,186 (3) (4) 0 (5) 0 (6) 0 (7) 0 (8) 0 (9) 0 (10) 0 (11)			0
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ 0 Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Funds Held in Trust 3,186 (3) 0 (4) 0 (5) 0 (6) 0 (7) 0 (8) 0 (9) 0 (10) 0 (11)			
(9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ 0 Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Funds Held in Trust 3,186 (3) 0 (4) 0 (5) 0 (6) 0 (7) 0 (8) 0 (9) 0 (10) 0 (11)			
(10) 0 Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 0 Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Funds Held in Trust 3,186 (3) 0 (4) 0 (5) 0 (6) 0 (7) 0 (8) 0 (9) 0 (10) 0 (11) 0			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 0 Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 0 (2) Funds Held in Trust 3,186 (3) 0 (4) 0 (5) 0 (6) 0 (7) 0 (8) 0 (9) 0 (10) 0 (11) 0			
Part X Other Liabilities. See Form 990, Part X, Inne 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Funds Held in Trust 3,186 (3) (4) 0 0 (5) 0 0 (6) 0 0 (7) 0 0 (8) 0 0 (9) 0 0 (10) 0 0 (11) 0 0		col. (B) line 15.)	
1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Funds Held in Trust 3,186 (3) 0 (4) 0 (5) 0 (6) 0 (7) 0 (8) 0 (9) 0 (10) 0 (11) 0			
(1) Federal income taxes 0 (2) Funds Held in Trust 3,186 (3) 0 (4) 0 (5) 0 (6) 0 (7) 0 (8) 0 (9) 0 (10) 0 (11) 0			
(2) Funds Held in Trust 3,186 (3) 0 (4) 0 (5) 0 (6) 0 (7) 0 (8) 0 (9) 0 (10) 0 (11) 0		0	
(4) 0 (5) 0 (6) 0 (7) 0 (8) 0 (9) 0 (10) 0 (11) 0		3,186	
(5) 0 (6) 0 (7) 0 (8) 0 (9) 0 (10) 0 (11) 0	(3)	0	
(6) 0 (7) 0 (8) 0 (9) 0 (10) 0 (11) 0		0	
(7) 0 (8) 0 (9) 0 (10) 0 (11) 0		0	
(8) 0 (9) 0 (10) 0 (11) 0		0	
(9) (10) (11) 0		0	
(10) (11) 0		0	
(11)		0	
		0	
		3,186	

	fule D (Form 990) 2011		Page 4
`Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tatements	
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	0
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	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	0
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
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 4a 4a		
b	Other (Describe in Part XIV.)	_	
С	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		0
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV.)		_
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)	_	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0
	t XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	. Also complet	e
this	part to provide any additional information.		
	•••••••••••••••••••••••••••••••••••••••		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Attach to Form 990 or 990-EZ. Name of the organization Employer identification number San Diego Grantmakers 33-0868261

Form 990 Part VI Section B Line 11b The Form 990 is reviewed by the Executive Director and
Board of Directors prior to filing
Form 990 Part VI Section B Line 12c All Board members are required annually to acknowledge and
sign the Conflict of Interest Statement
Form 990 Part VI Section B Line 15c Annually, during Executive Session of the Board of
Directors meeting, the Chair presents a formal review and recommended compensation adjustment,
of any, to the Board for approval.Comparability data is presented and shared with the other
members of the board during both executive session and regular board meetings to provide
framework for the recommendation.
Form 990 Part VI Section C Line 19 Governing documents, conflict of interest policy, and
reviewed financial statements are available to the public upon request.