**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) The organization may have to use a copy of this return to satisfy state reporting requirements. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

| <u>A</u>                       | For th      | e 2012 ca   | lendar year, or tax    |                             |  |   | , an            | d ending                              | _                                       |   |   |                                       |
|--------------------------------|-------------|---|------------------------|-----------------------------|--|---|-----------------|---------------------------------------|---|---|---|---------------------------------------|
| В                              | Check if    | applicable:   | C Name of organizat    | lion San Diego              | Grantmakers                            |   |                 | , , , , , , , , , , , , , , , , , , , | D Empl                                  | yer identif                             | ication number                          |                                       |
|                                | Address     | change  | Doing Business A:      |                             |  |   |                 |                                       | 33-0868                                 | 261                                     |   |                                       |
| Ħ                              | Name ch     | -   | Number and street      | t (or P.O. box if mail is n | ot delivered to str                    | eet address)                            | Room/suite      | A                                     | -                                       | rone numbe                              |   | · · · · · · · · · · · · · · · · · · · |
| H                              |             | -   |                        | •                           | or bo                                  | 001 223,022,                            |                 | -                                     | •                                       |   | ,                                       |                                       |
| H                              | Initial ret |   | 5060 Shoreham          |                             |  |   | 350             |                                       | (858) 87                                | 5-3333                                  |   |                                       |
| $\sqcup$                       | Terminal    | ed  |                        | office, state, and ZIP cod  | fe .                                   |   |                 |                                       |   |   |   |                                       |
| Ш                              | Amende      | d return  | San Diego              |                             |  | CA                                      | 9212            | 2                                     | G Gross                                 | receipts \$                             | 54                                      | 15,257                                |
|                                | Applicati   | on pending  | F Name and address     | s of principal officer:     |  |   |                 | H(a) Is                               | this a group                            | return for af                           | fillates? Yes                           | X No                                  |
|                                |             | , -   | Nancy Jamison f        | 5060 Shoreham Pla           | ace. #350. Sa                          | n Diego, CA                             | 92122           | 1 ''                                  | e all affiliate                         |   | Yes                                     | No                                    |
|                                |             |   |                        | 1                           |  | <del></del>                             |                 |                                       | "No," attach                            |   |   |                                       |
|                                | Tax-exen    | ipt status:   | X 501(c)(3)            | 501(c) ( )                  | (insert no.)                           | 4947(a)(1)                              | or 5:           | 27 11                                 | NO, anach                               | a ust. (see i                           | nstructions)                            |                                       |
| <u>J</u>                       | Website     | e: ► ww   | w.sdgrantmakers.       | огд                         |  |   |                 | H(c) Gr                               | oup exempt                              | on number                               | <b>&gt;</b>                             |                                       |
| K                              | Form of o   | rganization:  | X Corporation          | Trust Assoc                 | iation Oth                             | er 🏲                                    |                 | Year of form                          | ation: 19                               | 00 MS                                   | itate of legal domicile:                |                                       |
| twovoimage                     |             | wi  |                        |                             | ************************************** |   |                 | 1 CUI OI IUIIII                       | anon. 19:                               | 99   1110                               | tate of legal bollmolle.                | CA                                    |
|                                | Pantil      |   | mmary                  |                             |  |   |                 |                                       |   |   |   |                                       |
|                                | 1           | -   | _                      | ization's mission o         | -                                      |   |                 | ur Mission                            | is to con                               | nect, edu                               | cate,                                   |                                       |
|                                |             | develop   | and inspire organ      | nized philanthropy t        | o be more ef                           | ective individ                          | lually an       | d                                     |   |   |   |                                       |
| 55                             |             | collectiv   | ely.                   |                             |  |   |                 |                                       |   |   |   |                                       |
| Ë                              |             |   |                        |                             |  |   |                 |                                       |   |   |   |                                       |
| Activities & Governance        | 2           | Check fi  | nis box 🔊 if           | the organization di         | scontinued its                         | onerations                              | or disnos       | ed of mor                             | e than 25                               | % of its n                              | et assets                               |                                       |
| Ğ                              | 3           |   |                        | rs of the governing         |  |   |                 |                                       |   |   | ot aboots.                              | 11                                    |
| 60<br>65                       | 4           |   |                        |                             |  |   |                 |                                       |   |   |   | 14                                    |
| iĝ                             | 1 .         |   |                        | oting members of t          |  |   |                 |                                       |   | 4                                       |   | 14                                    |
| 돯                              | 5           |   |                        | ls employed in cale         |  |   |                 |                                       |   | 5                                       |   | . 6                                   |
| ď                              | 6           |   |                        | s (estimate if nece         |  |   |                 |                                       |   | 6                                       |   | 50                                    |
|                                | 7a          |   |                        | revenue from Part '         |  |   |                 |                                       |   | 7a                                      |   | 0                                     |
|                                | b           | Net unre  | lated business ta      | xable income from           | Form 990-T,                            | line 34 ,   .                           | <i>.</i>        |                                       |   | 7b                                      |   | 0                                     |
|                                |             |   |                        |                             |  | •                                       |                 |                                       | Prior Year                              | ·                                       | Current Year                            |                                       |
| es.                            | 8           | Contribu  | itions and grants (    | (Part VIII, line 1h) .      |  |   |                 |                                       |   | 360,371                                 | 48                                      | 8,958                                 |
| Ē                              | 9           |   |                        | (Part VIII, line 2g)        |  |   |                 |                                       |   | 57,839                                  | 5                                       | 3,887                                 |
| Revenue                        | 10          |   |                        | VIII, column (A), line      |  |   |                 |                                       |   | 1,123                                   |   | 1,061                                 |
| œ                              | 11          |   |                        | column (A), lines 5,        |  |   |                 |                                       |   | 1,388                                   |   | 1,351                                 |
|                                | 12          |   |                        | through 11 (must equ        |  |   |                 |                                       |   | 120,721                                 | *************************************** | 5,257                                 |
|                                | 13          |   |                        | its paid (Part IX, co       |  |   |                 |                                       |   | 0                                       | <u> </u>                                | ···                                   |
|                                |             |   |                        |                             |  |   |                 |                                       |   | <del></del>                             |   | 0                                     |
|                                | 14          | Benefits paid to or for members (Part IX, column (A), line 4) |                        |                             |  |   |                 |                                       | 0                                       |   | 0                                       |                                       |
| S                              | 15          |   |                        |                             |  |   |                 | ·                                     |   | 260,153                                 | 27                                      | 2,706                                 |
| eus                            | 16a         |   |                        | ees (Part IX, colum         |  |   |                 |                                       |   | . 0                                     |   | 0                                     |
| Expenses                       | b           |   |                        | s (Part IX, column          |  |   | 31,1            | 50                                    |   |   |   |                                       |
| ш                              | 17          | Other ex  | penses (Part IX, o     | column (A), lines 1         | 1a–11d, 11f–                           | 24e)                                    |                 |                                       | - 2                                     | 236,981                                 | 22/                                     | 4,082                                 |
|                                | 18          | Total exp   | enses. Add lines       | 13-17 (must equa            | I Part IX, colu                        | ımn (A), line                           | 25)             |                                       | 4                                       | 197,134                                 | 490                                     | 6,788                                 |
|                                | 19          | Revenue   | e less expenses. S     | Subtract line 18 froi       | m line 12                              |   |                 |                                       | , | -76,413                                 | 41                                      | 8,469                                 |
| Net Assets or<br>Fund Balances |             | ******  |                        |                             |  | *************************************** |                 |                                       | ing of Curr                             |   | End of Year                             |                                       |
| 됩                              | 20          | Total ass   | sets (Part X. line 1   | 16)                         |  |   |                 |                                       |   | 06,783                                  | ····                                    | 4,486                                 |
| A Sign                         | 21          |   |                        | ∋ 26)                       |  |   |                 |                                       |   | 14,201                                  |   | 3,435                                 |
| Z,š                            | 22          |   |                        | es. Subtract line 21        |  |   |                 | ·                                     |   | 392,582                                 |   | 1,051                                 |
|                                | nd II       |   |                        | 33. Oublidot line Z i       | nom me 20                              | <del> </del>                            | <u> </u>        | ·                                     |   | 32,302                                  | -1-1                                    | 1,001                                 |
|                                |             |   | nature Block           | examined this return, Incl  | indiae pesamaan                        | dan nebodulas a                         |                 |                                       |   | . Iraquiladas                           | <del></del>                             |                                       |
|                                |             |   |                        | aration of preparer (other  |  |   |                 |                                       |   |   |   |                                       |
|                                |             |   | , 2113 3311p1013) 3301 | realist of property (exits) | 11(0.1) 01.100.1) 10 0                 | aded en en milion                       | 11000011 01 111 | mon prepare                           | 1103 0117 1111                          | orribugu.                               |   |                                       |
| Sig                            | jn          | 🎉 -   | Signature of officer   |                             |  |   |                 |                                       |   |   |   |                                       |
| He                             | re          |   | Signature of officer   |                             |  |   |                 |                                       | Dat                                     | 9                                       |   |                                       |
|                                |             | -   |                        |                             |  | *************************************** |                 |                                       |   | *************************************** |   |                                       |
|                                |             |   | Type or print name and |                             |  |   |                 |                                       |   |   |   |                                       |
|                                |             | Print   | Type preparer's name   |                             | Preparer's sign                        | gture                                   |                 | Date                                  | ₹                                       | Charle [                                | T , PTIN                                |                                       |
| Pai                            |             | l sor   | nard Sonnenberg        |                             | 12 CA                                  | -                                       |                 | <b>?</b>   。,,                        | 6/2013                                  | Check self-emplo                        |   |                                       |
|                                | parer       |   |                        | 0 O- OD:                    | 7 7                                    |   | 7               | <u></u>                               | -                                       | <del></del>                             |   |                                       |
| Us                             | e Only      |   |                        | enberg & Co. CPAs           |  |   |                 |                                       | Firm's EIN                              | ▶ 95-37-4                               |   |                                       |
|                                |             | Firm'   | s address ▶ 5190 (     | Governor Dr, Ste. 2         | 01, San Dieg                           | o, CA 92122                             | <u> </u>        |                                       | Phone no.                               | 858-4                                   | 57-5252                                 |                                       |
| Mav                            | the IR      |   |                        | he preparer shown           |  |   |                 |                                       |   |   | TVI.                                    | No                                    |
|                                | P           |   |                        | F F                         |  |   |                 |                                       |   |   | <u> </u>                                |                                       |

| emana transmission | 990 (2012)                              | San Diego Grantmakers  | 33-0868261                              | Page 2                                  |
|--------------------|---|--|---|---|
| Le                 | rt III                                  | Statement of Program Service Accomplishments   |   |   |
|                    | , | Check if Schedule O contains a response to any question in this Part III   |   |   |
| 1                  |   | escribe the organization's mission:  |   |   |
|                    |   |  |   |   |
|                    | effective                               | individually and collectively.   |   |   |
|                    |   |  |   |   |
|                    | Did the e                               |  |   |   |
| 2                  |   | organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?   | □ v <sub>=</sub>                        | V N                                     |
|                    |   | describe these new services on Schedule O.   | · · L Yes                               | X No                                    |
| 3                  |   | organization cease conducting, or make significant changes in how it conducts, any program   |   |   |
|                    |   | ?  | Yes                                     | X No                                    |
|                    |   | describe these changes on Schedule O.  | 103                                     | <u> </u>                                |
| 4                  |   | the organization's program service accomplishments for each of its three largest program services,   | as measured by                          |   |
|                    |   | s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo  |   |   |
|                    | the total                               | expenses, and revenue, if any, for each program service reported.  |   |   |
|                    |   |  |   |   |
| 4a                 | (Code:                                  | ) (Expenses \$ 385,413 including grants of \$ ) (Revenue   | \$55                                    | ,238 )                                  |
|                    |   | go Grantmakers (SDG) is a membership association of individuals and organizations that   |   |   |
|                    | carry out                               | t \$25,000 or more annually of charitable giving. SDG's membership includes nearly 100   |   |   |
|                    | foundation                              | ons, corporate philanthropy, giving circle, donor advised funds, grantmaking public  |   |   |
|                    | cnarities                               | and government funders. SDG enhances the good work of its members by: Connecting   |   |   |
|                    | granunar                                | kers to each other, connecting grantmakers to knowledge and best practices, facilitating   |   |   |
|                    | work are                                | ation among funders and across sectors, ensuring that organized philanthropy and members' appropriately visible with key leaders, leveraging local philanthropy to help bring more | ****                                    |   |
|                    | resource                                | s to our region Everyles of this work in 2012 includes providing 25  |   |   |
|                    |   | and online learning programs (in addition to an annual conference attended by 150  |   |   |
|                    | grantmak                                | kers), co-hosting an unprecedented forum focused specifically on issues of important to the  |   |   |
|                    | philanthr                               | ania and paparafit gostors with condidatos in the City of Can Disco was seed alcation  |   |   |
|                    | *************************************** |  |   |   |
| 4b                 | (Code:                                  | ) (Expenses \$ including grants of \$ ) (Revenue   | \$                                      | )                                       |
|                    |   | description continued - meeting with government and elected officials as part of the   | *************************************** |   |
|                    |   |  |   |   |
|                    | newslette                               | ers with resources relevant to grantmakers and philanthropy, securing 10 news stories  | ****                                    |   |
|                    | about the                               | work of SD Grantmakers and its members, and facilitating 6 funder collaborations working   | ******                                  |   |
|                    | work-force                              | issues as education, transitioning military veterans, homelessness, fostering youth,<br>be development and prisoner re-entry.  |   |   |
|                    | MOIK-IOIG                               | as development and phisoner re-entry.  |   |   |
|                    |   | ***************************************  |   |   |
|                    |   |  |   |   |
|                    |   |  |   |   |
|                    |   |  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  |   |
|                    |   |  |   |   |
| 4c                 | (Code: _                                | ) (Expenses \$ including grants of \$ ) (Revenue   | \$                                      | )                                       |
|                    |   | ***************************************  |   |   |
|                    |   |  |   |   |
|                    |   |  |   |   |
|                    |   |  |   |   |
|                    |   | ***************************************  |   |   |
|                    |   |  |   |   |
|                    |   | ***************************************  |   |   |
|                    |   |  |   |   |
|                    |   |  |   |   |
|                    |   |  | , <b></b>                               |   |
|                    |   |  |   |   |
| 4d                 | Other pro                               | gram services. (Describe in Schedule O.)   |   | *************************************** |
|                    | (Expense                                | s \$ 0 including grants of \$ 0 ) (Revenue \$  | 0)                                      |   |
| 4e                 | Total pro                               | gram service expenses ▶ 385,413  |   |   |

| Par | t IV Checklist of Required Schedules  |         |     |            |
|-----|---|---------|-----|------------|
|     |   | <b></b> | Yes | No         |
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"           |         |     |            |
|     | complete Schedule A   | 1       | Х   |            |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                       | 2       | Х   |            |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to        |         |     |            |
|     | candidates for public office? If "Yes," complete Schedule C, Part I   | 3       |     | X          |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)           |         |     |            |
|     | election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4       | Х   |            |
| 5   | is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,            |         |     |            |
|     | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,                   |         |     |            |
|     | Part III  | 5       |     |            |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts 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  | 6       |     | X          |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,               |         |     | <u> </u>   |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                    | 7       |     | Х          |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"     | Ť       | 一   | <u> </u>   |
| _   | complete Schedule D, Part III   | 8       | İ   | x          |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a         | -       |     | <u> </u>   |
| ·   | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt       |         |     |            |
|     | negotiation services? If "Yes," complete Schedule D, Part IV  | 9       |     | x          |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted                 | 1       |     | <u> </u>   |
|     | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V                            | 10      |     | X          |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,            | 10      |     | <b> </b> ^ |
| 11  | 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         |         |     |            |
| 1.  | Schedule D, Part VI   | 11a     | Х   |            |
| D   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more            |         |     | ١.,        |
|     | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                | 11b     |     | X          |
| C   | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more             |         |     |            |
|     | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                               | 11c     |     | 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        |         |     |            |
|     | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d     |     | X          |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e     | 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     |     | Х          |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete     |         |     |            |
|     | Schedule D, Parts XI and XII  | 12a     |     | X          |
| 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 and XII is optional             | 12b     |     | Х          |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                       | 13      |     | Х          |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?                             | 14a     |     | X          |
| 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     |     | Х          |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any            |         |     |            |
|     | organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV                | 15      |     | Х          |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance         |         |     |            |
|     | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV                       | 16      | İ   | Х          |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services             |         |     |            |
|     | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).                      | 17      |     | Х          |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on             | ├─┤     |     |            |
|     | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18      |     | Х          |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?            | ┝╩┤     |     |            |
|     | If "Yes," complete Schedule G, Part III   | 19      |     | х          |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                             | 20a     |     | x          |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?            | 20a     |     |            |
|     | n i ve ne mie weg die nie eredijsenen ander a body er it adultat inkantial blatenianta it ink fathii                    | EUU.    | 1   |            |

| 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  | Par | Checklist of Required Schedules (continued)  |      |                |           |
|--|-----|--|------|----------------|-----------|
| in the United States on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II.  21 Did the organization report more than \$5.00 of grants and other assistance to individuals in the United States on Part IX, column (A), line 21 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 3 about compensation of the organization's current and former officers, directors, fusteess, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24 Did the organization has tex-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 \$240 through 24d and complete Schedule J. "In "No," go to time 25.  b Did the organization invest any proceeds of tex-exempt bonds beyond a temporary period exception?  24b Did the organization invest any proceeds of tex-exempt bonds beyond a temporary period exception?  25d Did the organization invest any proceeds of tex-exempt bonds beyond a temporary period exception?  25d Did the organization and act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25d Did the organization and act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25d Use to defease any tex-exempt bonds?  25d Did the organization and act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25d Use to defease any tex-exempt bonds?  25d Did the organization and act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25d Use to defease any tex-exempt bonds?  25d Did the organization and the time aged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization reported person of the organization exemption of prior Forms 990 or  25d Did the organization organization and the organization and the prior   |     |  |      | Yes            | No        |
| 22 Lift the organization report more than \$5.000 of grants and other assistance to individuals in the United States on Part IX. Column (A), line 21 "If "es," 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 answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization to account of more than Sti00,000 so of the last day of the year, that was issued after December 31, 2002? If "Yes," arwayer lines 24th through 24d and complete Schedule IX. If "No," or to line 25.  24d Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 so of the last day of the year, that was issued after December 31, 2002? If "Yes," arwayer lines 24th through 24d and complete Schedule IX. If "No," or to line 25.  25d Did the organization maintain an escrow account other than a refunding escrow at any time during the year of the december 31, 2002? If "Yes," and a secretary tax-exempt bonds?  25d Did the organization as an an on behalf of "issuer for bonds outstanding at any time during the year?  25d Did the organization as an an on behalf of "issuer for bonds outstanding at any time during the year?  25d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction having the year?  25d IX be the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have been reported on any of the organizations prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II.  25d Was a boan to rule of the organization or proproved the organization proproved the organization proproved the organization proproved a grant or other assistance to an officer, director, trustee, key employee, and the proproved proproved the organization organization for the organization organization receive contributions? If   | 21  | Did the organization report more than \$5,000 of grants and other assistance to any government or organization     |      |                |           |
| United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.  22 X  23 Did the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Pes," complete Schedule I, "I was a base to a second to the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Pes," complete Schedule I, "I was a take-xempt 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 240 through 24d and complete Schedule IV, "I'No," go to line 25.  24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Section 501(c)(S) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? "I'ves," complete Schedule I, Part I.  25b X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or disqualified person outstanding as of the end of the organization's tax year? "It "yes," complete Schedule I, Part II.  26 Was the organization a party to a business transaction with one of the following parties (see Schedule I, Part IV.  27 Did the organization provide a grant or other assistance to an officer, director, trustee, or key employee, or disqualified person outstanding as of the enth of the organization's priority Schedule I, Part IV.  28 Was the organization party to a business transaction with one    |     | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                 | 21   |                | Х         |
| 133 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, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  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," anawar lines 24b through 24d and complete Schedule K. If "No," go to line 25.  25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations promise organization provide a grant to ordine assistance to an officer, director, trustee, key employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.  25b Was a loan to or by a current or former officer, director, trustee, key employee, substantial contributor or employee thereof a, grant selection committee member, or to a 53% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee themselves to a grant selection committee member, or to a 53% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV.  28 Was the organization entity to a business transaction with or of the following parties (see Schedule L, Part IV.  29 A mentity of which a current or former officer, direc    | 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the                 |      |                |           |
| organization's current and former officers, directors, rustees, key employees, and highest compensated employees? If "Pes," complete Schedule J.  23 X  24a Did the organization have a tax-exempt bond issue with an outstanding principal emount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Inrugh 24d and complete Schedule K. If "No," or to fine 25.  25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  27 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  28 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  28 Is the organization aver that it engaged in an excess short fit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I.  29 Wes a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part III.  20 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III.  21 X  22 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV.  22 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  23 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  24 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule R.  25 A current or former of    |     | United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                       | 22   |                | Х         |
| employees? If "Yes," complete Schedule J.  23  | 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the                |      |                |           |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b C Did the organization are surface as on "on behalf of "issuer for bonds beyond a temporary period exception?  24c C Did the organization are as "on on behalf of "issuer for bonds outstanding at any time during the year?  24d Did the organization are as "on behalf of "issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule L. Part I.  15b Is the organization avers that It engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E27 "Yes," complete Schedule L. Part I.  25d Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II.  27  |     | organization's current and former officers, directors, trustees, key employees, and highest compensated            |      |                |           |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b C Did the organization are surface as on "on behalf of "issuer for bonds beyond a temporary period exception?  24c C Did the organization are as "on on behalf of "issuer for bonds outstanding at any time during the year?  24d Did the organization are as "on behalf of "issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule L. Part I.  15b Is the organization avers that It engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E27 "Yes," complete Schedule L. Part I.  25d Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II.  27  |     | employees? If "Yes," complete Schedule J   | 23   |                | Х         |
| \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b  c Did the organization maintain an escrow account other than a refunding secrow 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? 25a Section \$01(c)(3) and \$501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations pror Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I.  25b X  Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.  27 Did the organization provide a great or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a great selection committee member, or to a 5% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.  29 A family member of accurrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  29 A family member of accurrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization sell, exc | 24a |  |      |                |           |
| 24b through 24d and complete Schedule K. If "No," go to line 25.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a retunding secrow at any time during the year to defease any tax-exempt bonds?  d Did the organization at as an "on behalf of "issuer for bonds outstanding at any time during the year?  24d  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person on a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-127 If "Yes," complete Schedule L, Part I.  25c Vas a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.  25b X.  26 Was a loan to or by a current or former officer, director, trustee, key employee, substantial contributor or employee thereof, a greant 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.  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28 A nealtly of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I. Part IV.  29 Did the organization of creeky employee of or a family member thereof) was an officer, director, trustee, or key employee (or a family    |     |  |      |                |           |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  C Did the organization antimatian an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d 25s Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  5 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I.  25 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.  26 X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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 aptive to a business transaction with one of the following parties (see Schedule L, Part IV.  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28 A nearly of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization related to any tax-exempt or tax-based entity if "Yes," complete Schedule N, Part I.  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its n    |     |  | 24a  |                | х         |
| c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.  d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | b   |  |      | i              |           |
| to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule t., Part I.  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II.  25b X  26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part III.  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.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.  28 Vas the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV.  29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M.  29 X  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II.  30 Did the organization own 100% of an entity disrega    |     |  |      |                |           |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person on the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I.  26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tay very? If "Yes," complete Schedule L, Part II.  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.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.  28 Lyant IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28 Cyantee of the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M.  30 Did the organization on liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule R.  31 Did the organization on of the organization receive any payment from or  | _   |  | 24c  |                |           |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  25a X  25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.  25b X  25c Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.  26  X  27  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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.  28  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  29  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part II.  30  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  31  If "Yes," complete Schedule N, Part II.  32  Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II.  33  If Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," c    | d   |  | 1    |                |           |
| with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.  25b  |     |  | 2-70 |                |           |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2" if "Yes," complete Schedule L, Part I.  25b X  26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.  26 X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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.  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28 Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I.  20 Did the organization shall, exchange, dispose of, or transfer more than 25% of its net assets?  21 If "Yes," complete Schedule N, Part II.  22 Did the organization will oliquidate, terminate, or dissolve and casse operations? If "Yes," complete Schedule N, Part I.  23 Did the organization will oliquidate, terminate, or dissolve and casse operations? If "Yes," complete Schedule N, Part II.  24 Was the organization will oliquidate, terminate, or dissolve and casse operations? If "Yes," complete Schedule R, Part II.  25 Did the organization was a controlled entity within the meanin   |     |  | 252  |                | v         |
| prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I .  25b  | h   |  | 200  |                |           |
| 990-EZ? If "Yes," complete Schedule L, Part I.  Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.  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.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 X  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.  31 Did the organization with Yes, "complete Schedule R, Part II.  32 Ji Did the organization on the part II.  33 Did the organization netated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Sch    |     | , , , ,  |      |                |           |
| Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.  26  X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.  28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 X  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-37 If "Yes," complete Schedule R, Part I.  31 Did the organization nave a controlled entity within the meaning of section 512(b)(13)?  32 Did the organization have a controlled entity within the meaning of section 512(b)(13)?    |     |  | 0.51 |                | v         |
| disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26  | 26  | ·  | 200  |                |           |
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| 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 filling thresholds, conditions, and exceptions):  a 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  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 X  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II.  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II.  32 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 II.  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations the organization make any transfer   | 27  |  | 26   |                | <u> </u>  |
| entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a 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  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II.  31 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.  31 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,  32 III, or IV, and Part V, line 1  33 AX  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organization receive any payment from or engage in any transaction with a controlled organization with a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization    | 21  |  |      |                |           |
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| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  c 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.  28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  32 If "Yes," complete Schedule N, Part II.  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, Part II,  III, or IV, and Part V, line 1.  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization. Pir'es," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purp    |     | · · · · · · · · · · · · · · · · · · ·  |      |                |           |
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| conservation contributions? If "Yes," complete Schedule M  | 29  |  | 29   |                | <u> </u>  |
| Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 30  |  |      |                |           |
| Part I   |     | •  | 30   |                | Х         |
| Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II  | 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,        |      | -              |           |
| If "Yes," complete Schedule N, Part II   |     |  | 31   |                | X         |
| 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   | 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?                      |      |                |           |
| sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  |     |  | 32   |                | Х         |
| Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   | 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations         |      |                |           |
| III, or IV, and Part V, line 1   |     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33   | ļ              | Х         |
| Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,          |      |                |           |
| b If "Yes" to line 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  |     | III, or IV, and Part V, line 1   | 34   |                | Х         |
| entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                            | 35a  |                | Х         |
| entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled |      |                |           |
| 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   |     |  | 35b  |                |           |
| organization? If "Yes," complete Schedule R, Part V, line 2  | 36  |  |      |                |           |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   |     |  | 36   | -              | Х         |
| and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part  VI  | 37  | •  |      | $\neg \dagger$ |           |
| VI   |     |  |      | -              |           |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and  |     |  | 37   |                | Х         |
|  | 38  |  |      | _              | ••        |
|  |     |  | 38   | $_{\rm x}$     |           |

|            | San Diego Grantinakeis SS-00   | 00020      | )           | Page :               |
|------------|--|------------|-------------|----------------------|
| Pa         | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V                         |            |             |                      |
|            |  |            | Yes         | No.                  |
| 1a         | · · · · · · · · · · · · · · · · · · ·  | 2          |             |                      |
| b          | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | 의          |             |                      |
| С          | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 10         | s X         |                      |
| 2a         | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |            |             |                      |
|            |  | 6          |             |                      |
| b          | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 21         | ) X         | Olice Verbelandstand |
| _          | 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?  | 3          | _;          | <u> </u>             |
| b          | if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | 31         | 2           | _                    |
| <b>4</b> a | 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   | ۱.         | _           |                      |
| b          | account)?  | 48         | 1           | <u> </u>             |
| U          | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |            |             |                      |
| 5a         | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 58         |             | X                    |
| b          | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 51         |             | X                    |
| C          | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 50         |             | 1                    |
| 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 as charitable contributions?   | 68         | ,           | X                    |
| b          | If "Yes," did the organization include with every solicitation an express statement that such contributions or   |            |             |                      |
|            | gifts were not tax deductible?   | 61         | <u> </u>    |                      |
| 7          | Organizations that may receive deductible contributions under section 170(c).  |            |             |                      |
| а          | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods  |            |             |                      |
|            | and services provided to the payor?  | 78         |             | <u> </u>             |
| b          | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7 <u>t</u> | )           |                      |
| С          | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                     | 70         | ;           | x                    |
| d          | If "Yes," indicate the number of Forms 8282 filed during the year  |            |             |                      |
| 0          | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7€         | <del></del> | X                    |
| f          | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 71         | _           | <u> </u>             |
| g          | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                         | 7€         |             | ┦—                   |
| h          | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                       | 71         | 1           |                      |
| 8          | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting  |            | 0.59        | 0.00                 |
|            | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring   |            |             |                      |
| 9          | organization, have excess business holdings at any time during the year?   | 8          |             |                      |
| a          | Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?                       | 98         |             |                      |
| b          | Did the organization make a distribution to a donor, donor advisor, or related person?   | 9b         |             | ╫                    |
| 10         | Section 501(c)(7) organizations. Enter:  | 31         |             | 1                    |
| а          | Initiation fees and capital contributions included on Part VIII, line 12   |            |             |                      |
| b          | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  |            |             |                      |
| 11         | Section 501(c)(12) organizations. Enter:   |            |             |                      |
| а          | Gross income from members or shareholders  |            |             |                      |
| b          | Gross income from other sources (Do not net amounts due or paid to other sources   |            |             |                      |
|            | against amounts due or received from them.)  |            |             |                      |
| 12a        | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12         | a           |                      |
| þ          | if "Yes," enter the amount of tax-exempt interest received or accrued during the year  |            | 2000        |                      |
| 13         | Section 501(c)(29) qualified nonprofit health insurance issuers.   |            |             |                      |
| а          | Is the organization licensed to issue qualified health plans in more than one state?   | 13         | 3           | Syl Control of the   |
|            | Note. See the instructions for additional information the organization must report on Schedule O.  |            |             |                      |
| b          | Enter the amount of reserves the organization is required to maintain by the states in which   |            |             |                      |
| _          | the organization is licensed to issue qualified health plans   | -          |             |                      |
| с<br>14а   | Enter the amount of reserves on hand   | 14:        |             | X                    |
| .74        | end and disgrammental received any payments for industrial tender duffing the tax years.   | 140        | 2           | ^_                   |

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .

Part VI

| Sec  | tion A. Governing Body and Management  |                                       |        |      |                    |                 |
|------|--|---------------------------------------|--------|------|--------------------|-----------------|
|      |  | 1.                                    | 1888   |      | Yes                | No              |
| 1a   | Enter the number of voting members of the governing body at the end of the tax year                          | 1a                                    | 14     |      |                    |                 |
|      | 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                           |                                       | 14     |      |                    |                 |
| 2    | Did any officer, director, trustee, or key employee have a family relationship or a business relation        |                                       |        |      |                    |                 |
|      | any other officer, director, trustee, or key employee?   |                                       |        | 2    |                    | Х               |
| 3    | Did the organization delegate control over management duties customarily performed by or under               |                                       | 1      |      |                    |                 |
|      | supervision of officers, directors, or trustees, or key employees to a management company or other           |                                       |        | 3    |                    | Х               |
| 4    | Did the organization make any significant changes to its governing documents since the prior Form 990 w      |                                       | _      | 4    |                    | Χ               |
| 5    | Did the organization become aware during the year of a significant diversion of the organization's           |                                       |        | 5    |                    | <u> </u>        |
| 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 elect or              |                                       |        | ı    |                    |                 |
|      | one or more members of the governing body?   |                                       | 7      | 'a   |                    | Х               |
| b    | Are any governance decisions of the organization reserved to (or subject to approval by) members             | 5,                                    |        |      |                    |                 |
|      | stockholders, or persons other than the governing body?  |                                       | 7      | b d  |                    | X               |
| 8    | Did the organization contemporaneously document the meetings held or written actions undertake               | n during                              |        |      |                    |                 |
|      | the year by the following:   |                                       |        |      |                    |                 |
| а    | The governing body?  |                                       | 8      | a    | Х                  |                 |
| b    | Each committee with authority to act on behalf of the governing body?  |                                       | 8      | b    | <b>X</b>           |                 |
| 9    | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be        | eached                                | l      |      |                    |                 |
|      | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.              | <u> </u>                              | .   9  | 9    |                    | Х               |
| Sect | ion B. Policies (This Section B requests information about policies not required by the                      | Internal Revenue                      | e Coc  | de.) |                    |                 |
|      |  |                                       | _      | _    | Yes                | No              |
| 10a  | Did the organization have local chapters, branches, or affiliates?   |                                       | 10     | Da   |                    | <u> </u>        |
| b    | If "Yes," did the organization have written policies and procedures governing the activities of such         |                                       |        |      |                    |                 |
|      | affiliates, and branches to ensure their operations are consistent with the organization's exempt pu         | •                                     |        | 0b   |                    |                 |
| 11a  | Has the organization provided a complete copy of this Form 990 to all members of its governing body before   | re filing the form?.                  | 11     | la   | X                  | *****           |
| 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                      |                                       |        |      | X                  |                 |
| b    | Were officers, directors, or trustees, and key employees required to disclose annually interests that could  |                                       | 12     | 2b   | Х                  |                 |
| C    | Did the organization regularly and consistently monitor and enforce compliance with the policy? If           |                                       |        |      |                    |                 |
|      | describe in Schedule O how this was done   |                                       |        |      | X                  |                 |
| 13   | Did the organization have a written whistleblower policy?  |                                       |        | 3    | X                  |                 |
| 14   | Did the organization have a written document retention and destruction policy?                               |                                       | . 1    | 4    | X                  |                 |
| 15   | Did the process for determining compensation of the following persons include a review and appro             |                                       |        |      |                    |                 |
|      | independent persons, comparability data, and contemporaneous substantiation of the deliberation              | and decision?                         | Q2.00  |      |                    |                 |
| а    | The organization's CEO, Executive Director, or top management official                                       |                                       |        |      | X                  | ····            |
| b    | Other officers or key employees of the organization  |                                       | 15     | 5b   | X                  | language (1875) |
|      | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                          |                                       |        |      |                    |                 |
| 16a  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang    |                                       |        |      |                    |                 |
|      | with a taxable entity during the year?   |                                       | 16     | 3a   | A SAME OF STATE OF | Х               |
| b    | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation |                                       |        |      |                    |                 |
|      | participation in joint venture arrangements under applicable federal tax law, and take steps to safe         |                                       | 550    |      |                    |                 |
|      | the organization's exempt status with respect to such arrangements?  |                                       | 16     | b    |                    |                 |
|      | on C. Disclosure   |                                       |        |      |                    |                 |
| 17   | List the states with which a copy of this Form 990 is required to be filed CA                                | 777                                   |        |      |                    |                 |
| 18   | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990           | J-1 (Section 501(c)                   | (3)s o | nly) |                    |                 |
|      | available for public inspection. Indicate how you made these available. Check all that apply.                |                                       |        |      |                    |                 |
| 10   |  | plain in Schedule C                   | 1)     |      |                    |                 |
| 19   | Describe in Schedule O whether (and if so, how), the organization made its governing documents,              | conflict of interest                  |        |      |                    |                 |
| ٥0   | policy, and financial statements available to the public during the tax year.                                | ـــــــــــــــــــــــــــــــــــــ |        |      |                    |                 |
| 20   | State the name, physical address, and telephone number of the person who possesses the books                 | (000) 000                             | 2222   |      |                    |                 |
|      | organization: ► Nancy Jamison  5060 Shoreham Place #350, San Diego, CA 92122                                 | (858) 875-                            | 2222   |      |                    |                 |
|      | 5000 Shorehalli Flade #300, 38H Diego, CA 82122  |                                       |        |      |                    |                 |

| Form 990 (2012)  | San Diego Grantmakers   |   |                                       |                              |                                |                             |                                      |                         |   | 33-08682   | 261 Page <b>7</b>  |
|--|---|---|---------------------------------------|------------------------------|--------------------------------|-----------------------------|--------------------------------------|-------------------------|---|--|--|
| Part VII   | Compensation of Officers, Dire<br>Employees, and Independent C<br>Check if Schedule O contains a  | Contractors   | -                                     | •                            |                                | •                           | •                                    |                         |   |  |  |
| Section A.   | Officers, Directors, Trustees, Key E  | imployees, and  | High                                  | est                          | Co                             | mpe                         | ensat                                | ed l                    | Employees   |  |  |
| organization's   | -   | ·   | ·                                     |                              |                                |                             |                                      |                         | , ,   |  |  |
| of compensati List all o List the high   | of the organization's current officers, don. Enter -0- in columns (D), (E), and (of the organization's current key emploorganization's five current highest correportable compensation (Box 5 of Fornd any related organizations. | F) if no compens<br>byees, if any. Se<br>npensated emple                                | satior<br>e insi<br>oyee:             | n wa<br>ruct<br>s (ot        | is pa<br>ions<br>ther          | aid.<br>s for<br>tha        | defir<br>n an d                      | itior<br>offic          | n of "key employ<br>er, director, trust                           | ee."<br>iee, or key emplo  | oyee)  |
| List all corganization, related by the corganization, related by the compensated by the c | of the organization's former officers, ke eportable compensation from the organization's former directors on the organization's former directors on the following order: individual trustees employees; and former such persons.  | vization and any<br>or trustees that<br>ensation from the<br>or directors; ins          | relate<br>recei<br>e orga<br>stitutio | ed o<br>ved,<br>aniz<br>onal | rgar<br>, in t<br>atio<br>trus | niza<br>the<br>n ar<br>stee | tions.<br>capad<br>nd any<br>s; offi | city :<br>y rel<br>cers | as a former direct<br>ated organizations; key employees           | ctor or trustee of<br>ns.<br>s; highest                                | the  |
|  | (A)<br>Name and Tille   | (B) Average hours per week (list any hours for related organizations below dotted line) | box,                                  | unle:<br>er an               | Pos<br>heck<br>ss pe           | rson                        | the of employee                      | an                      | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| (1) Kathy P  |   | 2.00  |                                       |                              |                                |                             |                                      | ·                       |   |  |  |
| mmediate Pas   |   | 0.00  | Х                                     | <u> </u>                     | Х                              | _                           |                                      |                         |   |  |  |
| (2) Chris W  | eii   | 2.00  | v                                     |                              | Ų                              |                             |                                      |                         |   |  | !  |
| reasurer<br>(3) Renata l   | Hron Gomez  | 0.00<br>2.00  | X                                     | _                            | X                              |                             |                                      |                         |   | <u></u>  |  |
|  |   |   | 1                                     | 1                            | F                              | 1                           | l l                                  |                         |   |  |  |

| Name and The                | hours per  |                                   |                       |         | lirant       | ı ıs botr<br>or/trust        | 66     | compensation                                   | compensation                                     | Estimated amount of   |
|-----------------------------|--|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|---|
|                             | week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) Kathy Patoff            | 2.00   |                                   |                       |         |              |                              |        |  |  |   |
| Immediate Past Chair        | 0.00   | Х                                 |                       | Х       |              |                              |        |  |  |   |
| (2) Chris Weil              | 2.00   |                                   |                       |         |              |                              |        |  |  |   |
| Treasurer                   | 0.00   | X                                 |                       | Х       |              |                              |        |  |  |   |
| (3) Renata Hron Gomez       | 2.00   |                                   |                       |         |              |                              |        |  |  |   |
| Chair                       | 0.00   | Х                                 |                       | Х       |              |                              |        |  |  |   |
| (4) Murray Galinson         | 1.00   |                                   |                       |         |              |                              |        |  |  |   |
| Director                    | 0.00   | Х                                 |                       |         |              |                              |        |  |  |   |
| (5) Mary Herron             | 1.00   |                                   |                       |         |              |                              |        |  |  |   |
| Director                    | 0.00   | Х                                 |                       |         |              |                              |        |  |  |   |
| (6) Janine Mason            | 2.00   |                                   |                       |         |              |                              |        |  |  |   |
| Secretary                   | 0.00   | Х                                 |                       | Х       |              |                              |        |  |  |   |
| (7) Connie Matsui           | 1.00   |                                   |                       |         |              |                              |        |  |  |   |
| Director                    | 0.00   | Х                                 |                       |         |              |                              |        |  |  |   |
| (8) Charlene Seidle         | 1.00   |                                   |                       |         |              |                              |        |  |  |   |
| Director                    | 0.00   | Х                                 |                       |         |              |                              |        |  |  |   |
| (9) Roque Barros            | 1.00   |                                   |                       |         |              |                              |        |  |  |   |
| Director                    | 0.00   | X                                 |                       |         |              |                              |        |  |  |   |
| (10) John Fanestil          | 1.00   |                                   |                       |         |              |                              |        |  |  |   |
| Director                    | 0.00   | Х                                 |                       |         |              |                              |        |  |  |   |
| (11) Christy Wilson         | 1.00   |                                   |                       |         |              |                              |        |  |  |   |
| Director                    | 0.00   | _X                                |                       |         |              |                              |        |  |  |   |
| (12) Paula Cordeiro         | 1.00   |                                   |                       |         |              |                              |        |  |  |   |
| Director                    | 0.00   | Х                                 |                       |         |              |                              |        |  |  |   |
| (13) Beatriz Palomino Young | 1.00   |                                   |                       |         |              |                              |        |  |  |   |
| Director                    | 0.00   | Х                                 |                       |         |              |                              |        |  |  |   |
| (14) David Lynn             | 1.00   |                                   |                       |         |              |                              | Ī      |  |  |   |
| Director                    | 0.00   | Х                                 |                       |         |              |                              |        |  |  |   |

| Complete  | Pa    | ant VII     | Section A. Officers, Directors, Tr   | ustees, Key Em                        | ploy   | ees,         | an       | d Hi         | ighes  | it C | ompensated En                           | nployees (contir | nued)         |
|--|-------|-------------|--|---------------------------------------|--|--------------|----------|--------------|--|------|---|------------------|---------------|
| Name and title   Notes per   |       |             |  |                                       |  |              | Pos      | C)<br>sition |  |      |   |                  |               |
| List   Briefand Wagner   1,00  |       |             |  |                                       | 1 '  |              |          |              |  |      |   |                  |               |
| 1,00   |       |             |  | hours per<br>week (list any           | offic  | er an        |          | lirect       | or/trus  | lee) |   |                  |               |
| 1,00   |       |             |  | hours for                             | 말했   | nstit:       | 떒        | §            |  | 9    | the                                     | organizations    | compensation  |
| 1,00   |       |             |  | related organizations                 | Tect   | l iii        | ਰ        | due          | est c  | 펵    |   | (W-2/1099-MISC)  | B.            |
| 1,00   |       |             |  | below dotted                          | 9 =  | 18           |          | loye         | e ji   |      | (,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                  | and related   |
| 1,00   |       |             |  | line)                                 | stee   | l Ste        | ٠        | Œ            | æns  |      |   |                  | organizations |
| 1,00   |       |             |  |                                       |  | 1 65         |          |              | ated   |      |   |                  |               |
| 15  Narry Jemison  | /15\  | Briana W    | 2000   | 1 00                                  | <del>                                     </del> | <del> </del> |          |              |  |      |   |                  |               |
| (16) Manry Jamison   |       |             | agriei   |                                       | 1  |              |          |              |  |      |   |                  |               |
| Sub-total  |       |             | mison  |                                       |  | 一            | $\vdash$ | $\vdash$     | <del>                                     </del> |      |   |                  |               |
| (18) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (26) (27) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (26) (27) (27) (28) (28) (29) (29) (20) (20) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (26) (27) (26) (27) (27) (28) (29) (20) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (26) (27) (27) (27) (28) (29) (20) (20) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (26) (27) (27) (27) (27) (28) (29) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (27) (27) (27) (27) (27) (27  | Execu | utive Direc | tor  |                                       | 1  |              | х        |              |  |      | 85,659                                  |                  |               |
| [29]  [20]  [21]  [22]  [23]  [24]  [25]  [25]  [25]  [25]  [26]  [27]  [28]  [28]  [28]  [29]  [29]  [29]  [29]  [20]  [20]  [20]  [21]  [22]  [22]  [23]  [24]  [25]  [25]  [25]  [26]  [27]  [28]  [28]  [28]  [29]  [29]  [29]  [20]  [20]  [20]  [20]  [20]  [21]  [22]  [22]  [22]  [23]  [24]  [25]  [25]  [26]  [27]  [28]  [28]  [29]  [29]  [20]  [20]  [20]  [22]  [22]  [22]  [23]  [24]  [25]  [25]  [26]  [27]  [28]  [28]  [29]  [29]  [20]  [20]  [20]  [22]  [22]  [22]  [23]  [24]  [25]  [25]  [26]  [27]  [28]  [28]  [29]  [29]  [20]  [20]  [20]  [22]  [22]  [22]  [23]  [24]  [25]  [25]  [26]  [27]  [28]  [29]  [29]  [20]  [20]  [20]  [20]  [20]  [20]  [22]  [22]  [22]  [23]  [24]  [24]  [25]  [25]  [26]  [27]  [28]  [29]  [20]  [20]  [20]  [20]  [20]  [21]  [22]  [22]  [22]  [23]  [24]  [24]  [25]  [25]  [26]  [27]  [28]  [29]  [29]  [20] | (17)  | ~~~~~       |  |                                       |  |              |          |              |  |      |   |                  |               |
| [29]  [20]  [21]  [22]  [23]  [24]  [25]  [25]  [25]  [25]  [26]  [27]  [28]  [28]  [28]  [29]  [29]  [29]  [29]  [20]  [20]  [20]  [21]  [22]  [22]  [23]  [24]  [25]  [25]  [25]  [26]  [27]  [28]  [28]  [28]  [29]  [29]  [29]  [20]  [20]  [20]  [20]  [20]  [21]  [22]  [22]  [22]  [23]  [24]  [25]  [25]  [26]  [27]  [28]  [28]  [29]  [29]  [20]  [20]  [20]  [22]  [22]  [22]  [23]  [24]  [25]  [25]  [26]  [27]  [28]  [28]  [29]  [29]  [20]  [20]  [20]  [22]  [22]  [22]  [23]  [24]  [25]  [25]  [26]  [27]  [28]  [28]  [29]  [29]  [20]  [20]  [20]  [22]  [22]  [22]  [23]  [24]  [25]  [25]  [26]  [27]  [28]  [29]  [29]  [20]  [20]  [20]  [20]  [20]  [20]  [22]  [22]  [22]  [23]  [24]  [24]  [25]  [25]  [26]  [27]  [28]  [29]  [20]  [20]  [20]  [20]  [20]  [21]  [22]  [22]  [22]  [23]  [24]  [24]  [25]  [25]  [26]  [27]  [28]  [29]  [29]  [20] |       |             |  |                                       | ļ  | ļ            | _        |              |  |      |   |                  |               |
| (22)  (23)  (24)  (25)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (20)  (20)  (20)  (20)  (20)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (20)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (28)  (29)  (29)  (20)  (20)  (20)  (21)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (29)  (20)  (21)  (24)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (20) | (18)  |             | ***************************************  | ļ                                     |  |              |          |              |  |      |   |                  |               |
| (22)  (23)  (24)  (25)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (29)  (20)  (20)  (20)  (20)  (20)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (20)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (28)  (29)  (29)  (20)  (20)  (20)  (21)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (29)  (20)  (21)  (24)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (20) | (40)  |             |  |                                       | <u> </u>   |              |          | _            |  |      |   |                  |               |
| (22)   (23)   (24)   (25)    | (19)  |             |  | <b> </b>                              |  |              |          |              |  |      |   |                  |               |
| (22)   (23)   (24)   (25)    | (20)  |             |  | <del> </del>                          |  |              |          |              |  |      |   |                  |               |
| (23)   | .\==1 | *****       |  |                                       |  |              |          |              |  |      |   |                  |               |
| (23)   | (21)  |             | ,  |                                       |  | ļ            |          |              |  |      |   |                  |               |
| (23)   |       |             |  |                                       |  |              |          |              |  |      |   |                  |               |
| (23)   | (22)  |             |  |                                       |  |              |          |              |  |      |   |                  |               |
| (24)   Sub-total         |             |  |                                       |  |              |          |              |  |      |   |                  |               |
| Sub-total  | (23)  |             |  |                                       |  |              |          |              |  |      |   |                  |               |
| Sub-total  | (0.4) |             |  |                                       |  |              | -        |              |  |      |   |                  |               |
| 1b Sub-total   | (24)  |             |  |                                       |  |              |          |              |  |      |   |                  |               |
| 1b Sub-total   | (25)  |             |  |                                       |  |              |          |              |  |      |   |                  |               |
| Total from continuation sheets to Part VII, Section A .  | 7571  |             |  |                                       |  |              |          |              |  |      |   |                  |               |
| Total from continuation sheets to Part VII, Section A.   | 1b    | Sub-total   |  |                                       |  | . ,          |          |              | <del>'</del>                                     | ▶ .  | 85,659                                  | 0                | 0             |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  | C     | Total fron  | n continuation sheets to Part VII, S   | ection A                              |  |              |          |              |  | ▶    |   | 0                | 0             |
| reportable compensation from the organization  |       |             |  |                                       |  |              |          |              |  |      |   |                  | 0             |
| Vest   No  |       |             | ,  |                                       | ted a  |              | ,        | /ho          | recei  | ved  | more than \$100                         | ,000 of          |               |
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  5 Exection B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  (B)  Description of services  (C)  Compensation  0  0  10  10  10  10  10  10  10  10  |       | reportable  | compensation from the organization   | <u></u>                               |  |              | 0        |              |  |      | <del></del>                             |                  | 1             |
| employee on line 1a? If "Yes," complete Schedule J for such individual   | 9     | Did the ex  |  |                                       |  |              |          |              | !_!  | 4    |   | ı                | Yes No        |
| For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual   |       |             |  |                                       |  |              |          |              | _  |      |   |                  |               |
| the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual   |       |             |  |                                       |  |              |          |              |  | •    |   |                  | 3   ^         |
| individual   |       |             |  |                                       |  |              |          |              |  |      |   |                  |               |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person   |       | -           |  | itel triali \$100,00                  | 0: 11  | 16           | o, (     | JUIT         | hiere  | 36   | redule 3 for Such                       | '                |               |
| for services rendered to the organization? If "Yes," complete Schedule J for such person   |       |             |  | ue componention                       | fron   | ,<br>        |          | ,<br>aroli   | ntad i   |      | nization or indivi                      | idual            |               |
| Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (A)  (B)  (C)  Compensation  Compensation  O  O  O  Total number of independent contractors (including but not limited to those listed above) who received   |       |             |  |                                       |  |              |          |              |  |      |   |                  | 5 X           |
| Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Description of services  O  O  O  Total number of independent contractors (including but not limited to those listed above) who received   |       |             |  | ,,                                    |  |              | ,        | <del></del>  |  |      |   |                  |               |
| year.  (A) Name and business address  Description of services  Compensation  O  O  Total number of independent contractors (including but not limited to those listed above) who received  | 1     | Complete    | this table for your five highest compe   |                                       |  |              |          |              |  |      |   |                  |               |
| (A) Name and business address  Description of services  O  O  O  Total number of independent contractors (including but not limited to those listed above) who received  | (     | compensa    | ition from the organization. Report co   | mpensation for t                      | ne ca  | ilend        | lar y    | /ear         | r endi   | ng ' | with or within the                      | organization's t | ax            |
| Name and business address  Description of services  O  O  O  O  O  O  O  O  O  O  O  O  O  |       | year.       | THE PROPERTY OF THE PROPERTY O |                                       |  |              |          |              |  |      |   |                  |               |
| 2 Total number of independent contractors (including but not limited to those listed above) who received   |       |             |  | race.                                 |  |              |          |              | i  |      |   | ions C           |               |
| 2 Total number of independent contractors (including but not limited to those listed above) who received   |       |             | Maine and Desiress 800   |                                       | ***  |              | -        |              |  |      | Description of Serv                     | LOS C            |               |
| 2 Total number of independent contractors (including but not limited to those listed above) who received   |       |             | TAN THINK BURNANIE   | · · · · · · · · · · · · · · · · · · · |  |              |          |              |  |      |   |                  |               |
| 2 Total number of independent contractors (including but not limited to those listed above) who received   |       |             |  |                                       |  |              |          |              |  |      |   | -                |               |
| 2 Total number of independent contractors (including but not limited to those listed above) who received   |       |             |  |                                       |  |              |          |              |  |      |   |                  |               |
|  |       |             |  |                                       |  |              |          |              |  |      |   |                  |               |
|  |       |             |  | -                                     | ed to  | thos         | se li    | stec         | abo  | ve)  | who received                            |                  |               |

Part VIII Statement of Revenue

|   |              | Check if Schedule O contains  | a response to  | any question in t | his Part VIII        |  |   | · · ·   |
|---|--------------|---|----------------|-------------------|----------------------|--|---|---|
|   |              |   |                |                   | (A)<br>Total revenue | (B) Related or exempt function revenue   | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| g g   | 1a           | Federated campaigns   | <u>1a</u>      | ı C               |                      |  |   |   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | b            | Membership dues   | <u>16</u>      | 174,463           |                      |  |   |   |
| . G   | С            | Fundraising events  | 1c             | C                 |                      |  |   |   |
| ar A  | d            | Related organizations   | 1d             |                   |                      |  |   |   |
| s, G  | e            | Government grants (contribution:  | s) 1e          | 0                 |                      |  |   |   |
| r Si  | f            | All other contributions, gifts, gran  |                |                   |                      |  |   |   |
| 百   |              | similar amounts not included abo  |                | 314,495           |                      |  |   |   |
| E C   | g            | Noncash contributions included in li  |                | 0                 | 7                    |  |   |   |
| ರ ಕ   | h            | Total. Add lines 1a-1f  |                |                   | 488.958              |  |   |   |
| <u></u>   | <del>"</del> | Total Tital |                | Business Code     | 100,000              |  |   |   |
| Program Service Revenue                                   | 2a           | Conference Attendee Fees  |                | 900099            | 10,687               | 10,687   |   |   |
| ě   | b            |   |                | 900099            | 43,200               |  |   |   |
| ě.  | _            |   |                | 300033            | 43,200               | <del></del>  |   |   |
| ₹.  | C            |   |                |                   |                      | <del> </del>   |   |   |
| Š   | d            |   |                |                   | 0                    | -  |   |   |
| E E   | 6            |   |                |                   | 0                    |  | <u> </u>                                |   |
| <u>5</u>  | T            | All other program service revenu  |                |                   | 0                    | and College Control of College and College |   |   |
| Ω.  | g            | Total. Add lines 2a–2f  |                |                   | 53,887               |  |   |   |
|   | 3            | Investment income (including div  |                |                   |                      |  |   |   |
|   |              | other similar amounts)  |                |                   | 1,061                | <del></del>  |   | 1,061   |
|   | 4            | Income from investment of tax-ex  | •              |                   | 0                    | <del></del>  |   |   |
|   | 5            | Royalties   |                | <u> &gt; </u>     | 0                    |  |   |   |
|   |              |   | (I) Real       | (II) Personal     | 0.000                |  |   |   |
|   | 6a           | Gross rents   |                |                   |                      | 0.000  |   |   |
|   | b            | Less: rental expenses   | .,.            |                   |                      | 13 2 3 6 6 6 6   |   |   |
|   | C            | Rental income or (loss)   | C              | 0                 |                      |  |   |   |
|   | d            | Net rental income or (loss)   |                | >                 | 0                    |  |   |   |
|   | 7a           | Gross amount from sales of  | (i) Securities | (ii) Other        |                      |  |   |   |
|   |              | assets other than inventory   | O              | 0                 |                      |  |   |   |
|   | b            | Less: cost or other basis   |                |                   |                      |  |   |   |
|   |              | and sales expenses  | a              | 0                 |                      |  |   |   |
|   | C            | Gain or (loss)  | C              | 0                 |                      | 5.0000000  | 6.6 (6.6) (6.6) (6.6)                   |   |
|   | d            | Net gain or (loss)  |                |                   | 1 0                  |  |   |   |
|   |              | 3   |                |                   |                      |  |   |   |
| nue   | 8a           | Gross income from fundraising   |                |                   |                      |  |   | 3 6 6 6 6   |
| ᇙ   |              | events (not including \$  | 0              |                   |                      | 5 (C. C.   |   | Augusta and   |
| ě   |              | of contributions reported on line 1   | c).            |                   | 6.00                 |  |   | Succession (Succession Co.)                                   |
| F 1   |              | See Part IV, line 18  |                | 1 0               |                      |  |   |   |
| Other Reve  | b            | Less: direct expenses   |                | 0                 | 1                    |  |   |   |
| ō   | C            | Net income or (loss) from fundrai   |                | <u> </u>          | 0                    | 0.000  |   |   |
|   | 9a           | Gross income from gaming activi   | -              |                   | 0                    | ne dos electros estados agos   |   |   |
|   | Ja           | See Part IV, line 19  |                | l 0               |                      |  |   |   |
|   | b            | Less: direct expenses   |                | 1 0               |                      |  |   |   |
|   |              | Net income or (loss) from gaming  |                | <u></u>           |                      |  |   |   |
|   | C            | Gross sales of inventory, less  | activities     |                   | 0                    |  |   |   |
| - 1   | IVA          |   | _              |                   |                      |  |   |   |
|   |              | returns and allowances  |                | <u> </u>          |                      |  |   |   |
|   | b            | Less: cost of goods sold  |                | 0                 | _                    |  |   |   |
| - 1   | С.           | Net income or (loss) from sales o   | r inventory    | 7                 | 0                    |  |   |   |
| ŀ   | 44           | Miscellaneous Revenue   |                | Business Code     | _                    |  |   |   |
|   | 11a          | book sales  |                | 900099            | 0                    |  |   |   |
|   | b            | Misc  |                | 900099            | 1,351                | 1,351  |   |   |
|   | C            |   |                |                   | 0                    |  |   |   |
| İ   | d            | All other revenue   |                | <u></u>           | 0                    |  |   | radial states of tags posts of a color of a color             |
|   | 8            | Total. Add lines 11a-11d  |                |                   | 1,351                |  |   |   |
| - 1   | 12           | Total revenue. See instructions.  |                |                   | 545.257              | 55.238   | 0                                       | 1.061   |

#### Paral X Statement of Functional Expenses

following SOP 98-2 (ASC 958-720).

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX . . . . . . . . . . . Х (D) (A) (B) (C) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 0 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . . . . . . 0 Grants and other assistance to governments. organizations, and individuals outside the United States, See Part IV, lines 15 and 16. . . . . . 0 Compensation of current officers, directors, trustees, and key employees . . . . . . . . . 85,659 59,961 17,132 8,566 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . . 7 131,857 92,300 26.371 13,186 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). . . 9 37,374 26,162 7.475 3,737 10 17,816 12,471 3,563 1,782 11 Fees for services (non-employees): а 159 111 b 32 16 10.068 10,068 C 0 d Professional fundraising services. See Part IV, line 17 . . . 0 6 0 Other. (If line 11g amount exceeds 10% of line 25, column 90,191 90,191 (A) amount, list line 11g expenses on Schedule O.) 12 0 13 11,647 9,343 1,536 768 14 1.309 1,309 15 0 16 0 17 1.009 288 1,441 144 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 19 Conferences, conventions, and meetings . . . . . . 42.239 40.682 1.557 20 0 21 0 22 Depreciation, depletion, and amortization . . . . . . 1,550 1,085 310 155 23 4,197 4,197 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.) 17,774 5,078 Strategic Initiatives 25,391 2,539 Program Expense 10,551 10,551 Sponsorships 2,500 2,500 Forum of Reg. Assoc. Grantmakers 4,362 4,362 e All other expenses Miscellaneous 18,477 15,602 2,618 257 Total functional expenses. Add lines 1 through 24e . . . 385,413 25 496,788 80,225 31,150 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

Part X Balance Sheet

|                             |     | Check if Schedule O contains a response to any question in this Part X.                 |  |               |  |
|-----------------------------|-----|---|--|---------------|--|
|                             |     |   | (A)<br>Beginning of year   |               | (B)<br>End of year   |
|                             | 1   | Cash—non-interest-bearing   | 91,763   | 1             | 176,527  |
|                             | 2   | Savings and temporary cash investments  | 374,952  | 2             | 375,736  |
|                             | 3   | Pledges and grants receivable, net  | 32,300   | 3             | 41,527   |
|                             | 4   | Accounts receivable, net  | 0  | 4             | 0  |
|                             | 5   | Loans and other receivables from current and former officers, directors,                |  |               |  |
|                             | ]   | trustees, key employees, and highest compensated employees.                             |  |               |  |
|                             |     | Complete Part II of Schedule L  |  | 5             |  |
|                             | 6   | Loans and other receivables from other disqualified persons (as defined under section   |  |               |  |
|                             |     | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and |  |               |  |
|                             |     | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary          |  |               |  |
| Sits                        |     | organizations (see instructions). Complete Part II of Schedule L                        | and the state of the state of the state of the state of the state of the state of the state of the state of the  | 6             | **************************************   |
| Assets                      | 7   | Notes and loans receivable, net   | 0  | 7             | 0  |
| Ř                           | 8   | Inventories for sale or use   |  | 8             |  |
|                             | 9   | Prepaid expenses and deferred charges   | 4,463  | 9             | 8,941  |
|                             | 10a | Land, buildings, and equipment: cost or   |  |               |  |
|                             |     | other basis. Complete Part VI of Schedule D 10a 7,752                                   |  |               |  |
|                             | b   | Less: accumulated depreciation  | entiest für dem mer seit zu verschie ist seiner fer still kommitter eine der de den der verleiter wir  | 10c           | 1,755  |
|                             | 11  | Investments—publicly traded securities  | 0  |               | 0  |
|                             | 12  | Investments—other securities. See Part IV, line 11                                      | 0  |               | 0  |
|                             | 13  | Investments—program-related. See Part IV, line 11                                       |  |               | 0  |
|                             | 14  | Intangible assets   | 0  |               | 0  |
|                             | 15  | Other assets. See Part IV, line 11  |  |               | 0  |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 34)                               |  |               | 604,486  |
|                             | 17  | Accounts payable and accrued expenses   | 18,552   |               | 50,339   |
|                             | 18  | Grants payable  |  | 18            |  |
|                             | 19  | Deferred revenue  | 92,463   |               | 111,260  |
|                             | 20  | Tax-exempt bond liabilities   | 02,100   | 20            | 111,5500   |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D                   |  | 21            |  |
| u)                          | 22  | Loans and other payables to current and former officers, directors,                     |  |               |  |
| Liabilities                 |     | trustees, key employees, highest compensated employees, and                             |  |               |  |
| ğ                           |     | disqualified persons. Complete Part II of Schedule L                                    |  | 22            |  |
| Ĕ                           | 23  | Secured mortgages and notes payable to unrelated third parties                          | 0  | 23            | 0  |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties                            | 0  | 24            | 0  |
|                             | 25  | Other liabilities (including federal income tax, payables to related third              | <u> </u>   |               |  |
|                             |     | parties, and other liabilities not included on lines 17-24). Complete                   |  |               |  |
|                             |     | Part X of Schedule D  | 3,186  | 25            | 1,836  |
|                             | 26  | Total liabilities. Add lines 17 through 25  | 114,201  | 26            | 163,435  |
|                             |     | Organizations that follow SFAS 117 (ASC 958), check here ▶ X and                        |  |               |  |
| es                          |     | complete lines 27 through 29, and lines 33 and 34.                                      |  |               |  |
| nc                          | ~~  | -   |  | Parameter and |  |
| ala                         | 27  | Unrestricted net assets   | 248,984  | 27            | 293,553  |
| 18                          | 28  | Temporarily restricted net assets   | 143,598  | 28            | 147,498  |
| Ĕ                           | 29  | Permanently restricted net assets   |  | 29            |  |
| Ē                           |     | Organizations that do not follow SFAS 117 (ASC958), check here ▶ and                    |  |               |  |
| 0 5                         |     | complete lines 30 through 34.   |  |               |  |
| iet                         | 30  | Capital stock or trust principal, or current funds                                      | The second secon | 30            | A Common Manager Language Common Comm |
| Net Assets or Fund Balances | 31  | Paid-in or capital surplus, or land, building, or equipment fund                        |  | 31            |  |
| et.                         | 32  | Retained earnings, endowment, accumulated income, or other funds [                      |  | 32            |  |
| Z                           | 33  | Total net assets or fund balances   | 392,582  | 33            | 441,051  |
|                             | 34  | Total liabilities and net assets/fund balances  | 506,783  | 34            | 604,486  |

| Form    | 990 (2012) San Diego Grantmakers  | 3  | 3-0868261     | Par   | ge <b>12</b> |
|---------|---|----|---------------|-------|--------------|
| Par     | Reconciliation of Net Assets  |    |               | -     | -            |
|         | Check if Schedule O contains a response to any question in this Part XI   |    |               |       |              |
| 1       | Total revenue (must equal Part VIII, column (A), line 12)   | 1  |               | 545   | 5,257        |
| 2       | Total expenses (must equal Part IX, column (A), line 25)  | 2  |               | 496   | 6,788        |
| 3       | Revenue less expenses. Subtract line 2 from line 1  | 3  |               | 48    | 3,469        |
| 4       | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4  |               | 392   | 2,582        |
| 5       | Net unrealized gains (losses) on investments  | 5  |               |       |              |
| 6       | Donated services and use of facilities  | 6  |               |       |              |
| 7       | Investment expenses   | 7  |               |       |              |
| 8       | Prior period adjustments  | 8  |               |       |              |
| 9       | Other changes in net assets or fund balances (explain in Schedule O)  | 9  |               |       |              |
| 10      | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,  | 1  |               |       |              |
|         | column (B))   | 10 |               | 441   | 1,051        |
| Eli     | Financial Statements and Reporting  |    |               | 1     | _            |
|         | Check if Schedule O contains a response to any question in this Part XII  |    |               |       |              |
| 1<br>2a | Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in  Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?   |    | <br> <br>  2a | Yes   | No           |
|         | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis   |    |               |       |              |
| b       | Were the organization's financial statements audited by an independent accountant?  |    | . <b>2b</b>   |       | X            |
| С       | Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in |    | <u>2c</u>     | Х     |              |
| 3a      | Schedule O.  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?   |    | . За          |       | X            |
| b       | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the  |    |               |       |              |
|         | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   |    | . 3b          | 000   |              |
|         |   |    | Form          | 990 ( | 2012)        |

## SCHEDULE A (Form 990 or 990-EZ)

## Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number San Diego Grantmakers 33-0868261 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: ...... 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type I b Type II Type III–Functionally integrated d Type III–Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? . . . . . . . . . . . . . . . . .

|          | (ii) A fam                      | ily member of a   | person described in (i)  | above?.        |  |                      |   |                        |  | 11g(ii)  |                         |       |
|----------|---------------------------------|-------------------|--|----------------|--|----------------------|---|------------------------|--|----------|-------------------------|-------|
|          | (iii) A 35%                     | controlled entity | y of a person describe   | d in (i) or (  | ii) above?                                 |                      |   |                        |  | 11g(iii) |                         |       |
| <u>h</u> | Provide the t                   | following informa | tion about the support   | ed organi:     | zation(s).                                 |                      |   |                        |  |          |                         |       |
|          | me of supported<br>Irganization | (II) EIN          | (III) Type of organization<br>(described on lines 1–9<br>above or IRC section<br>(see Instructions)) | in col. (i) li | organization<br>isted in your<br>document? | the orga<br>col. (i) | you notify<br>nization in<br>of your<br>port? | organiza<br>(i) organi | ls the<br>lion in col.<br>ized in the<br>S.? |          | ount of mone<br>support | itary |
|          |                                 |                   |  | Yes            | No   | Yes                  | No  | Yes                    | No   |          |                         |       |
| (A)      |                                 |                   |  |                |  | ,                    |   |                        |  |          |                         |       |
| (B)      |                                 |                   |  |                |  |                      |   |                        |  |          |                         |       |
| (C)      | <u> </u>                        |                   |  |                |  |                      |   |                        |  |          | ***                     |       |
| (D)      |                                 |                   |  |                |  |                      |   |                        |  |          |                         |       |
| (E)      |                                 |                   |  |                |  |                      |   |                        |  |          |                         |       |
| Total    |                                 |                   |  |                |  |                      |   |                        |  |          |                         | 0     |

11g(i)

| Pal                     | Support Schedule for Organiza   | tions Describ   | oed in Sectio   | ns 170(b)(1) | (A)(iv) and 1 | 70(b)(1)(A)(vi | )           |  |
|-------------------------|---|---|-----------------|--------------|---------------|----------------|-------------|--|
| Section of the contract | (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under |   |                 |              |               |                |             |  |
|                         | Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)           |   |                 |              |               |                |             |  |
| Sec                     | tion A. Public Support  | <u> </u>  |                 |              |               |                |             |  |
|                         | ndar year (or fiscal year beginning in)   | (a) 2008  | <b>(b)</b> 2009 | (c) 2010     | (d) 2011      | (e) 2012       | (f) Total   |  |
|                         | Gifts, grants, contributions, and   | \u) 2000  | (6) 2000        | (0) 2010     | (4) 2011      | (6) 2012       | (i) Total   |  |
| 1                       | ,   |   |                 |              |               |                |             |  |
|                         | membership fees received. (Do not   | 100 570   | 201 202         | 400 074      | 464 884       | ===            |             |  |
| _                       | include any "unusual grants.")  | 406,573   | 381,863         | 483,371      | 401,771       | 522,107        | 2,195,685   |  |
| 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  | 406,573   | 381,863         | 483,371      | 401,771       | 522,107        | 2,195,685   |  |
| 5                       | The portion of total contributions by each  |   |                 |              |               |                |             |  |
|                         | person (other than a governmental unit  |   |                 |              |               |                |             |  |
|                         | or publicly supported organization)   |   |                 |              |               |                |             |  |
|                         | included on line 1 that exceeds 2%  |   |                 |              |               |                |             |  |
|                         | of the amount shown on line 11,   |   |                 |              |               |                |             |  |
|                         | column (f)  | 0.590,000   |                 |              |               |                | 192,500     |  |
| 6                       | Public support. Subtract line 5 from line 4.  |   |                 |              |               |                | 2,003,185   |  |
|                         | tion B. Total Support   | Antigenia malika kanamana ta sanga kanaman kan panga ka |                 |              |               |                | 2,000,100   |  |
|                         | ndar year (or fiscal year beginning in)   | (a) 2008  | (b) 2009        | (c) 2010     | (d) 2011      | (e) 2012       | (f) Total   |  |
| 7                       | Amounts from line 4   | 406,573   | 381,863         | 483,371      | 401,771       | 522,107        | 2,195,685   |  |
| 8                       | Gross income from interest, dividends,  | 400,070   | 001,000         | 400,071      | 401,771       | J22, 107       | 2,150,000   |  |
| U                       | payments received on securities loans,  |   |                 |              |               |                |             |  |
|                         | · ·   |   |                 |              |               |                |             |  |
|                         | rents, royalties and income from similar  | 0.504   | 0.004           | 4 070        | 4 400         | 4 004          | 40.000      |  |
| _                       | sources   | 8,591   | 6,204           | 1,976        | 1,123         | 1,061          | 18,955      |  |
| 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  |   |                 |              |               |                |             |  |
|                         | (Explain in Part IV.)   |   |                 |              |               |                | 0           |  |
| 11                      | Total support. Add lines 7 through 10   | 888388  |                 | 100000       |               |                | 2,214,640   |  |
| 12                      | Gross receipts from related activities, etc. (se  |   |                 |              |               | 12             | 96,006      |  |
| 13                      | First five years. If the Form 990 is for the org  |   |                 |              |               |                |             |  |
|                         | organization, check this box and stop here.   |   |                 |              |               |                | ▶ 🔙         |  |
| Sect                    | ion C. Computation of Public Support  |   |                 |              |               | M              |             |  |
| 14                      | Public support percentage for 2012 (line 6, co  |   | by line 11, col | umn (f))     |               | 14             | 90.45%      |  |
| 15                      | Public support percentage from 2011 Schedu  |   |                 |              |               | 15             | 85.75%      |  |
| 16a                     | 33 1/3% support test-2012. If the organizat   |   |                 |              |               |                |             |  |
|                         | and stop here. The organization qualifies as  |   |                 |              |               |                |             |  |
| b                       | 33 1/3% support test—2011. If the organizat   |   |                 |              |               |                |             |  |
| _                       | box and stop here. The organization qualifies   |   |                 |              |               |                |             |  |
| 47-                     |   |   |                 |              |               |                | · · · · • 🗀 |  |
| 17a                     | 10%-facts-and-circumstances test—2012. I  |   |                 |              |               |                |             |  |
|                         | is 10% or more, and if the organization meets   |   |                 |              |               |                |             |  |
|                         | Part IV how the organization meets the "facts   |   |                 |              |               |                |             |  |
|                         | organization  |   |                 |              |               |                | ▶ ∐_        |  |
| b                       | 10%-facts-and-circumstances test—2011.  |   |                 |              |               |                |             |  |
|                         | 15 is 10% or more, and if the organization me   |   |                 |              |               |                | ain in      |  |
|                         | Part IV how the organization meets the "facts-  |   |                 |              |               |                |             |  |
|                         | supported organization  |   |                 |              |               |                | ▶ 🔲         |  |
| 18                      | Private foundation. If the organization did no  |   |                 |              |               |                |             |  |

## 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) 2008           | (b) 2009             | (c) 2010                                | (d) 2011                                | (e) 2012          | (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  |                    |                      |   |   |                   | 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                                  |                    |                      |   |   |                   |           |
| 5          | its behalf   |                    |                      |   |   |                   | 0         |
| J          | furnished by a governmental unit to the                                    |                    |                      |   |   |                   |           |
|            | organization without charge  |                    |                      |   |   |                   | 0         |
| 6          | Total. Add lines 1 through 5   | o                  | 0                    | 0                                       | 0                                       | 0                 |           |
| 7a         | Amounts included on lines 1, 2, and 3                                      |                    |                      |   |   |                   |           |
|            | received from disqualified persons   |                    |                      |   |   |                   | 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                                 |                    |                      |   |   |                   |           |
|            | amount on line 13 for the year   |                    |                      |   |   |                   | 0         |
|            | Add lines 7a and 7b  | 0                  | 0                    | 0                                       | 0                                       | 0                 | 0         |
| 8          | Public support (Subtract line 7c from                                      |                    |                      | 100000000000000000000000000000000000000 |   | to the could have | _         |
| C          | line 6.)   |                    |                      |   |   |                   | 0         |
|            | tion B. Total Support ndar year (or fiscal year beginning in)              | (a) 2008           | (h) 2000             | (=) 2040                                | (-1) 2044                               | (=) 0040          | (D. Takal |
| Cale       |  |                    | <b>(b)</b> 2009      | (c) 2010                                | (d) 2011                                | (e) 2012          | (f) Total |
| 9          | Amounts from line 6  | 0                  | 0                    | . 0                                     | 0                                       | 0                 | 0         |
| 10a        | Gross income from interest, dividends,                                     |                    |                      |   |   |                   |           |
|            | payments received on securities loans,                                     |                    |                      |   |   |                   | •         |
| <b>.</b>   | rents, royalties and income from similar sources                           |                    |                      |   |   |                   | 0         |
| Đ          | Unrelated business taxable income (less section 511 taxes) from businesses |                    | į                    |   |   |                   |           |
|            | acquired after June 30, 1975   |                    |                      |   |   |                   | 0         |
| С          | Add lines 10a and 10b  | 0                  | 0                    | 0                                       | 0                                       | ol                | 0         |
| 11         | Net income from unrelated business   |                    |                      | <u>_</u>                                |   |                   |           |
|            | activities not included in line 10b, whether                               |                    |                      |   |   |                   |           |
|            | or not the business is regularly carried on                                |                    |                      |   |   |                   | 0         |
| 12         | Other income. Do not include gain or                                       |                    |                      |   |   |                   |           |
|            | loss from the sale of capital assets                                       |                    |                      |   |   |                   |           |
|            | (Explain in Part IV.)  |                    |                      |   |   |                   | 0         |
| 13         | Total support. (Add lines 9, 10c, 11,                                      |                    |                      | ا                                       | _                                       | ا                 | _         |
| 14         | and 12.)   | 0 l                | O delayed for the co | 0                                       | 0                                       | 0                 | 0         |
| 1-7        | organization, check this box and <b>stop here</b>                          |                    |                      |   |   |                   | 🔊 🗀       |
| Sect       | ion C. Computation of Public Support I                                     |                    |                      |   |   |                   |           |
| <u> 15</u> | Public support percentage for 2012 (line 8, column                         |                    | 13 column (f)\       |   |   | 15                | 0.00%     |
| 16         | Public support percentage from 2011 Schedule A, F                          |                    |                      |   |   | 16                | 0.00%     |
|            | ion D. Computation of Investment Inco                                      |                    |                      |   | <del></del>                             |                   |           |
| 17         | Investment income percentage for 2012 (line 10c, c                         |                    |                      | nn (f))                                 |   | 17                | 0.00%     |
| 18         | Investment income percentage from 2011 Schedule                            |                    |                      |   |   | 18                | 0.00%     |
| 19a        | 33 1/3% support tests—2012. If the organization of                         |                    |                      |   |   | and line 17 is    |           |
|            | not more than 33 1/3%, check this box and stop he                          | -                  | •                    |   | -                                       |                   | ⊳ 🔲       |
| b          | 33 1/3% support tests—2011. If the organization of                         |                    |                      |   |   |                   |           |
|            | line 18 is not more than 33 1/3%, check this box and                       |                    |                      |   |   |                   | =         |
| 20         | Private foundation. If the organization did not ched                       | ck a box on line 1 | 4, 19a, or 19b, o    | check this box an                       | d see instruction                       | ıs                | ▶ 🔲       |

|         | 990 or 990-EZ) 2012                                 | San Diego Grantmakers   | 33-0868261                             | Page 4 |
|---------|---|---|--|--------|
| Part IV | Supplemental<br>Part II, line 17a<br>instructions). | <b>Information.</b> Complete this part to provide the explanations or 17b; and Part III, line 12. Also complete this part for any a | required by Part II, line 10           |        |
| X 1000  | mon donorisj.                                       |   | <u> </u>                               |        |
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## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

| Name of the organization  |   | Employer identification number   |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| 0 5: 0  |   |  |  |  |  |  |  |
| San Diego Grantmakers  Organization type (check or  | nol   | 33-0868261   |  |  |  |  |  |
| organization type (official of  | ne <sub>j</sub> .   |  |  |  |  |  |  |
| Filers of:  | Section:  |  |  |  |  |  |  |
| Form 990 or 990-EZ  | Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization  |  |  |  |  |  |  |
|   | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private found   | ation  |  |  |  |  |  |
|   | 527 political organization  |  |  |  |  |  |  |
| Form 990-PF   | 501(c)(3) exempt private foundation   |  |  |  |  |  |  |
|   | 4947(a)(1) nonexempt charitable trust treated as a private foundation   | ١  |  |  |  |  |  |
|   | 501(c)(3) taxable private foundation  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| Check if your organization is   | covered by the General Rule or a Special Rule.  |  |  |  |  |  |  |
| <b>Note.</b> Only a section 501(c)(7 instructions.  | 7), (8), or (10) organization can check boxes for both the General Rule and a   | Special Rule. See  |  |  |  |  |  |
| General Rule  |   |  |  |  |  |  |  |
|   | filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or ne contributor. Complete Parts I and II.  | more (in money or  |  |  |  |  |  |
| Special Rules   |   |  |  |  |  |  |  |
| sections 509(a)(1) ar   | (3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a % of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line  | contribution of the greater  |  |  |  |  |  |
| the year, total contrib   | For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.  |  |  |  |  |  |  |
| the year, contribution<br>total to more than \$1<br>year for an exclusive<br>applies to this organi | 7), (8), or (10) organization filing Form 990 or 990-EZ that received from any is for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contriposes, one is checked, enter here the total contributions that were receively religious, charitable, etc., purpose. Do not complete any of the parts unless zation because it received nonexclusively religious, charitable, etc., contributed to the contribute of the contribute of the contributed to the contribute of th | butions did not<br>ved during the<br>s the <b>General Rule</b><br>tions of \$5,000 or more |  |  |  |  |  |
| 990-EZ, or 990-PF), but it <b>mu</b>  | t is not covered by the General Rule and/or the Special Rules does not file S<br>ist answer "No" on Part IV, line 2 of its Form 990; or check the box on line H<br>PF, to certify that it does not meet the filing requirements of Schedule B (Forr   | of its Form 990-EZ or on   |  |  |  |  |  |

Name of organization Employer identification number
San Diego Grantmakers 33-0868261

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.  |                            |  |  |  |  |
|------------|---|----------------------------|--|--|--|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |  |
| 1          | Kenneth H. Blanchard  125 State Place Escondido CA 92029 Foreign State or Province: Foreign Country:                                  | \$20,000                   | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)  |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution   |  |  |  |
| 2          | Leichtag Foundation 5800 Armada Drive Carlsbad CA 92008 Foreign State or Province: Foreign Country:                                   | \$12,500_                  | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)  |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |  |
| 3          | San Diego Social Venture Partners 6960 Flanders Drive San Diego CA 92121 Foreign State or Province: Foreign Country:                  | \$ 20,000                  | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)  |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |  |
| 4          | Sempra Energy  101 Ash Street, HQ15E  San Diego CA 92101  Foreign State or Province:  Foreign Country:                                | \$ 10,000                  | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)  |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |  |
| <u>5</u>   | The California Wellness Foundation 6320 Canoga Avenue, Suite 1700 Woodland Hills CA 91367 Foreign State or Province: Foreign Country: | \$ 44,800                  | Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.) |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |  |
| 66         | The James Irvine Foundation One Bush Street, Suite 800 San Francisco CA 94104 Foreign State or Province: Foreign Country:             | \$ 12,500                  | Person X Payroll   |  |  |  |

Name of organization Employer identification number San Diego Grantmakers 33-0868261

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.                            |                            |   |  |  |  |
|------------|---|----------------------------|---|--|--|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |  |
| 7          | The Parker Foundation 2604-B El Camino Real, Suite 244 Carlsbad CA 92008 Foreign State or Province: Foreign Country:      | \$22,500                   | Person X Payroll  |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |  |  |  |
| 8          | Union Bank 530 B Street, Suite 650 San Diego CA 92101 Foreign State or Province: Foreign Country:                         | \$ 22,500                  | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |  |
| 9          | United Way of San Diego County 4699 Murphy Canyon Road San Diego CA 92123 Foreign State or Province: Foreign Country:     | \$ 10,000                  | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |  |
| 10         | Weingart Foundation 1055 West Seventh Street, Suite 3050 Los Angeles CA 90017 Foreign State or Province: Foreign Country: | \$ 16,750                  | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |  |
| ••••       | Foreign State or Province: Foreign Country:   | \$                         | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)   |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution   |  |  |  |
|            | Foreign State or Province: Foreign Country:   | \$                         | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)   |  |  |  |

Name of organization

San Diego Grantmakers

Employer identification number 33-0868261

| Pant II                   | Noncash Property (see instructions). Use duplicate of | copies of Part II if additional sp             | ace is needed.       |
|---------------------------|---|--|----------------------|
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given          | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given          | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given          | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given          | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given          | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given          | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   | \$   |                      |

Name of organization

Employer identification number San Diego Grantmakers 33-0868261 Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) **>** \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee For. Prov. Country (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I -----(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee For. Prov. Country (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee For. Prov. Country (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee For. Prov. Country

### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part 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.

|   |                             | Yes," to Form 990, Part IV, line 5 (Pro   | xy Tax) or Form 99  | 00-EZ, Part V, line 35c (Prox                  | y Tax), then  |
|---|-----------------------------|---|---------------------|--|---|
|   |                             | organizations: Complete Part III.   |                     |  |   |
|   | e of organization           |   |                     | Employe  | er identification number                            |
|   | Diego Grantmakers           |   |                     |  | 33-0868261  |
| *************************************** |                             | the organization is exempt und  |                     |  | organization.                                       |
| 1                                       |                             | the organization's direct and indirect p  |                     |  |   |
| 2                                       |                             |   |                     |  | C   |
| 3                                       | Volunteer hours             |   |                     |  |   |
| Pai                                     | Complete if                 | the organization is exempt unc  | der section 501     | (c)(3).  |   |
| 1                                       | Enter the amount of any     | excise tax incurred by the organization   | on under section 4  | 955 > \$                                       |   |
| 2                                       | Enter the amount of any     | excise tax incurred by organization m   | nanagers under se   | ction 4955 ▶ \$                                |   |
| 3                                       |                             | ed a section 4955 tax, did it file Form   |                     |  |   |
| 4a                                      | _                           |   | •                   |  |   |
| b                                       | If "Yes," describe in Part  |   |                     |  |   |
| CONTROL CONTROL                         |                             | the organization is exempt und  | er section 501      | (c), except section 501                        | (c)(3).   |
| 1                                       | Enter the amount directly   | expended by the filing organization f   | for section 527 exe | empt function                                  |   |
|   | activities                  |   |                     |  |   |
| 2                                       | Enter the amount of the f   | iling organization's funds contributed  | to other organizati | ions   |   |
|   | for section 527 exempt fu   | unction activities  | <i></i>             | \$   |   |
| 3                                       | Total exempt function exp   | penditures. Add lines 1 and 2. Enter h  | nere and on Form    | 1120-POL,                                      |   |
|   | line 17b                    | ·   |                     | \$   |   |
| 4                                       | Did the filing organization | file Form 1120-POL for this year?.  |                     |  | . Yes No  |
| 5                                       |                             | ses and employer identification numb  |                     |  |   |
|   |                             | ents. For each organization listed, en  |                     |  |   |
|   |                             | ntributions received that were prompt<br>I fund or a political action committee |                     |  |   |
|   | as a separate segregated    | i fund or a political action committee i  | (PAC). II additiona | i space is needed, provide                     | Information in Part IV.                             |
|   | (a) Name                    | (b) Address   | (c) EIN             | (d) Amount paid from                           | (e) Amount of political                             |
|   |                             |   |                     | filing organization's funds. If none, enter -0 | contributions received and<br>promptly and directly |
|   |                             |   |                     |  | delivered to a separate political organization. If  |
|   |                             |   |                     |  | none, enter -0                                      |
|   | <u> </u>                    |   |                     |  |   |
| (1)                                     |                             |   |                     |  |   |
|   |                             |   |                     |  |   |
| (2)                                     |                             |   |                     |  |   |
| (3)                                     |                             |   |                     |  |   |
|   |                             |   |                     |  |   |
| (4)                                     |                             |   |                     |  |   |
| /E\                                     | <del></del>                 |   |                     |  |   |
| (5)                                     |                             |   |                     |  |   |
| (A)                                     |                             |   |                     |  |   |

|          | and FA Complete if the organization complete if the organization solution complete if the organization complete is the organization | ation is exempt    |                                      |                              | - 1 01111 01 00 (0101 | .tion          |
|----------|---|--------------------|--------------------------------------|------------------------------|-----------------------|----------------|
|          | Check ▶ ☐ if the filing organization name, address, EIN, €  | expenses, and sh   | are of excess l                      | obbying expenditur           | es).                  | ıp member's    |
| <u>B</u> | Check ▶ if the filing organization  Limits on L   | obbying Expendi    | tures                                |                              | (a) Filing            | (b) Affiliated |
|          | (The term "expenditures   |                    |                                      |                              | organization's totals | group totals   |
| 1a       | Total lobbying expenditures to influence  |                    |                                      | •                            | 0                     | 0              |
| b        | Total lobbying expenditures to influence  |                    | . , ,,                               |                              | 0                     | 0              |
| С        | Total lobbying expenditures (add lines 1  |                    |                                      |                              | 0                     | 0              |
| d        | Other exempt purpose expenditures   |                    |                                      |                              | 0                     | 0              |
| е        | Total exempt purpose expenditures (add  |                    |                                      |                              | 0                     | 0              |
| f        | Lobbying nontaxable amount. Enter the   | amount from the fo | llowing table in b                   | oth                          |                       |                |
| Г        | columns.  |                    |                                      |                              | 0                     | 0              |
| ļ        | If the amount on line 1e, column (a) or (b)   |                    | ig nontaxable am                     | ount is:                     |                       |                |
| -        | Not over \$500,000  |                    | mount on line 1e.                    |                              |                       |                |
| - }      | Over \$500,000 but not over \$1,000,000   |                    | us 15% of the exce                   |                              |                       |                |
| H        | Over \$1,000,000 but not over \$1,500,000<br>Over \$1,500,000 but not over \$17,000,000   |                    |                                      | ss over \$1,000,000.         |                       |                |
| ŀ        | Over \$17,000,000   | \$1,000,000.       | is 5% of the excess                  | s over \$ 1,500,000.         |                       |                |
|          | Grassroots nontaxable amount (enter 25  |                    |                                      | · ·                          | 0                     | 0              |
| h        | Subtract line 1g from line 1a. If zero or le  |                    |                                      |                              | 0                     | 0              |
| ;        | Subtract line 1f from line 1c. If zero or le  |                    |                                      |                              |                       | 0              |
| i        | If there is an amount other than zero on  |                    |                                      |                              |                       |                |
| ,        | section 4911 tax for this year?   |                    |                                      |                              |                       | Yes No         |
|          | (Some organizations the   | 4-Year Averaging   | Period Under S<br>501(h) election of | ection 501(h)                | lete all of the five  |                |
|          | Lobi  | ovina Expenditure  |                                      |                              |                       |                |
|          |   | ,g,                | s During 4-Year                      | Averaging Period             |                       |                |
|          | Calendar year (or fiscal year<br>beginning in)  | (a) 2009           | s During 4-Year<br>(b) 2010          | Averaging Period<br>(c) 2011 | (d) 2012              | (e) Total      |
| <br>2a   | · · · · · · · · · · · · · · · · · · ·   |                    |                                      |                              | (d) 2012<br>0         | (e) Total      |
| 2a<br>b  | beginning in)   |                    |                                      | (c) 2011                     |                       |                |
|          | beginning in)  Lobbying nontaxable amount  Lobbying celling amount  |                    |                                      | (c) 2011                     |                       | 0              |
| b        | Lobbying nontaxable amount  Lobbying celling amount (150% of line 2a, column(e))  |                    |                                      | (c) 2011<br>0                | 0                     | 0              |
| b<br>c   | Lobbying nontaxable amount  Lobbying celling amount (150% of line 2a, column(e))  Total lobbying expenditures   |                    |                                      | (c) 2011<br>0                | 0                     | 0 0            |

Schedule C (Form 990 or 990-EZ) 2012

| Par                        | Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).  | T filed          | i For         | m 5768           |     |
|----------------------------|---|------------------|---------------|------------------|-----|
| For                        | each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description  |                  | a)            | (b               | )   |
|                            | ne lobbying activity.   | Yes              | No            | Amo              | unt |
| 1<br>a<br>b                | 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:  Volunteers?  |                  |               |                  |     |
| c<br>d<br>e<br>f<br>g<br>h | Media advertisements?   | •                |               |                  |     |
|                            |   |                  |               |                  | 0   |
| Pan                        | Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).  | (c)(5),          | or s          | ection           |     |
| 1<br>2<br>3<br>2310        | Were substantially all (90% or more) dues received nondeductible by members?  | (c)(5),<br>OR (b | or s          | 2<br>3<br>ection |     |
| 1<br>2<br>a<br>b           | Dues, assessments and similar amounts from members  |                  | 1<br>2a<br>2b |                  |     |
| с<br>3<br>4                | Total   |                  | 2c<br>3       |                  | 0   |
| 5                          | Taxable amount of lobbying and political expenditures (see instructions)  |                  | 5             |                  | 0   |
| ist); F<br>Part II         | Supplemental Information  Determine the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.  I-A The Organization filed form 5768 during 2008 but did not engage in any lobbying activities of the year ended December 31, 2012. | t II-A (         |               |                  |     |
|                            |   |                  |               |                  |     |

## **SCHEDULE D** (Form 990)

## **Supplemental Financial Statements**

OMB No. 1545-0047

Open to Public

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

Inspection

Employer identification number

| San             | Diego Grantmakers  |   | 33-0868261   |  |  |  |  |
|-----------------|--|---|--|--|--|--|--|
| Pai             | Organizations Maintaining Don  | or Advised Funds or Other Similar F             | Funds or Accounts. Complete if   |  |  |  |  |
|                 | the organization answered "Yes"  | to Form 990, Part IV, line 6.                   |  |  |  |  |  |
|                 |  | (a) Donor advised funds                         | (b) Funds and other accounts   |  |  |  |  |
| 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 do  |   |  |  |  |  |  |
| 6               | funds are the organization's property, subject<br>Did the organization inform all grantees, don-   |   |  |  |  |  |  |
| Ü               | used only for charitable purposes and not for  |   |  |  |  |  |  |
|                 | purpose conferring impermissible private ber   |   |  |  |  |  |  |
| Par             |  | plete if the organization answered "Yes         |  |  |  |  |  |
|                 |  |   | s to Form 990, Part IV, line 7.  |  |  |  |  |
| 1               | Purpose(s) of conservation easements held I  |   |  |  |  |  |  |
|                 | Preservation of land for public use (e.g., recr  | eation or education) Preservation               | of an historically important land area   |  |  |  |  |
|                 | Protection of natural habitat  | Preservation                                    | n of a certified historic structure  |  |  |  |  |
|                 | Preservation of open space   |   |  |  |  |  |  |
| 2               | Complete lines 2a through 2d if the organization   | ion held a qualified conservation contributio   | n in the form of a conservation  |  |  |  |  |
|                 | easement on the last day of the tax year.  |   | Production of the Control of the Con |  |  |  |  |
|                 |  |   | Held at the End of the Tax Year  |  |  |  |  |
| a               | Total number of conservation easements   |   |  |  |  |  |  |
| b               | Total acreage restricted by conservation east  |   |  |  |  |  |  |
| C C             | Number of conservation easements on a cert   |   | <u>2c</u>  |  |  |  |  |
| d               | Number of conservation easements included<br>historic structure listed in the National Regist  |   | . 2d   |  |  |  |  |
| 3               | Number of conservation easements modified  |   |  |  |  |  |  |
| •               | during the tax year  | , transferred, released, extinguistics, or term | innated by the organization  |  |  |  |  |
| 4               | Number of states where property subject to o   | onservation easement is located                 |  |  |  |  |  |
| 5               | Does the organization have a written policy re   |   | . handling of  |  |  |  |  |
|                 | violations, and enforcement of the conservati  |   |  |  |  |  |  |
| 6               | Staff and volunteer hours devoted to monitor   | ng, inspecting, and enforcing conservation of   | easements during the year  |  |  |  |  |
|                 | <b>&gt;</b>  |   | -  |  |  |  |  |
| 7               | Amount of expenses incurred in monitoring, i   | nspecting, and enforcing conservation ease      | ments during the year  |  |  |  |  |
| _               | \$   |   |  |  |  |  |  |
| 8               | Does each conservation easement reported of  |   |  |  |  |  |  |
| _               | 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?.   |   |  |  |  |  |  |
| 9               | In Part XIII, describe how the organization rep  |   |  |  |  |  |  |
|                 | balance sheet, and include, if applicable, the the organization's accounting for conservation  |   | inciai statements that describes   |  |  |  |  |
| Pan             |  | ns of Art, Historical Treasures, or Other S     | imilar Accote  |  |  |  |  |
| Min Maria maria | Complete if the organization answered  |   | minu riodotai  |  |  |  |  |
| 1a              | If the organization elected, as permitted unde   |   | overvio etatement and helenes shoet  |  |  |  |  |
| 10              | works of art, historical treasures, or other sim   |   |  |  |  |  |  |
|                 |  |   |  |  |  |  |  |
| b               | of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet |   |  |  |  |  |  |
| =               | works of art, historical treasures, or other sim   |   |  |  |  |  |  |
|                 | of public service, provide the following amour   | its relating to these items:                    |  |  |  |  |  |
|                 | (i) Revenues included in Form 990, Part VIII, line 1   |   |  |  |  |  |  |
|                 | (ii) Assets included in Form 990, Part X   |   | > \$   |  |  |  |  |
| 2               | If the organization received or held works of a  | rt, historical treasures, or other similar asse | ts for financial gain, provide the   |  |  |  |  |
|                 | following amounts required to be reported un   |   |  |  |  |  |  |
| а               | Revenues included in Form 990, Part VIII, line   | e1  | . , <b>&gt;</b> \$   |  |  |  |  |
| b               | Assets included in Form 990, Part X  |   | <b>▶</b> €   |  |  |  |  |

| Par                  | tIII Organizations Maintaining   | Collections of       | Art, His    | torical T  | reasures,                | or Othe                       | r Similar Asse        | ets (co     | ntinue   | ed)          |
|----------------------|--|----------------------|-------------|--|--------------------------|-------------------------------|-----------------------|-------------|----------|--------------|
| 3                    | Using the organization's acquisition, acc                              | cession, and other   | records,    | check any  | of the follow            | ving that                     | are a significant     |             |          |              |
|                      | use of its collection items (check all that                            | t apply):            | _           | _  |                          |                               |                       |             |          |              |
| а                    | Public exhibition  |                      | d           | Loan   | or exchange              | program                       | าร                    |             |          |              |
| b                    | Scholarly research   |                      | e           | Other  |                          |                               | *********             |             |          |              |
| С                    | Preservation for future generation                                     | าร                   |             |  |                          |                               |                       |             |          |              |
| 4                    | Provide a description of the organization Part XIII.                   |                      | explain h   | now they fo                                      | urther the or            | ganizatio                     | n's exempt purpo      | se in       |          |              |
| 5                    | During the year, did the organization so                               | licit or receive don | ations of   | art. histori                                     | ical treasure:           | s, or othe                    | er similar            |             |          |              |
|                      | assets to be sold to raise funds rather th                             |                      |             |  |                          |                               |                       | Y           | es 🗀     | No           |
| Pan                  | IV Escrow and Custodial Arra   | naements. Con        | nplete if   | the organ  | nization an              | swered                        | "Yes" to Form         | 990. P      | art      |              |
| <u> </u>             | IV, line 9, or reported an amo   | -                    | •           | _  |                          |                               |                       |             |          |              |
| 1a                   | Is the organization an agent, trustee, cu                              | \ <del>-</del>       |             |  |                          | ther ass                      | ets not               |             |          | •            |
|                      | included on Form 990, Part X?  |                      |             | -  |                          |                               |                       | Y           | es       | No           |
| b                    | If "Yes," explain the arrangement in Par                               |                      |             |  |                          |                               |                       | _           |          | -            |
|                      |  |                      |             |  |                          |                               |                       | mount       |          |              |
| C                    | Beginning balance  |                      |             |  |                          | . 1c                          |                       |             |          | 0            |
| d                    | Additions during the year  |                      |             |  |                          | _                             |                       | ·           |          |              |
| e                    | Distributions during the year  |                      |             |  |                          |                               |                       |             |          |              |
| f                    | Ending balance   |                      |             |  |                          | . <u>1f</u>                   |                       |             |          | 0            |
| 2a                   | Did the organization include an amount                                 | on Form 990, Par     | t X, line 2 | 1?   |                          |                               |                       | Y           | es X     | No           |
| b                    | If "Yes," explain the arrangement in Part                              | t XIII. Check here   | if the exp  | lanation h                                       | as been prov             | ided in F                     | Part XIII             | <del></del> |          | 1            |
| Part                 | V Endowment Funds. Comple  | te if the organiz    | ation an    | swered "   | Yes" to For              | m 990.                        | Part IV. line 10      |             |          | <del>-</del> |
| and it was round re- |  | (a) Current year     |             | or year  | (c) Two year             |                               | (d) Three years back  | <del></del> | our year | s back       |
| 1a                   | Beginning of year balance  | 0                    |             | 0  |                          |                               |                       | <u> </u>    |          |              |
| b                    | Contributions  |                      |             |  |                          |                               | **                    |             |          |              |
| С                    | Net investment earnings, gains,  |                      |             |  |                          |                               |                       |             |          |              |
|                      | and losses   |                      |             |  |                          | .                             |                       |             |          |              |
| d                    | Grants or scholarships   |                      |             |  |                          |                               |                       |             |          |              |
| e                    | Other expenditures for facilities                                      |                      |             |  |                          |                               |                       |             |          |              |
|                      | and programs   |                      |             |  |                          |                               |                       |             |          |              |
| f                    | Administrative expenses  |                      |             |  |                          |                               |                       |             |          |              |
| g                    | End of year balance  | 0                    |             | 0  |                          | 0                             | (                     | )           |          | 0            |
| 2                    | Provide the estimated percentage of the                                | current year end     | •           | line 1g, co                                      | olumn (a)) he            | ld as:                        |                       |             |          |              |
| а                    | Board designated or quasi-endowment                                    | <b>&gt;</b>          | <u>%</u>    |  |                          |                               |                       |             |          |              |
| b                    | Permanent endowment  | <u>%</u>             |             |  |                          |                               |                       |             |          |              |
| C                    | Temporarily restricted endowment                                       |                      |             |  |                          |                               |                       |             |          |              |
| _                    | The percentages in lines 2a, 2b, and 2c                                | •                    |             |  |                          |                               |                       |             |          |              |
| 3a                   | Are there endowment funds not in the po                                | ossession of the o   | rganizatio  | n that are                                       | held and ad              | ministere                     | ed for the            |             |          |              |
|                      | organization by:   |                      |             |  |                          |                               |                       | [ <u>~</u>  | Yes      | No           |
|                      | (i) unrelated organizations  |                      |             |  |                          |                               |                       | 3a(i)       |          |              |
| 1.                   | (ii) related organizations   |                      |             |  |                          |                               |                       | 3a(ii)      |          |              |
| b                    | if "Yes" to 3a(ii), are the related organiza                           |                      | -           |  |                          | • • •                         | • • • • • •           | 3b          |          | <u> </u>     |
| 4<br>Pant            | Describe in Part XIII the intended uses of Land, Buildings, and Equipo | ·····                |             | <del>*************************************</del> |                          |                               |                       |             |          |              |
|                      | Description of property  | (a) Cost or oth      |             |  |                          | 1 4                           |                       | /.N.D.      |          |              |
|                      | Description of property  | (a) Cost or oth      |             |  | st or other<br>s (other) | , , ,                         | ccumulated preciation | (a) B       | ook valu | е            |
| 1a                   | Land   |                      | 0           |  | 0                        | Hillian Street Hillian Street |                       |             |          | 0            |
| b                    | Buildings  |                      | 0           |  | . 0                      |                               | 0                     | •           |          | 0            |
| c                    | Leasehold improvements   |                      | 0           |  | 0                        |                               | 0                     | •           |          | 0            |
| d                    | Equipment  |                      | 0           |  | 7,752                    | <u> </u>                      | 5,997                 |             |          | 1,755        |
| e                    | Other  |                      | 0           |  | 0                        |                               | 0                     |             |          | 0            |
|                      | Add lines 1a through 1e (Column (d) mu                                 |                      | n Pari Y    | column //  | 3) line 10(c)            | 1                             | <b>&gt;</b>           |             |          | 1 755        |

| Part X   Other Liabilities. See Form 990, Part X, line 25.   | Part VII   | Investments—Other Securitie                     | es. See Form 990, Part X | , line 12.            |  |
|--|--|---|--------------------------|-----------------------|--|
| 13   Financial derivatives   | (a   | Description of security or category             | (b) Book value           |                       |  |
| (2) Closely-held equity interests   0  | /// Einangial  |   | 0                        |                       |  |
| (3) Other (A) (B) (B) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D   | ` '  |   |                          |                       |  |
| (A)   (B)   (C)                    |  | · · ·   |                          |                       |  |
| (B) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D   |  |   |                          |                       |  |
| C    C    C    C    C    C    C    C   |  |   |                          |                       |  |
| (F) (F) (F) (F) (F) (F) (F) (F) (F) (F)  | (C)  |   |                          |                       |  |
| (F) (C) (F) (T) (Total: (Column (b) must equal Form \$90, Fart X. cot. (B) five 12.) ▶ 0 (Fig. 12.) № (b) Book value (column (b) must equal Form \$90, Fart X. cot. (B) five 12.) ▶ (column (b) must equal Form \$90, Fart X. cot. (B) five 12.) ▶ (column (b) must equal Form \$90, Fart X. cot. (B) five 13. (column (b) must equal Form \$90, Fart X. cot. (B) five 13. (column (b) must equal Form \$90, Fart X. cot. (B) five 13. (column (b) must equal Form \$90, Fart X. cot. (B) five 13. (column (b) must equal Form \$90, Fart X. cot. (B) five 15. (column (b) must equal Form \$90, Fart X. cot. (B) five 15. (column (b) must equal Form \$90, Fart X. cot. (B) five 15. (column (b) must equal Form \$90, Fart X. cot. (B) five 15. (column (b) must equal Form \$90, Fart X. cot. (B) five 15. (column (b) must equal Form \$90, Fart X. cot. (B) five 15. (column (b) must equal Form \$90, Fart X. cot. (b) five 15. (column (b) must equal Form \$90, Fart X. cot. (b) five 15. (column (b) must equal Form \$90, Fart X. cot. (b) five 15. (column (b) five 15. (column (b) must equal Form \$90, Fart X. cot. (b) five 15. (column (b) must equal Form \$90, Fart X. cot. (b) five 15. (column (b) five |  |   |                          |                       |  |
| (19) (11) (1) (1) (2) (3) (4) (4) (5) (6) (9) (10) (7) (8) (9) (10) (10) (11) (2) (8) (9) (10) (10) (10) (10) (11) (2) (10) (10) (10) (10) (11) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (10) (10) (10) (10) (10) (11) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10   | (E)  |   |                          |                       |  |
| Treat,   | (F)  | ****  |                          |                       |  |
| (a) Description of investments—Program Related. See Form 990, Part X, Iline 13.  (b) Book value  (c) Description of investment type  (d) Book value  (e) Method of valuation: Cost or end-of-year market value  (f)  (g)  (g)  (g)  (g)  (g)  (g)  (g)   |  |   |                          |                       |  |
| Total,   |  |   |                          |                       |  |
| Cost of end-of-year market value   Cost of end-of                   |  | must equal Form 990, Part X, col. (B) line 12.) | 0                        |                       |  |
| (a) Description of investment type (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Teat. (Column (b) must equal Form 860, Part X cot. (ii) line 12) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Teat. (Column (b) must equal Form 860, Part X cot. (iii) line 12) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (2) (12) (13) (4) (5) (6) (7) (8) (9) (10) (10) (11) (11) (12) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (11) (10) (11) (11) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (19) (10) (10) (11) (11) (11) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (19) (10) (10) (11) (11) (11) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (19) (10) (10) (11) (11) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (19) (19) (19) (10) (11) (11) (11) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (19) (19) (10) (11) (11) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (19) (19) (10) (11) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (11) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (18) (19) (19) (19) (19) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (18) (18) (18) (18) (18) (18  | personnella Gerilla versonner verson School  |   | ed. See Form 990, Part X | (, line 13.           |  |
| Cost or end-of-year market value   |  |   |                          | (c) Method of va      |  |
| (2)   (3)   (4)   (4)   (5)   (6)   (7)   (8)   (9)   (10)   (1                   |  | (a) Description of threatment type              | \0,000011100             | Cost or end-of-year r | market value   |
| (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (b) line 13.)  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (b) line 15.).  Part X Other Liabilities. See Form 990, Part X, col. (b) line 15.).  Part X Other Liabilities. See Form 990, Part X, tine 25. (1) Federal income taxes (2) Funds Held in Trust (3) (4) (5) (6) (7) (8) (9) (10) (11) Federal income taxes (1) Federal income taxes (2) Funds Held in Trust (3) (4) (5) (6) (7) (8) (9) (10) (11) (10) (10) (10) (110) (111) (111) (111) (111) (112) (113) (114) (115) (115) (116) (117) (117) (117) (118                 | (1)  |   |                          |                       |  |
| (4) (5) (6) (7) (8) (9) (10) Total. (Column (a) must equal Form 990, Part X, col. (B) line 13.) ▶ 0  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶    1 (a) Description of liability (b) Book value (c) Description of liability (b) Book value (c) Description of liability (b) Book value (c) Description of liability (c) Description of liability (d) Book value (d) Federal income taxes (e) Description of liability (f) Federal income taxes (g) Funds Held in Trust (g) Funds Held in Trust (g) Funds Held in Trust (h) Book value (h) B                  |  |   |                          |                       |  |
| (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Fart X, col. (B) line 13.) ▶ 0  (a) Description (b) Book value  (b) Book value  (c) (3) (4) (4) (5) (6) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 0  (a) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 0  (b) Book value  (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d   |  |   |                          |                       |  |
| (6) (7) (8) (9) (10) Total: (Column (b) must equal Form 900, Part X, col. (B) line 12) (2) (3) (4) (5) (6) (7) (8) (9) (1) Total: (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X  Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description (B) Book value  (1) Total: (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X  Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (2) Funds Held in Trust 1,836 (3) (4) (5) (6) (7) (8) (9) (10) (11) Total: (Column (b) must equal Form 990, Part X, col. (B) line 15.).  |  |   |                          |                       |  |
| (7) (8) (9) (10) Total. (Column (b) must equal Form 890, Part X, col. (B) line 13.) ▶ 0  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶ (Column (b) must equal Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes 0 (2) Funds Held in Trust 1,836 (3) (4) (5) (6) (7) (8) (9) (10) (17) (18) (19) (2) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶ (Column (b) must equal Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (b) Book value  (c) Funds Held in Trust 1,836 (3) (4) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,836 (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,836 (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (10) (11) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,836 (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (10) (11) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,836   |  |   |                          |                       |  |
| (3) (3) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  |  |   |                          |                       |  |
| (9) (10) (10) (10) (10) (10) (10) (10) (11) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (19) (19) (10) (19) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (19) (19) (19) (10) (10) (10) (11) (10) (11) (11) (11  |  |   |                          |                       | and the same of th |
| 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.)   Description   (b) Book value  |  |   |                          |                       |  |
| Company   Comp                   |  | must enual Form 990. Part X. col. (B) line 13.) | 0                        |                       |  |
| (a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  | NOTIFICATION OF THE PROPERTY O |   | Part X. line 15.         |                       |  |
| (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).   |  |   | 1                        |                       | (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.).   | (1)  | -   |                          |                       |  |
| (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).   |  |   |                          |                       |  |
| (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  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 1,836 (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)    1.836  2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability   |  |   |                          |                       |  |
| (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)▶ (Column (b) must equal Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Funds Held in Trust 1,836 (3) (4) (5) (6) (7) (8) (9) (10) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,836  2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability   | (4)  |   |                          |                       |  |
| (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  | (5)  |   |                          |                       |  |
| (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)▶  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 1,836 (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,836  2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability  |  |   |                          |                       |  |
| (9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)   |  |   |                          |                       |  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total. (Column (b) must equal Form 990, Part X, line 25.  |  |   |                          |                       |  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  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 1,836 (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,836  2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability  |  |   |                          |                       |  |
| Part X   Other Liabilities. See Form 990, Part X, line 25.   |  | mn /h) must squal Form 000, Part V co           | ol (P) line 15 )         | <b>&gt;</b>           | 0  |
| 1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       0         (2) Funds Held in Trust       1,836         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (10)         (11)       (2) Funds Held in Trust         (4)       (5)         (6)       (7)         (8)       (9)         (10)       (11)         Total. (Column (b) must equal Form 990, Part X. col. (B) line 25.)       1,836         2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability   | \$200mm62502250500000000000000000000000000   |   |                          |                       |  |
| (1) Federal income taxes (2) Funds Held in Trust (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X. col. (B) line 25.) ▶ 1,836  2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability   | Commence of the Commence of th |   |                          |                       |  |
| (2) Funds Held in Trust  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  (11)  Total. (Column (b) must equal Form 990, Part X. col. (B) line 25.) ▶ 1,836  2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability  |  |   |                          |                       |  |
| (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  7  |  |   |                          |                       |  |
| (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  7  |  | Told II Trade                                   | .,                       |                       |  |
| (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X. col. (B) line 25.)  1,836  2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability   |  |   |                          |                       |  |
| (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X. col. (B) line 25.)  1,836  2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability   |  |   |                          |                       |  |
| (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  1,836  2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability   |  |   |                          |                       |  |
| (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  1,836  2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability   |  |   |                          |                       |  |
| (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  1,836  2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability   |  |   |                          |                       |  |
| (11)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,836  2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability  |  |   |                          |                       |  |
| (11)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,836  2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability  |  |   |                          |                       |  |
| 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability  | (11)   |   |                          |                       |  |
|  |  |   |                          |                       |  |
|  |  |   |                          |                       | anization's liability  |

| Sched  | ule D (Form 990) 2012 San Diego Grantmakers  | 33-0868261                              | Page 4                                  |
|--------|--|---|---|
| Par    | Reconciliation of Revenue per Audited Financial Statements With Revenue pe   | r 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   | 1                                       |   |
| C      | Recoveries of prior year grants  |   |   |
| d      | Other (Describe in Part XIII.)   |   |   |
| е      | 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  |   |   |
| b      | Other (Describe in Part XIII.)   |   |   |
| C      | Add lines 4a and 4b  | 4c                                      | 0                                       |
| 5      | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  | 5                                       | 0                                       |
| Pan    | Reconciliation of Expenses per Audited Financial Statements With Expenses p  | er 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 XIII.)   |   |   |
| 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:   |   |   |
| а      | Investment expenses not included on Form 990, Part VIII, line 7b 4a  |   |   |
| b      | Other (Describe in Part XIII.)   | 1                                       |   |
| 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                                       |
| Pan    | Supplemental Information   |   |   |
| Comp   | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV | /, lines 1b and 2b:                     |   |
|        | V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro     |   |   |
|        | onal information.  | •                                       |   |
| _      |  |   |   |
| Part > | I Line 2b The organizations revenue and expenses presented on the Form 990 does not                                    |   |   |
| nclud  | le \$28.648 of in-kind rent received which is included on the reviewed financial                                       | *************************************** |   |
| stator | ments.   |   |   |
| olalei | iterits.   |   |   |
|        |  |   |   |
|        |  |   |   |
|        |  |   |   |
|        |  |   |   |
|        |  |   |   |

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047
2012

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

33-0868261 San Diego Grantmakers 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 to annually acknowledge and sign the Conflict of Interest Statement. If a conflict arises the person with a conflict is not allowed to vote on the proposed transaction. There have been no incidences of conflict during the reporting period. Form 990 Part VI Section B Line 15c Annually, during Executive session of the Board of Directors meeting, the Chair presents formal review and recommended compensation adjustment, if any, to the Board for approval. Comparability data is presented and shared with the other members of the Board during both the executive session and regular board meetings to provide framework for the recommendation. The process is documented and was last done December 4, 2012. 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. Form 990 Part IX Line 11g The organization used consultants during the year for an Education Synergy Project and a working group coordinator.

## TAXABLE YEAR California Evamnt Organization

|   | California Exempt C   | лyanız                                 | all       | JII     |  | execta                    |        |                                   |
|---|---|--|-----------|---------|--|---------------------------|--------|-----------------------------------|
| <u>2012</u>                             | * # # # # # # # # # # # # # # # # # # #   |  | 1         |         |  |                           |        | 199                               |
| Calendar Y                              | ear 2012 or fiscal year beginning month   | day _                                  | y         | ear _   | , and en                                   | ding month                |        | day year                          |
| Corporation/0                           | Drganization Name   |  |           |         |  | Californ                  | ila co | moration number                   |
|   | Grantmakers   |  |           |         |  | 20458                     | 28     |                                   |
| Address (suit                           | e, room, or PMB no.)  |  |           |         | ,  | FEIN                      |        |                                   |
|   | eham Place 350  |  |           |         |  | 33-08                     | 382    | 61                                |
| City                                    |   | State                                  | ZIP C     | ode     |  |                           |        |                                   |
| San Diego                               |   | CA                                     | 9212      | 2       |  |                           |        |                                   |
| A First Ret                             | um  | . Yes X                                | No        | JIfe    | exempt under R&                            | TC Section 237            | '01d   | , has the organization            |
| B Amende                                | d Return  | . 😝 🗌 Yes 🔀                            | No        | du      | ring the year: (1)                         | participated in a         | any    | political campaign                |
| C IRC Sec                               | tion 4947 (a)(1) trust  | . Yes X                                | No        | or      | (2) attempted to i                         | nfluence legisla          | ition  | or any ballot measure,            |
| D Final Re                              | turn?   | ithdrawn)                              | •         | or      | (3) made an elec                           | tion under R&T            | C S    | ection 23704.5                    |
|   | ed/Reorganized Enter date: ♦  | ·                                      |           | l       |  |                           |        | ? Yes X No                        |
| _                                       | counting method:  |  |           | If"     | Yes," complete a                           | nd attach form            | FTB    | 3509.                             |
|   | sh (2) X Accrual (3) Other  |  |           | ı       |  |                           |        | 23701g?                           |
| F Federal r                             | · · · —   |  |           |         | Yes," enter the gr                         |                           |        |                                   |
|   | etan med ;<br>990T (2) ❷  | 10)                                    |           | l       | urces                                      |                           |        |                                   |
| _                                       | group filing for the subordinates/affillates?   | ·                                      | No        | ı       | organization is exe<br>clusively religious | •                         |        | Section 23701d and is             |
| If "Yes," :                             | attach a roster. See instructions   |  | •         | 1       | , -  |                           |        | ublic contributions,              |
| H is this on                            | ganization in a group exemption?  | . Yes X                                | No        |         |  |                           |        |                                   |
| If "Yes,"                               | what is the parent's name?  |  |           | M Ist   | he organization a                          | Limited Liabili           | у С    | ompany? ❷ ☐ Yes 🛛 No              |
| *************************************** |   |  |           |         | l the organization                         |                           |        |                                   |
| I Did the o                             | rganization have any changes in its activities,   | governing                              |           | tax     | able income?                               | • • • • • • • • • • • • • |        | Yes X No                          |
| instrume                                | instrument, articles of incorporation, or bylaws that   |  |           |         | he organization u                          |                           |        |                                   |
|   | been reported to the Franchise Tax Board? explain, and attach copies of revised document                            |  | J No      | IR      | S audited in a prio                        | r year?                   | • • •  |                                   |
|   | · · · · · · · · · · · · · · · · · · ·   |  | - 6       |         |  |                           |        |                                   |
| raiti Ç                                 | omplete Part I unless not required to file to   |  |           |         |  |                           | _      | 56,299 00                         |
|   | <ul><li>1 Gross sales or receipts from other source</li><li>2 Gross dues and assessments from member</li></ul>      |  | ,         | •       |  |                           | 1 2    |                                   |
|   |   |  |           |         |  |                           | 3      | 174,463 00<br>314,495 00          |
| Receipts                                | <ul> <li>3 Gross contributions, gifts, grants, and similar amounts received</li></ul>                               |  |           |         |  |                           | 30000  | [ 314,433 00                      |
| and                                     | This line must be completed. If the resi  |  |           | -       |  | ction B                   | 4      | 545,257 00                        |
| Revenues                                | 5 Cost of goods sold  |  |           |         |  | 000                       |        | 0.40,201 00                       |
|   | 6 Cost or other basis, and sales expenses   |  |           |         |  | 0 00                      |        |                                   |
|   | 7 Total costs. Add line 5 and line 6  |  |           |         |  | .,                        | 7      | 0 00                              |
|   | 8 Total gross income. Subtract line 7 from I  | ine 4                                  |           |         |  |                           | 8      | 545,257 00                        |
| Expenses                                | 9 Total expenses and disbursements. From  |  |           |         |  |                           | 9      | 496,788 00                        |
| Fyhenaga                                | 10 Excess of receipts over expenses and dis   | bursements.                            | Subtra    | ct line | 9 from line 8                              | <u></u>                   | 10     |                                   |
|   | 11 Filing fee \$10 or \$25. See General Instruc   | ction F                                |           |         |  |                           | 11     | 0 00                              |
| Filing                                  | 12 Total payments   |  |           |         |  |                           | 12     | 0 00                              |
| Fee                                     | 13 Penalties and Interest. See General Instru   | action J                               |           |         |  |                           | 13     | 0 00                              |
|   | 14 Use tax. See General Instruction K   |  |           |         |  |                           | 14     | 0 00                              |
|   | 15 Balance due. Add line 11, line 13, and lin   |  |           |         |  |                           | 15     | 0 00                              |
| <b>.</b> ,                              | Under penalties of perjury, I declare that I have example belief, it is true, correct, and complete. Declaration of | mined this return<br>of preparer (oth) | n, includ | os gnit | companying schedul                         | es and statement          | s, end | d to the best of my knowledge and |
| Sign<br>Here                            |   |  | itle      | avhaye  | ir) is beset on all illi                   | Date                      | ի, eh  | Telephone                         |
| 11010                                   | Signature of officer  | '                                      |           |         |  |                           |        | 10(2)10110                        |
|   | 2 2   |  |           | T       | Date                                       | Check If self-            |        | ● PTIN                            |
|   | Preparer's signature  | e e                                    |           | ļ       | 8/6/2013                                   | employed >                |        | P00287581                         |
| Paid                                    |   | 1                                      |           | 1       |  |                           | _      | • FEIN                            |
| Preparer's<br>Use Only                  | Firm's name (or yours,   Sonnenberg & Co  | . CPAs                                 |           |         |  |                           |        | 95-3749711                        |
|   | and address   |  |           |         |  |                           |        | • Telephone                       |
|   | 5190 Governor Di  | r, Ste. 201                            |           | San     | Diego, CA 921                              | 22                        |        | 858-457-5252                      |

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Form 199 C1 2012 Side 1

San Diego Grantmakers

33-0868261

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

|   | 1 Gross sales or receipts from all busine  | ss activities. See instructio   | ns   |                    |         | 53,887 00   |
|---|--|---|--|--------------------|---------|---|
|   | 2 Interest   |   |  |                    |         | 1,061 00  |
|   | 3 Dividends  |   |  |                    | ., ,    | 0 00  |
| <b>.</b>  | 4 Gross rents  | *   |  |                    |         | 0 00  |
| Receipts from Othe  | r 0  |   |  | <del>  </del>      |         | 0 00  |
| Sources   | 6 Gross amount received from sale of as  |   |  |                    | ч ,     | 0 00  |
|   | 7 Other income. Attach schedule  |   |  | <del></del>        | ,       | 1,351 00  |
|   | 8 Total gross sales or receipts from other source  |   |  | <del></del>        |         | 56,299 00   |
|   | 9 Contributions, gifts, grants, and similar  |   |  | i <del></del> i-   |         | 0 00  |
|   | 10 Disbursements to or for members   |   |  |                    |         | 0 00  |
|   | 11 Compensation of officers, directors, an   |   |  | <u>}——</u> ;-      |         | 85,659 00   |
| Expenses  |  |   |  | <del></del>        |         | 131,857 00  |
| and<br>Disburse-  | 40 1-11  |   |  |                    |         | 0 00  |
| ments   | 14 Taxes   |   |  | _                  |         | 17,816 00   |
|   | 15 Rents   |   |  | _                  |         | 0 00  |
|   | 16 Depreciation and depletion (See instru  |   |  | <del></del>        |         | 1,550 00  |
|   | 17 Other Expenses and Disbursements. A   |   |  |                    |         | 259,906 00  |
|   | 18 Total expenses and disbursements. A   |   |  |                    |         | 496,788 00  |
| Schedule  |  | Beginning of  |  | End of tax         | cable v |   |
| Assets  |  | (a)   | (b)  | (c)                | T       | (d)   |
| 1 Cash  |  |   | 466,715.   |                    | 0       | 552,263.  |
| 2 Net ac  | counts receivable  |   | 32,300.  |                    | 0       | 41,527  |
| 3 Net notes receivable  |  |   | 0.   |                    | 0       | 0.  |
| 4 Invento   | ories  |   | 0.   |                    | 0       | 0.  |
| 5 Federa  | al and state government obligations  |   | 0.   |                    | 0       | 0.  |
|   | ments in other bonds   | To a Charles and the control of the | 0.   |                    | 0       | 0.  |
|   |  |   |  |                    |         |   |
| 7 Investr   | ments in stock   |   | 0.   |                    | 8       | 0.  |
|   | ments in stock   |   | 0.<br>0.   |                    | 0       | 0.<br>0.  |
| 8 Mortga  |  |   |  |                    | -       |   |
| 8 Mortga<br>9 Other i   | ments in stock ge loans nvestments. Attach schedule  |   | 0.   | 7,752              | 0       | 0.  |
| 8 Mortga<br>9 Other i<br>10 a De  | ments in stock ge loans nvestments. Attach schedule preciable assets   | 7,752.  | 0.<br>0.   |                    | 0       | 0.<br>0.  |
| 8 Mortga<br>9 Other i<br>10 a De<br>b Le  | ments in stock  ge loans  nvestments. Attach schedule  preciable assets  ss accumulated depreciation   | 7,752.  | 0.   | 7,752<br>( 5,997.) | 0       | 0.  |
| 8 Mortga<br>9 Other i<br>10 a De<br>b Le<br>11 Land   | ments in stock ge loans nvestments. Attach schedule preciable assets   | 7,752.  | 0.<br>0.<br>3,305.   |                    | •       | 0.<br>0.<br>1,755.<br>0.  |
| 9 Other i 10 a De b Le 11 Land 12 Other i   | ments in stock ge loans nvestments. Attach schedule preciable assets ss accumulated depreciation assets. Attach schedule   | 7,752.  | 0.<br>0.<br>3,305.<br>0.   |                    | •       | 0.<br>0.<br>1,755.  |
| <ul> <li>8 Mortga</li> <li>9 Other i</li> <li>10 a De</li> <li>b Let</li> <li>11 Land</li> <li>12 Other a</li> <li>13 Total a</li> </ul>                                      | ments in stock ge loans nvestments. Attach schedule preciable assets ss accumulated depreciation   | 7,752.  | 0.<br>0.<br>3,305.<br>0.<br>4,463.   |                    | •       | 0.<br>0.<br>1,755.<br>0.<br>8,941.  |
| 9 Other i 10 a De    b Le 11 Land 12 Other a 13 Total a Liabilities   | ments in stock  ge loans  nvestments. Attach schedule  preciable assets  ss accumulated depreciation  assets. Attach schedule  ssets   | 7,752.<br>( 4,447. )  | 0.<br>0.<br>3,305.<br>0.<br>4,463.   |                    | •       | 0.<br>0.<br>1,755.<br>0.<br>8,941.  |
| 9 Other i 10 a De b Le 11 Land 12 Other a 13 Total a Liabilities 14 Account   | ments in stock  age loans  investments. Attach schedule  preciable assets  as accumulated depreciation  assets. Attach schedule  assets  and net worth   | 7,752.<br>( 4,447. )  | 0.<br>0.<br>3,305.<br>0.<br>4,463.<br>506,783.   |                    |         | 0.<br>0.<br>1,755.<br>0.<br>8,941.<br>604,486.  |
| 9 Other i 10 a De    b Le 11 Land 12 Other i 13 Total a Liabilities 14 Accour 15 Contrib  | ments in stock ge loans nvestments. Attach schedule preciable assets ss accumulated depreciation assets. Attach schedule ssets and net worth nts payable putions, gifts, or grants payable   | 7,752.  | 0.<br>0.<br>3,305.<br>0.<br>4,463.<br>506,783.   |                    |         | 0.<br>0.<br>1,755.<br>0.<br>8,941.<br>604,486.  |
| 9 Other i 10 a De    b Le 11 Land 12 Other a 13 Total a Liabilities 14 Accour 15 Contrib 16 Bonds   | ments in stock  age loans  investments. Attach schedule  preciable assets  as accumulated depreciation  assets. Attach schedule  ssets  and net worth  assets payable  | 7,752.  | 0.<br>0.<br>3,305.<br>0.<br>4,463.<br>506,783.<br>18,552.<br>0.                        |                    |         | 0.<br>0.<br>1,755.<br>0.<br>8,941.<br>604,486.<br>50,339.<br>0.                                     |
| 9 Other i 10 a De    b Le 11 Land 12 Other a 13 Total a Liabilities 14 Account 15 Contrib 16 Bonds 17 Mortga  | ments in stock ge loans nivestments. Attach schedule preciable assets ss accumulated depreciation assets. Attach schedule ssets and net worth nts payable putions, gifts, or grants payable and notes payable ges payable  | 7,752.  | 0.<br>0.<br>3,305.<br>0.<br>4,463.<br>506,783.<br>18,552.<br>0.                        |                    |         | 0.<br>0.<br>1,755.<br>0.<br>8,941.<br>604,486.<br>50,339.<br>0.                                     |
| 9 Other i 10 a De b Le 11 Land 12 Other a 13 Total a Liabilities 14 Accour 15 Contrib 16 Bonds 17 Mortga 18 Other i   | ments in stock ge loans nivestments. Attach schedule preciable assets ss accumulated depreciation assets. Attach schedule ssets and net worth nts payable putions, gifts, or grants payable and notes payable  | 7,752.  | 0.<br>0.<br>3,305.<br>0.<br>4,463.<br>506,783.<br>18,552.<br>0.<br>0.                  |                    |         | 0.<br>0.<br>1,755.<br>0.<br>8,941.<br>604,486.<br>50,339.<br>0.                                     |
| 9 Other i 10 a De b Le 11 Land 12 Other a 13 Total a Liabilities 14 Accour 15 Contrib 16 Bonds 17 Mortga 18 Other i 19 Capital  | ments in stock ge loans nvestments. Attach schedule preciable assets ss accumulated depreciation assets. Attach schedule ssets and net worth nts payable putions, gifts, or grants payable and notes payable ges payable iabilities. Attach schedule   | 7,752.  | 0.<br>0.<br>3,305.<br>0.<br>4,463.<br>506,783.<br>18,552.<br>0.<br>0.<br>0.<br>95,649. |                    |         | 0.<br>0.<br>1,755.<br>0.<br>8,941.<br>604,486.<br>50,339.<br>0.<br>0.                               |
| 9 Other i 10 a De b Le 11 Land 12 Other a 13 Total a Liabilities 14 Accour 15 Contrib 16 Bonds 17 Mortga 18 Other i 19 Capital 20 Paid-in                                     | ments in stock ge loans nvestments. Attach schedule preciable assets ss accumulated depreciation assets. Attach schedule ssets and net worth nts payable putions, gifts, or grants payable and notes payable ges payable iabilities. Attach schedule stock or principle fund   | 7,752.  | 0.<br>0.<br>3,305.<br>0.<br>4,463.<br>506,783.<br>18,552.<br>0.<br>0.<br>0.<br>95,649. |                    |         | 0.<br>0.<br>1,755.<br>0.<br>8,941.<br>604,486.<br>50,339.<br>0.<br>0.<br>113,096.                   |
| 9 Other i 10 a De    b Le 11 Land 12 Other a 13 Total a Liabilities 14 Accour 15 Contrib 16 Bonds 17 Mortga 18 Other i 19 Capital 20 Pald-in 21 Retaine                       | ments in stock ge loans nvestments. Attach schedule preciable assets ss accumulated depreciation assets. Attach schedule ssets and net worth nts payable putions, gifts, or grants payable and notes payable ges payable jes payable stock or principle fund or capital surplus. Attach reconciliation ed earnings or income fund  | 7,752.  | 0.<br>0.<br>3,305.<br>0.<br>4,463.<br>506,783.<br>18,552.<br>0.<br>0.<br>0.<br>95,649. |                    |         | 0.<br>0.<br>1,755.<br>0.<br>8,941.<br>604,486.<br>50,339.<br>0.<br>0.<br>113,096.                   |
| 9 Other i 10 a De    b Le 11 Land 12 Other a 13 Total a Liabilities 14 Accour 15 Contrib 16 Bonds 17 Mortga 18 Other i 19 Capital 20 Pald-in 21 Retaine                       | ments in stock age loans investments. Attach schedule apreciable assets as accumulated depreciation assets. Attach schedule ssets and net worth ats payable butions, gifts, or grants payable and notes payable ges payable iabilities. Attach schedule istock or principle fund or capital surplus. Attach reconciliation ed earnings or income fund abilities and net worth                                  | 7,752.  | 0. 0. 3,305. 0. 4,463. 506,783. 18,552. 0. 0. 0. 395,649. 0. 392,582. 506,783.         |                    |         | 0.<br>0.<br>1,755.<br>0.<br>8,941.<br>604,486.<br>50,339.<br>0.<br>0.<br>113,096.<br>0.<br>441,051. |
| 9 Other i 10 a De b Le 11 Land 12 Other a 13 Total a Liabilities 14 Accour 15 Contrib 16 Bonds 17 Mortga 18 Other i 19 Capital 20 Paid-in 21 Retaine 22 Total lis             | ments in stock age loans investments. Attach schedule apreciable assets as accumulated depreciation assets. Attach schedule ssets and net worth ats payable butions, gifts, or grants payable and notes payable ges payable labilities. Attach schedule attack or principle fund or capital surplus. Attach reconcillation adelities and net worth   | 7,752. ( 4,447. )  oks with income per retu   | 0. 0. 3,305. 0. 4,463. 506,783. 18,552. 0. 0. 0. 95,649. 0. 392,582. 506,783.          | ( 5,997. )         |         | 0.<br>0.<br>1,755.<br>0.<br>8,941.<br>604,486.<br>50,339.<br>0.<br>0.<br>113,096.<br>0.<br>441,051. |
| 9 Other i 10 a De     b Le 11 Land 12 Other i 13 Total a Liabilities 14 Accour 15 Contrib 16 Bonds 17 Mortga 18 Other i 19 Capital 20 Paid-in 21 Retaine 22 Total li Schedule | ments in stock ge loans nvestments. Attach schedule preciable assets ss accumulated depreciation assets. Attach schedule ssets and net worth nts payable putions, gifts, or grants payable and notes payable ges payable iabilities. Attach schedule stock or principle fund or capital surplus. Attach reconciliation ed earnings or income fund abilities and net worth  M-1 Reconciliation of income per bo | 7,752. ( 4,447. )  oks with income per retu   | 0. 0. 3,305. 0. 4,463. 506,783. 18,552. 0. 0. 0. 95,649. 0. 392,582. 506,783.          | s than \$50,000    |         | 0.<br>0.<br>1,755.<br>0.<br>8,941.<br>604,486.<br>50,339.<br>0.<br>0.<br>113,096.<br>0.<br>441,051. |

| 1 | Net income per books                        | <b>48,469.</b> | 7 Income recorded on books this year         |  |
|---|---|----------------|--|--|
| 2 | Federal income tax                          | <b>®</b>       | not included in this return. Attach schedule | <b>◎</b> 0.  |
| 3 | Excess of capital losses over capital gains | 0              | 8 Deductions in this return not charged      |  |
| 4 | Income not recorded on books this           |                | against book income this year.               | and the comment of th |
|   | year. Attach schedule                       | 0.             | Attach schedule                              | 0.   |
| 5 | Expenses recorded on books this year not    |                | 9 Total. Add line 7 and line 8               | 0.   |
|   | deducted in this return. Attach schedule    | <b>©</b> 0.    | 10 Net income per return.                    | egicani se anci se negovići na   |
| 6 | Total. Add line 1 through line 5            | 48,469.        | Subtract line 9 from line 6                  | 48,469.  |

## **Corporation Depreciation 2012** and Amortization



| Att  | ach to Form 100 or Form 100             | ow.   |                            |          |                         |             |          |                   |          |                                     |        |          |                         |
|--|---|---|----------------------------|----------|-------------------------|-------------|----------|-------------------|----------|-------------------------------------|--------|----------|-------------------------|
| Cor  | poration name                           |   |                            |          |                         |             |          |                   | - 1      | California                          | corpor | ation n  | umber                   |
| Sa   | n Diego Grantmakers                     |   |                            |          |                         |             |          |                   |          |                                     |        |          |                         |
| Pa   |   | e Certain Prope   | rty Under IRC Secti        | on 17    | 9                       |             |          |                   | 1        |                                     |        |          |                         |
| 1  | Maximum deduction under                 |   |                            |          |                         |             |          |                   |          |                                     | . 1    | Ĭ        | \$25,000.               |
|  | Total cost of IRC Section 1             |   |                            |          |                         |             |          |                   |          |                                     |        |          | 0.                      |
| 3  | Threshold cost of IRC Sect              | ion 179 property  | before reduction in li     | mitatio  | п                       |             |          |                   |          |                                     | . 3    |          | \$200,000.              |
| 4  | Reduction in limitation. Sub            | stract line 3 from I  | ine 2. If zero or less,    | enter -  | -0                      |             |          |                   |          |                                     | . 4    |          | 0.                      |
|  | Dollar limitation for taxable           |   |                            |          |                         |             |          |                   |          |                                     |        | 1        | 25,000.                 |
|  | (a) Do                                  | escription of property  | 1                          |          | (b) Cost (bus           | siness us   | e only   | ) (               | c) Elec  | ted cost                            |        |          | 0.000                   |
| 6  |   |   |                            |          |                         |             | C        | ).                |          |                                     | 0.     | .]       |                         |
|  |   |   |                            |          |                         |             | C        | ).                |          |                                     | 0      |          |                         |
|  |   |   |                            |          |                         |             | C        | ).                |          |                                     | 0.     |          |                         |
|  |   |   |                            |          |                         |             | C        | ).                |          |                                     | 0.     |          |                         |
| 7  | Listed property (elected IR0            | C Section 179 co  | st)                        |          |                         |             | . 7      | ·                 |          |                                     | 0.     | .]       |                         |
| 8  | Total elected cost of IRC S             | ection 179 proper   | rty. Add amounts in o      | olumn    | (c), line 6 an          | d line 7    |          |                   |          | , . , ,                             | 8      |          | 0.                      |
| 9  | Tentative deduction. Enter              | the smaller of lin  | e 5 or line 8              |          |                         |             |          |                   |          |                                     | . 9    |          | 0.                      |
| 10   | Carryover of disallowed dec             | duction from prior  | taxable years              |          |                         |             |          |                   |          |                                     | 10     | )        | 0.                      |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 |   |   |                            |          |                         |             | 11       |                   | 0.       |                                     |        |          |                         |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11   |   |   |                            |          |                         |             | 12       | !                 | 0.       |                                     |        |          |                         |
| 13 Carryover of disallowed deduction to 2013. Add line 9 and line 10, less line 12                 |   |   |                            |          |                         |             |          |                   |          |                                     |        |          |                         |
| Par  | t II Depreciation and El                | ection of Addition  | onal First Year Exp        | ense C   | Deduction U             | nder R      | RTC :    | Section 2         | 4356     |                                     |        |          |                         |
|  | (a) Description of property             | (b)<br>Date acquired  | (c)<br>Cost or other basis | Donros   | (d)                     | (e)         | -11      | (f)<br>Life or    | Do       | (g)                                 | fan.   | ,        | (h)                     |
|  | Description of property                 | Date acquired Cost or other basis Depreciation allowed Depreciation Life or Depreciation for allowable in method rate this year |                            |          |                         |             |          | TOF               | 1        | Additional first<br>ar depreciation |        |          |                         |
|  |   |   |                            | ea       | rlier years             |             |          |                   |          |                                     |        | <u> </u> |                         |
| 14   |   |   |                            |          |                         |             |          | <u> </u>          |          |                                     |        |          |                         |
|  | ,                                       |   |                            |          |                         |             |          |                   |          | ·                                   |        | <u> </u> |                         |
|  |   |   |                            |          |                         |             |          |                   |          |                                     |        |          |                         |
|  |   |   |                            |          |                         |             |          |                   |          |                                     |        | <u> </u> | <del> </del>            |
|  |   |   |                            |          |                         |             |          |                   |          |                                     |        |          | <del></del>             |
| 15   | Add the amounts in column               | (g) and column (I   | n). The total of colum     | n (h) n  | nay not excee           | d \$2,00    | 0.       |                   |          |                                     |        | 1        |                         |
|  | See instructions for line 14,           | column (h)  |                            |          |                         |             |          | 15                |          |                                     | 0.     | ,        | 0,                      |
| Par  | t III Summary                           |   |                            |          |                         |             |          |                   |          |                                     |        |          |                         |
| 16   | Total: If the corporation is el-        | ecting:   |                            |          |                         |             |          |                   |          |                                     | ŀ      |          |                         |
|  | IRC Section 179 expense, a              |   |                            |          |                         |             |          |                   |          |                                     |        |          |                         |
|  | Additional first year deprecia          | ation under R&TC  | Section 24356, add         | the an   | nounts on line          | ∋ 15, col   | lumns    | s (g) and (       | h) or    |                                     |        |          |                         |
|  | Depreciation (if no election is         | •   |                            |          |                         |             |          |                   |          |                                     | 16     |          | 0.                      |
| 17   | Total depreciation claimed for          | or federal purpos   | es from federal Form       | 4562,    | line 22                 |             |          |                   |          |                                     | 17     |          | 0.                      |
|  | Depreciation adjustment. If line 17     |   |                            |          |                         |             |          |                   |          |                                     |        |          |                         |
|  | If line 17 is less than line 16, enter  |   |                            |          |                         |             |          |                   |          |                                     |        |          |                         |
|  | amounts are used to determine ne        | t income before state   | adjustments on Form 10     | 00 or Fo | rm 100W, no ad          | justment    | is nec   | essary.)          |          |                                     | 18     |          | 0.                      |
| Par  |   | /fu)  | 7-1                        |          | 7.21                    |             | 1        | 1-1               |          | 70                                  |        |          |                         |
|  | (a) Description of property             | (b) Date acquired   | (c)<br>Cost or other basi  | s I      | (d)<br>Amortization all | owed or     | R&       | (e)<br>TC section | Pe       | (f)<br>riod or                      | Am     | ortizati | (g)<br>on for this year |
|  |   | ·   |                            |          | illowable in earl       |             | 1        | instructions      |          | centage                             |        |          |                         |
| 19   |   |   |                            |          |                         |             |          |                   | <u> </u> |                                     |        |          |                         |
|  |   |   |                            |          |                         |             | <u> </u> |                   |          |                                     |        |          |                         |
|  |   |   |                            |          |                         |             |          |                   |          |                                     |        |          |                         |
|  |   |   |                            | _        | - 1                     |             |          |                   |          |                                     |        |          |                         |
|  |   | ,   | <u> </u>                   |          |                         |             | L        |                   |          |                                     |        |          |                         |
| 20   | Total. Add the amounts in co            | olumn (g)   |                            |          |                         |             |          |                   |          | . 20                                |        |          | 0.                      |
|  | Total amortization claimed for          |   |                            |          |                         |             |          |                   |          | 21                                  |        |          | 0.                      |
| 22   | Amortization adjustment. If line 21     | is greater than line 2  | 0, enter the difference he | re and o | on Form 100 or I        | Form 100    | W,       |                   |          |                                     |        |          |                         |
|  | Side 1, line 6. If line 21 is less than | line 20, enter the di   | ference here and on Foπ    | n 100 oi | r Form 100W, Si         | ide 1, line | 12       |                   |          | 22                                  |        |          | 0.                      |

## 2012 Depreciation and Amortization

3885F

0.

1,550.

Attach to Form 541, Form 109, or Form 199. Name of estate or trust FEIN San Diego Grantmakers 33-0868261 Amortization Assets and intangibles placed in service during the current taxable year. Depreciation (a) Description of property (c) Cost or other basis (d) (f) Depreciation for (g) Code (I) Amortization for Date placed Method of in service figuring depreciation this year section percentage this year (mo., day, yr.) 0. 0. 0. 0. 0. 1,550. Be sure to make adjustments for any basis differences. 1,550. Amortization 

#### **General Information**

In general, for taxable years beginning on or after January 1, 2010, California law conforms to the Internal Revenue Code (IRC) as of January 1, 2009. However, there are continuing differences between California and federal law. When California conforms to federal tax law changes, we do not always adopt all of the changes made at the federal level. For more information, go to ftb.ca.gov and search for conformity. Additional information can be found in FTB Pub. 1001, Supplemental Guidelines to California Adjustments.

Be sure to make adjustments for any basis differences.

The instructions provided with California tax forms are a summary of California tax law and are only intended to aid taxpayers in preparing their state income tax returns. We include information that is most useful to the greatest number of taxpayers in the limited space available. It is not possible to include all requirements of the California Revenue and Taxation Code (R&TC) in the tax booklets. Taxpayers should not consider the tax booklets as authoritative law.

#### A Purpose

Use form FTB 3885F, Depreciation and Amortization, to compute depreciation and amortization allowed as a deduction on Form 541, California Fiduciary Income Tax Return, Form 109, California Exempt Organization Business Income Tax Return, or Form 199, California Exempt Organization Annual Information Return. Attach form FTB 3885F to Form 541, Form 109, or Form 199.

Depreciation is the annual deduction allowed to recover the cost or other basis of business or income producing property with a determinable useful life of more than one year. Land is not depreciable.

Amortization is an amount deducted to recover the cost of certain capital expenses over a fixed period.

#### **B** Calculation Differences

California law has not always conformed to federal law regarding depreciation methods, special credits, or accelerated write-offs. Consequently, the recovery periods and the basis on which the depreciation is calculated may be different from the amounts used for federal purposes. Reportable differences may occur if all or part of your assets were placed in service:

- Before January 1, 1987. California disallowed depreciation under the federal Accelerated Cost Recovery System (ACRS). California depreciation is calculated in the same manner as in prior years for those assets.
- On or after January 1, 1987. California provides special credits and accelerated write-offs that affect the California basis for qualifying assets.
   California does not conform to all the changes to federal law enacted in 1993. Therefore, the California basis or recovery periods may be different for some assets.
- On or after September 11, 2001. California
  has not conformed to the federal Job Creation
  and Worker Assistance Act of 2002 which
  allows taxpayers to take an additional first year
  depreciation deduction and Alternative Minimum
  Tax depreciation adjustment for property placed
  in service after September 10, 2001.
- Amortization of Certain Intangibles. California conforms to IRC Section 197 relating to the amortization of Intangibles as of January 1, 1994. There is no separate California election required or allowed. However, for IRC Section 197 property acquired before January 1, 1994, the California adjusted basis as of January 1, 1994, must be amortized over the remaining federal amortization period.
- American Recovery and Reinvestment Act of 2009. Callfornia does not conform to the additional 50% first year special depreciation for qualified property acquired and placed in service on or after December 31, 2007.

 Election to Expense Certain Tangible Property. (IRC 179) This election does not apply to estates and trusts.

Differences may also occur for other less common reasons. This list is not intended to be all-inclusive of the federal and state differences. For more information about adjustments, get FTB Pub. 1001, or refer to the R&TC.

#### Specific Line Instructions

Line 1 – Complete columns (a) through (l) for each asset or group of assets placed in service after December 31, 2011. Enter the column (f) totals on line 1(f). Enter the column (l) totals on line 1(l). Line 2 – Enter total California depreciation for assets placed in service before January 1, 2012, taking into account differences in asset basis or differences in California and federal tax law.

Line 4 – Enter total California amortization for intangibles placed in service before January 1, 2012 taking into account any differences in asset basis or differences in California and federal tax law.

Line 6 – Add line 3 and line 5. Enter the total here and attach to Form 541.

If engaged in trade or business: Using California amounts, complete and attach federal Schedule C, Profit or Loss from Business, federal Schedule C-EZ, Net Profit from Business, federal Schedule E, Supplemental Income and Loss, and/or Schedule F (Form 1040) Profit or Loss From Farming, Follow federal instructions for "Depreciation, Depletion, and Amortization" regarding dividing the deductions between the fiduciary and the beneficiaries.

Form 109 filers: Enter the total on Form 109, Part II, Line 21a.

Form 199 filers: Enter the total on Form 199, Side II, Part II, line 16.

Attach a schedule if you need additional space.

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7641124

FTB 3885F 2012

San Diego Grantmakers Line 3, Part I (CA 199) - Contributor Detail Schedule

| L            |  | THE PARTY OF THE P |                 |               |          |  |  |   | 229,800         |
|--------------|--|--|-----------------|---------------|----------|--|--|---|-----------------|
|              | Nome of Contribution                     | ě  |                 |               |          |  |  | Date                                    | Total Amount    |
| 1            | Name of Cashingor                        | Street Address   | Δī              | State         | Zip Code | Foreign State or Province  | Foreign Country  | Received                                | of Contribution |
| _            | Kenneth H. Blanchard                     | 125 State Pface  | Escondido       | <u>ණ</u><br>ජ | 92029    |  |  |   | 20.000          |
| ~            | 2 Leichtag Foundation                    | 5800 Armada Drive  | Carlsbad        | 5             | 2008     |  |  | *************************************** | 12 500          |
| ~            | 3 San Diego Social Venture Partners      | 6960 Flanders Drive  |                 | 5             | 2121     | Adventure of the second of the |  |   | 20,000          |
|              | 4 Sempra Energy                          | 101 Ash Street, HQ15E  |                 | 1             | 2101     | THE PARTY OF THE P | THE RESERVE THE PROPERTY OF TH |   | 10 000          |
| ات-          | 5 The California Wellness Foundation     | 6320 Canoga Avenue, Suite 1700   |                 | 5             | 1367     |  |  |   | 44 800          |
| 9            | 6 The James Irvine Foundation            | One Bush Street, Suite 800   |                 | 5             | 4104     |  |  |   | 12 500          |
| -            | The Parker Foundation                    | 2604-B El Camino Real, Suite 244   |                 | f             | 2008     |  | ***************************************  |   | 22 500          |
| æ            | Uhion Bank                               | 530 B Street, Suite 650  | San Diego       | 2             | 92101    | THE REAL PROPERTY AND PERSONS ASSESSMENT ASSESSMENT AND PERSONS ASSESSMENT ASSESSMEN | A THE RESIDENCE AND PROPERTY OF THE PARTY OF |   | 22 500          |
| 20           | 9 Uhited Way of San Diego County         | 4699 Murphy Carryon Road   |                 | i             | 2123     |  | AND THE PROPERTY OF THE PROPER |   | 10.000          |
| =            | 10 Weingart Foundation                   | 1055 West Seventh Street, Suite 3050   |                 | Ī             | 0017     |  |  |   | 16.750          |
| +            | 11 Jewish Community Foundation San Diego | 4950 Murphy Canyon Road  |                 | Ţ .           | 2123     |  |  |   | 8 250           |
| ₩            | 12 JP Morgan Chase & Co.                 | 300 S Grand Avenue, Floor 4  |                 | 5             | 1,00     |  |  |   | 5 750           |
| <del>-</del> | 13 Michael W. McConnell                  | P.O. Box 927366  |                 |               | 2192     |  |  |   | 0,150           |
| <u>-  </u>   | 14 Queicomm Inc.                         | 5775 Morehouse Drive   |                 | i             | 2121     |  | AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON |   | 7 500           |
| ==           | 15   WebMD Health Foundation             | P.O. Box 9590  | Rancho Santa Fe | 5             | 92037    |  |  |   | 7.500           |
|              |  |  |                 |               |          |  |  |   |                 |

| Line 17. | Part II | (CA 199) | - Other | Deductions |
|----------|---------|----------|---------|------------|
|----------|---------|----------|---------|------------|

| 1  | Pension plans, employee benefits  | 1  | 37,374  |
|----|-----------------------------------|----|---------|
|    | Legal fees                        |    | 159     |
|    | Accounting fees                   |    | 10,068  |
|    | Other professional fees           |    | 90,191  |
|    | Travel, conferences, and meetings |    | 43,680  |
|    | Printing and publications         |    | 0       |
|    | Special events direct expenses    |    | 0       |
|    | Office expenses                   |    | 11,647  |
|    | Other expenses                    |    | 66,787  |
| 10 |                                   | 10 |         |
| 11 |                                   | 11 | ·       |
| 12 | Total                             | 12 | 259,906 |

Line 12, Sch L (CA 199) - Other Assets

|    |  | Beginning | End   |
|----|--|-----------|---|
| 1  | Prepaid Insurance 1  | 4,463     | 8,941   |
| 2  | 2  |           |   |
| 3  | **************************************   |           |   |
| 4  | 4  |           |   |
| 5  |  |           |   |
| 6  | **************************************   |           |   |
| 7  |  |           |   |
| ά  | THE CONTROL OF THE PROPERTY OF |           | ( a ( ) a ( |
| 0  |  |           | ·   |
| 9  | 9  |           |   |
| 10 | Total  | 4,463     | 8,941   |

Line 18, Sch L (CA 199) - Other Liabilities

|                      |     | Beginning of Year | End of<br>Year |  |
|----------------------|-----|-------------------|----------------|--|
| 1 Prepaid Dues       | 1   | 92,463            | 111,260        |  |
| 2 Funds Hel in Trust | 2   | 3,186             | 1,836          |  |
| 3                    | 3   |                   |                |  |
| 4                    | 4   |                   |                |  |
| 5                    | 5 _ |                   |                |  |
| 6                    | 6   |                   |                |  |
|                      | 7 _ |                   |                |  |
|                      | 8   |                   |                |  |
| y<br>                | 9 - |                   |                |  |
| U lotal              | 10  | 95,649            | 113,096        |  |

## MAIL TO:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

#### WEB SITE ADDRESS:

http://ag.ca.gov/charities/

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

| State Charity Registration Number  | - a          | 114435  | , , , , , , , , , , , , , , , , , , ,  | Check if:                               |  |       |                         |  |  |  |
|--|--------------|---|--|---|--|-------|-------------------------|--|--|--|
| San Diego Grantmakers  |              |   |  | <u> </u> _                              | nange or address   |       |                         |  |  |  |
| Name of Organization   |              |   |  | Amended report                          |  |       |                         |  |  |  |
| 5060 Shoreham Place, Room 350 Address (Number and Street)  |              |   | Corporate or Organization No. 2045828  |   |  |       |                         |  |  |  |
| San Diego, CA 92122  |              |   |  |   |  |       |                         |  |  |  |
| City or Town, State and ZIP Code Federal Employer I.D. No. 33-08   |              |   |  |   | 8261   |       |                         |  |  |  |
| ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)  Make Check Payable to Attorney General's Registry of Charitable Trusts  |              |   |  |   |  |       |                         |  |  |  |
| Gross Annual Revenue   | <u>Fee</u>   | Gross Annual Revenue                            | e                                      | Fee                                     | Gross Annual Revenue   |       | Fee                     |  |  |  |
| Less than \$25,000<br>Between \$25,000 and \$100,000   | 0<br>\$25    | Between 100,001 and \$<br>Between \$250,001 and | •                                      | \$50<br>\$75                            | Between \$1,000,001 and \$10 million<br>Between \$10,000,001 and \$50 million<br>Greater than \$50 million | n s   | \$150<br>\$225<br>\$300 |  |  |  |
| PART A - ACTIVITIES  |              |   |  |   |  |       |                         |  |  |  |
| For your most recent full a  | ccounting p  | eriod (beginning                                | 1/1/2012                               | endi                                    | ng 12/31/2012 ) list:  | ,     |                         |  |  |  |
| Gross annual revenue \$  |              | 545,257   | Total assets                           | <br>\$                                  |  |       |                         |  |  |  |
| PART B - STATEMENTS REGA   | RDING OR(    | ANIZATION DURING T                              | HE PERIOD C                            | )F THIS                                 | REPORT   |       |                         |  |  |  |
|  |              |   | ······································ |   | et providing an explanation and details  | - for |                         |  |  |  |
|  |              | w RRF-1 instructions for                        |  |   | st hingsaufi an eyhanaann ann somu   | , 101 |                         |  |  |  |
|  |              |   |  |   | Yes  | No    |                         |  |  |  |
| <ol> <li>During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?</li> </ol> |              |   |  |   | X  |       |                         |  |  |  |
| During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?   |              |   |  |   |  |       | 1                       |  |  |  |
| 3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?  3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?   |              |   |  |   |  |       | X                       |  |  |  |
| During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the   |              |   |  |   |  |       |                         |  |  |  |
| Internal Revenue Service, attach a copy.   |              |   |  |   |  |       |                         |  |  |  |
| <ol> <li>During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes,"<br/>provide an attachment listing the name, address, and telephone number of the service provider.</li> </ol>   |              |   |  |   |  |       |                         |  |  |  |
| 6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.  |              |   |  |   |  |       | ×                       |  |  |  |
| 7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.   |              |   |  |   |  |       | ×                       |  |  |  |
| Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is  |              |   |  |   |  |       | 广                       |  |  |  |
| operated by the charity or whether the organization contracts with a commercial fundralser for charitable purposes.  |              |   |  |   |  |       | X                       |  |  |  |
| Did your organization have preprended;  reporting period?  | ared an audi | ited financial statement in a                   | accordance with                        | generally                               | accepted accounting principles for this  |       | х                       |  |  |  |
| Organization's area code and telepho   | one number   | (858) 875-3333                                  |  |   |  |       |                         |  |  |  |
| Organization's e-mail address nancy@sdgrantmakers.org  |              |   |  |   |  |       |                         |  |  |  |
| i declare under penalty of perjury that i have examined this report, including accompanying documents, and to the best of my<br>knowledge and belief, it is true, correct and complete.  |              |   |  |   |  |       |                         |  |  |  |
| Signature of authorize   | d officer    |   | Printed Name                           | *************************************** | Title  | Date  |                         |  |  |  |