

**COMMUNITY FOUNDATION SANTA CRUZ COUNTY**

Federal Return of Organization Exempt From Income Tax  
California Exempt Organization Annual Information Return  
and  
Registration Renewal Fee Report to Attorney General of California

For the year ended December 31, 2015

EXTENDED TO AUGUST 15, 2016

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2015**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COMMUNITY FOUNDATION SANTA CRUZ COUNTY</b>	<b>D</b> Employer identification number <b>94-2808039</b>
	Doing business as	<b>E</b> Telephone number <b>831-662-2000</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>7807 SOQUEL DRIVE</b>	<b>G</b> Gross receipts \$ <b>71,457,341.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>APTOS, CA 95003</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>SUSAN FARRAR</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.CFSCC.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1982</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>FOUNDED IN 1982, COMMUNITY FOUNDATION SANTA CRUZ COUNTY IS A PUBLIC, NONPROFIT ORGANIZATION</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 18
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 18
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b> 22
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 0
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: 30,600,128. Current Year: 11,556,876.
	<b>9</b> Program service revenue (Part VIII, line 2g)	425,847. 20,172.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,583,713. 3,811,739.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-66,776. -124,816.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,542,912. 15,263,971.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,506,748. 4,741,170.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,294,959. 1,457,273.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>429,749.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,003,534. 964,034.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,805,241. 7,162,477.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	18,737,671. 8,101,494.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: 99,108,790. End of Year: 100,408,529.
	<b>21</b> Total liabilities (Part X, line 26)	5,279,762. 4,156,772.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	93,829,028. 96,251,757.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer: <i>Susan Farrar</i>	Date: <b>8/15/16</b>
	<b>SUSAN FARRAR, CFO</b> Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: <b>KEVIN T. WILSON</b>	Preparer's signature: <i>Kevin T. Wilson</i>
	Firm's name: <b>NOVOGRADAC &amp; COMPANY LLP</b> Firm's address: <b>2033 N. MAIN STREET, SUITE 400 WALNUT CREEK, CA 94596</b>	Date: <b>8/15/16</b> Check <input type="checkbox"/> self-employed Firm's EIN: <b>94-3108253</b> Phone no. (925) 949-4252

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:  
**TO PROMOTE PHILANTHROPY TO MAKE SANTA CRUZ COUNTY A BETTER PLACE TO LIVE, NOW AND IN THE FUTURE.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 6,302,979. including grants of \$ 4,741,170.) (Revenue \$ 39,326.)  
**DONOR-ADVISED AND DISCRETIONARY FUNDS HELD AT THE FOUNDATION PROVIDED GRANTS TO TAX-EXEMPT 501(C)(3) NONPROFIT ORGANIZATIONS, CHARITABLE ORGANIZATIONS AND PUBLIC SECTOR SERVICE AGENCIES IN SANTA CRUZ COUNTY AND BEYOND IN SIX BROAD FIELDS OF INTEREST DESIGNATED BY OUR BOARD OF DIRECTORS AS CORE TO OUR MISSION. THESE ARE: ARTS, HISTORY AND CULTURE; COMMUNITY DEVELOPMENT; EDUCATION/YOUTH SERVICES; ENVIRONMENT; HEALTH, AND; HUMAN SERVICES.**

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **6,302,979.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

**COMMUNITY FOUNDATION SANTA CRUZ  
COUNTY**

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>X</b>	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>X</b>	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>X</b>	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		<b>X</b>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		<b>X</b>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		<b>X</b>
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		<b>X</b>
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>X</b>	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>X</b>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		<b>X</b>
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		<b>X</b>
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>X</b>	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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 account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... 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.	18	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent .....	18	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....	X	
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b>	Other officers or key employees of the organization .....	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **COMMUNITY FOUNDATION SANTA CRUZ COUNTY - 831-662-2000**  
**7807 SOQUEL DRIVE, APTOS, CA 95003**

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

Check if Schedule O contains a response or note to any line in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL K. O'FARRELL PRESIDENT	1.00	X		X				0.	0.	0.
(2) DINA HOFFMAN VICE PRESIDENT	1.00	X		X				0.	0.	0.
(3) LINDA FAWCETT SECRETARY	1.00	X		X				0.	0.	0.
(4) MICHAEL F. MEARA TREASURER	1.00	X		X				0.	0.	0.
(5) MARILYN CALCIANO DIRECTOR	1.00	X						0.	0.	0.
(6) MARTIN M. CHEMERS DIRECTOR	1.00	X						0.	0.	0.
(7) FRENY COOPER DIRECTOR	1.00	X						0.	0.	0.
(8) CYNTHIA DRULEY DIRECTOR	1.00	X						0.	0.	0.
(9) JANET HEIEN DIRECTOR	1.00	X						0.	0.	0.
(10) FRED KEELEY DIRECTOR	1.00	X						0.	0.	0.
(11) JERRY LOPEZ DIRECTOR	1.00	X						0.	0.	0.
(12) CARLOS J. PALACIOS DIRECTOR	1.00	X						0.	0.	0.
(13) RACHEL MAYO DIRECTOR	1.00	X						0.	0.	0.
(14) GINNY SOLARI MAZRY DIRECTOR	1.00	X						0.	0.	0.
(15) TERRY MEDINA DIRECTOR	1.00	X						0.	0.	0.
(16) ROBERT RIDINO DIRECTOR	1.00	X						0.	0.	0.
(17) DAVID DOOLIN DIRECTOR	1.00	X						0.	0.	0.



**COMMUNITY FOUNDATION SANTA CRUZ  
COUNTY**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JULIE HAFF DIRECTOR	1.00	X					0.	0.	0.	
(19) SUSAN FARRAR CHIEF FINANCIAL OFFICER	40.00			X			121,905.	0.	21,306.	
(20) LANCE LINARES CHIEF EXECUTIVE OFFICER	40.00			X			174,800.	0.	23,546.	
(21) CHRISTINA CUEVAS PROGRAM DIRECTOR	40.00				X		118,939.	0.	15,742.	
(22) TIM CARSON RWMF PROGRAM DIRECTOR	40.00				X		103,728.	0.	13,380.	
(23) RANDY BALOGH PHILANTHROPIC SERVICES DIRECTOR	40.00				X		102,465.	0.	22,387.	
<b>1b Sub-total</b> .....							621,837.	0.	96,361.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							621,837.	0.	96,361.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**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) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

COMMUNITY FOUNDATION SANTA CRUZ  
COUNTY

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**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	11,556,876.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		2,770,224.				
	<b>h Total.</b> Add lines 1a-1f .....		11,556,876.				
<b>Program Service Revenue</b>	<b>2 a</b> FOUNDATION SERVICES FEES .....	<b>Business Code</b>					
		900099	20,172.	20,172.			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		20,172.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,457,159.			2,457,159.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		57,547,950.					
		<b>b</b> Less: cost or other basis and sales expenses .....		56,193,370.			
		<b>c</b> Gain or (loss) .....		1,354,580.			
	<b>d</b> Net gain or (loss) .....		1,354,580.			1,354,580.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> OTHER INCOME .....	900099	19,154.	19,154.				
<b>b</b> CHANGE IN SPLIT INTEREST AGREEMEN .....	900099	-143,970.			-143,970.		
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....		-124,816.					
<b>12 Total revenue.</b> See instructions. ....		15,263,971.	39,326.	0.	3,667,769.		

**COMMUNITY FOUNDATION SANTA CRUZ  
COUNTY**

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,741,170.	4,741,170.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	296,705.	191,383.	52,661.	52,661.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	853,988.	550,846.	151,571.	151,571.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	219,735.	141,735.	39,000.	39,000.
<b>10</b> Payroll taxes	86,845.	56,017.	15,414.	15,414.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	30,448.	19,640.	5,404.	5,404.
<b>c</b> Accounting	35,336.	22,792.	6,272.	6,272.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	178,009.	114,821.	31,594.	31,594.
<b>12</b> Advertising and promotion	27,240.	17,570.	4,835.	4,835.
<b>13</b> Office expenses	26,027.	16,789.	4,619.	4,619.
<b>14</b> Information technology	151,910.	97,986.	26,962.	26,962.
<b>15</b> Royalties				
<b>16</b> Occupancy	92,474.	59,648.	16,413.	16,413.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	18,999.	12,255.	3,372.	3,372.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	294,406.	189,900.	52,253.	52,253.
<b>23</b> Insurance	37,980.	24,498.	6,741.	6,741.
<b>24</b> 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.)				
<b>a</b> <b>REPAIRS AND MAINTENANCE</b>	39,408.	25,420.	6,994.	6,994.
<b>b</b> <b>GENERAL AND ADMINISTRATIVE</b>	31,797.	20,509.	5,644.	5,644.
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	7,162,477.	6,302,979.	429,749.	429,749.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**COMMUNITY FOUNDATION SANTA CRUZ  
COUNTY**

Form 990 (2015)

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**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	1,244,325.	<b>2</b>	1,624,033.	
	<b>3</b> Pledges and grants receivable, net .....	250,872.	<b>3</b>	176,528.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>	
	<b>6</b> 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 organizations (see instr). Complete Part II of Sch L .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	43,358.	<b>9</b>	30,662.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	9,521,992.			
	<b>b</b> Less: accumulated depreciation .....	1,442,386.			
	<b>11</b> Investments - publicly traded securities .....	8,360,838.	<b>10c</b>	8,079,606.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	87,377,307.	<b>11</b>	88,895,940.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>		
	<b>14</b> Intangible assets .....	80,144.	<b>13</b>	66,970.	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,751,946.	<b>14</b>	1,534,790.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	99,108,790.	<b>15</b>	100,408,529.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	59,487.	<b>16</b>	100,408,529.	
	<b>18</b> Grants payable .....	1,874,922.	<b>17</b>	66,204.	
	<b>19</b> Deferred revenue .....		<b>18</b>	1,082,158.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>21</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	3,345,353.	<b>24</b>	3,008,410.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	5,279,762.	<b>25</b>	4,156,772.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	7,694,331.	<b>26</b>	4,156,772.	
	<b>28</b> Temporarily restricted net assets .....	33,428,451.	<b>27</b>	6,776,970.	
	<b>29</b> Permanently restricted net assets .....	52,706,246.	<b>28</b>	35,553,031.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>29</b>	53,921,756.	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>33</b> Total net assets or fund balances .....	93,829,028.	<b>32</b>	96,251,757.	
	<b>34</b> Total liabilities and net assets/fund balances .....	99,108,790.	<b>33</b>	100,408,529.	

Form **990** (2015)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,263,971.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,162,477.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,101,494.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	93,829,028.
5	Net unrealized gains (losses) on investments	5	-5,678,765.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	96,251,757.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2015**

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> COMMUNITY FOUNDATION SANTA CRUZ COUNTY	<b>Employer identification number</b> 94-2808039
--	---

**Part I 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.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the 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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

COMMUNITY FOUNDATION SANTA CRUZ

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4,909,608.	10,344,010.	15,863,685.	9,092,957.	12,165,933.	52,376,193.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4,909,608.	10,344,010.	15,863,685.	9,092,957.	12,165,933.	52,376,193.
<b>5</b> 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) .....						15,043,094.
<b>6 Public support.</b> Subtract line 5 from line 4.						37,333,099.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	4,909,608.	10,344,010.	15,863,685.	9,092,957.	12,165,933.	52,376,193.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,100,292.	1,253,028.	1,680,379.	2,158,418.	2,457,159.	8,649,276.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	78,444.	101,227.	96,113.	359,071.	-104,644.	530,211.
<b>11 Total support.</b> Add lines 7 through 10						61,555,680.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	60.65 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	56.83 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

COMMUNITY FOUNDATION SANTA CRUZ

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			



**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.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

COMMUNITY FOUNDATION SANTA CRUZ COUNTY

Employer identification number

94-2808039

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

<b>Name of organization</b> COMMUNITY FOUNDATION SANTA CRUZ COUNTY	<b>Employer identification number</b> 94-2808039
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Name of the organization** **COMMUNITY FOUNDATION SANTA CRUZ COUNTY** **Employer identification number** **94-2808039**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	88	288
2 Aggregate value of contributions to (during year) .....	6,644,164.	5,521,769.
3 Aggregate value of grants from (during year) .....	3,645,395.	1,704,832.
4 Aggregate value at end of year .....	33,006,474.	63,245,283.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	57,636,373.	35,696,777.	26,918,618.	24,289,474.	25,505,021.
b Contributions	1,664,789.	21,518,116.	5,644,832.	1,217,533.	657,079.
c Net investment earnings, gains, and losses	-1,352,399.	2,157,415.	4,591,166.	2,303,814.	-650,661.
d Grants or scholarships	1,275,198.	982,240.	982,833.	497,152.	829,676.
e Other expenditures for facilities and programs					
f Administrative expenses	875,952.	753,695.	475,006.	395,051.	392,289.
g End of year balance	55,797,613.	57,636,373.	35,696,777.	26,918,618.	24,289,474.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,083,604.		1,083,604.
b Buildings		7,343,657.	948,078.	6,395,579.
c Leasehold improvements				
d Equipment				
e Other		1,094,731.	494,308.	600,423.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,079,606.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITY LIABILITY	681,014.
(3) TAX-EXEMPT BONDS	1,500,000.
(4) CHARITABLE TRUST LIABILITIES	827,396.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,008,410.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	8,625,113.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-5,678,765.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	170,517.
e	Add lines 2a through 2d	2e	-5,508,248.
3	Subtract line 2e from line 1	3	14,133,361.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,130,610.
c	Add lines 4a and 4b	4c	1,130,610.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	15,263,971.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	7,176,735.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	157,513.
e	Add lines 2a through 2d	2e	157,513.
3	Subtract line 2e from line 1	3	7,019,222.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	143,255.
c	Add lines 4a and 4b	4c	143,255.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,162,477.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part 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 provide any additional information.

**PART X, LINE 2:**

THE PREPARATION OF FINANCIAL STATEMENTS IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRES THE FOUNDATION TO REPORT INFORMATION REGARDING ITS EXPOSURE TO VARIOUS TAX POSITIONS TAKEN BY THE FOUNDATION. MANAGEMENT HAS DETERMINED WHETHER ANY TAX POSITIONS HAVE MET THE RECOGNITION THRESHOLD AND HAS MEASURED THE FOUNDATION'S EXPOSURE TO THOSE TAX POSITIONS. MANAGEMENT BELIEVES THAT THE FOUNDATION HAS ADEQUATELY ADDRESSED ALL RELEVANT TAX POSITIONS AND THAT THERE ARE NO UNRECORDED TAX LIABILITIES. FEDERAL TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE AND AUDIT THE PREVIOUS THREE YEARS OF TAX RETURNS FILED. CALIFORNIA TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE AND AUDIT THE PREVIOUS FOUR YEARS OF TAX RETURNS FILED. ANY

**Part XIII** Supplemental Information (continued)

INTEREST OR PENALTIES ASSESSED TO THE FOUNDATION ARE RECORDED IN OPERATING EXPENSES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REGIONAL WATER MANAGEMENT FOUNDATION ACTIVITY	405,389.
INTER-ENTITY ACTIVITY	-234,872.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	170,517.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND ACTIVITY	1,130,610.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

REGIONAL WATER MANAGEMENT FOUNDATION ACTIVITY	392,385.
INTER-ENTITY ACTIVITY	-234,872.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	157,513.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUNDS ACTIVITY	143,255.
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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **COMMUNITY FOUNDATION SANTA CRUZ  
COUNTY**

Employer identification number  
**94-2808039**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AG INNOVATIONS NETWORK 101 MORRIS STREET, STE 212 SEBASTOPOL, CA 95472	68-0462304	501(C)(3)	5,500.	0.			TO SUPPORT HOUSE FARMWORKERS AND THE YOUNG ADVOCATES COMMITTEE
AGRICULTURAL HISTORY PROJECT PO BOX 1181 WATSONVILLE, CA 95077	77-0165945	501(C)(3)	20,274.	0.			FOR THE TRACTOR SIGN
AGRICULTURE AND LAND-BASED TRAINING ASSOCIATION - PO BOX 6264 - SALINAS, CA 93912	77-0566055	501(C)(3)	10,000.	0.			FOR FARMER EDUCATION AND ENTERPRISE DEVELOPMENT
AGSAFE PO BOX 1011 MODESTO, CA 95353	68-0259724	501(C)(3)	10,000.	0.			FOR FARM WORKER ADVANCEMENT TOOLS AND RESOURCES
ALLIANCE FOR PHARMACEUTICAL ACCESS - 221 TOWN CENTER W STE 122 - SANTA MARIA, CA 93458	20-3117940	501(C)(3)	8,000.	0.			IN SUPPORT OF 'PRESCRIPTION ACCESS FOR HEALTHIER COMMUNITIES'
AMERICAN CANCER SOCIETY - SILICON VALLEY/CENTRAL COAST REGION - 747 CAMDEN AVE STE B - CAMPBELL, CA 95008	94-1170350	501(C)(3)	5,655.	0.			DESIGNATED AGENCY FUND PAYOUT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **158.**

**3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2015)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

COMMUNITY FOUNDATION SANTA CRUZ  
COUNTY

Schedule I (Form 990)

94-2808039

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS OF THE CENTRAL COAST - 2960 SOQUEL AVE - SANTA CRUZ, CA 95062	53-0196605	501(C)(3)	19,030.	0.			FOR GENERAL OPERATING SUPPORT IN HONOR OF ALL THE HARD WORK AND WARM HEARTS AT THE SANTA CRUZ
ANZAR HIGH SCHOOL 2000 SAN JUAN HIGHWAY SAN JUAN BAUTISTA, CA 95045			10,000.	0.			FOR THE GARDEN TO TABLE PROJECT
ARTS COUNCIL SANTA CRUZ COUNTY 1070 RIVER ST SANTA CRUZ, CA 95060	94-2600140	501(C)(3)	30,000.	0.			TO SUPPORT THE COMMUNITY AND YOUTH HEALING
ASPIRE PUBLIC SCHOOLS 1001 22ND AVENUE OAKLAND, CA 94606	94-3311088	501(C)(3)	50,000.	0.			TO SUPPORT THE 2015 COLLEGE FOR CERTAIN
BELLARMINE COLLEGE PREPARATORY 960 WEST HEDDING STREET SAN JOSE, CA 95126	94-1160938	501(C)(3)	15,000.	0.			FOR FINANCIAL AID OR WHERE NEEDED MOST
BEND SCIENCE STATION 1027 NW TRENTON AVE BEND, OR 97707	14-1846714	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
BIONEERS COLLECTIVE HERITAGE INSTITUTE - 1607 PASEO DE PERALTA STE 3 - SANTA FE, NM 87501	85-0432731	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
BLUE OCEAN INSTITUTE AT STONY BROOK UNIVERSITY - DUTCHESS HALL 137 SCHOOL OF MARINE & ATMOSPHERIC SCIENCES STONY BROOK UNIVER -	61-1406022	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
BOYS & GIRLS CLUB OF SANTA CLARA VALLEY - PO BOX 152 - SANTA PAULA, CA 93061	95-2497853	501(C)(3)	10,000.	0.			FOR THE AFTERSCHOOL STEM ACADEMY CAREERS IN AGRICULTURE CURRICULUM

Schedule I (Form 990)

COMMUNITY FOUNDATION SANTA CRUZ  
COUNTY

Schedule I (Form 990)

94-2808039

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRANCIFORTE MIDDLE SCHOOL 315 POPLAR ST SANTA CRUZ, CA 95062			10,000.	0.			FOR THE RAINWATER CATCHMENT SYSTEM
BRAVO!VAIL 2271 N FRONTAGE RD W STE C VAIL, CO 81657	84-1074065	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT. PLEASE NOTE THE DONOR DECLINES ANY DONOR BENEFITS ASSOCIATED WITH
CABRILLO COLLEGE FOUNDATION 6500 SOQUEL DR APTOS, CA 95003	94-6121953	501(C)(3)	147,655.	0.			FOR THE CABRILLO DENTAL HYGIENE PROGRAM
CABRILLO FESTIVAL OF CONTEMPORARY MUSIC - 147 SOUTH RIVER ST STE 232 - SANTA CRUZ, CA 95060	94-6123298	501(C)(3)	42,500.	0.			AS A FOUR-YEAR GRANT TO SUPPORT FESTIVAL PROGRAMS. OF THIS AMOUNT, \$5,000 IS AVAILABLE
CALABASAS ELEMENTARY SCHOOL 202 CALABASAS RD WATSONVILLE, CA 95076	77-0375541	501(C)(3)	10,000.	0.			TO CREATE A COMMUNITY GARDEN
CALIFORNIA ASSOCIATION OF FOOD BANKS - 1624 FRANKLIN ST STE 722 - OAKLAND, CA 94612	68-0392816	501(C)(3)	100,000.	0.			FOR THE CENTRAL COAST FOOD BANKS REGIONAL DISASTER PLANNING PROJECT
CALIFORNIA STRAWBERRY GROWERS SCHOLARSHIP FUND - PO BOX 269 - WATSONVILLE, CA 94133	77-0411386	501(C)(3)	10,000.	0.			FOR SCHOLARSHIP DISTRIBUTION
CASA DE LA CULTURA CENTER 225 SALINAS RD 4A WATSONVILLE, CA 95076	30-0586010	501(C)(3)	10,000.	0.			TO ENHANCE THE QUALITY OF LIFE OF FARM WORKERS AND THEIR FAMILIES IN PAJARO VALLEY
CENTRAL COAST YMCA 500 LINCOLN AVE SALINAS, CA 93901	77-0202335	501(C)(3)	10,000.	0.			TO SUPPORT THE PAJARO PARK PROGRAMMING

Schedule I (Form 990)

COMMUNITY FOUNDATION SANTA CRUZ  
COUNTY

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES FOR SUSTAINABLE MONTEREY COUNTY - 283 GROVE ACRE AVE - PACIFIC GROVE, CA 93950	26-1183384	501(C)(3)	6,500.	0.			TO SUPPORT THE NATIVIDAD CREEK GARDEN AND LEARNING LAB INCLUDING THE PURCHASE OF GARDEN BEDS
COMMUNITY ALLIANCE WITH FAMILY FARMERS - PO BOX 363 - DAVIS, CA 95617	94-2914745	501(C)(3)	10,000.	0.			FOR FARM TO SCHOOL IN PAJARO VALLEY UNIFIED SCHOOL DISTRICT
COMMUNITY BRIDGES 236 SANTA CRUZ AVE APTOS, CA 95003	94-2460211	501(C)(3)	9,911.	0.			DESIGNATED AGENCY FUND PAYOUT FOR MEALS ON WHEELS
COMMUNITY FOUNDATION FOR MONTEREY COUNTY - 2354 GARDEN RD - MONTEREY, CA 93940	94-1615897	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
COMMUNITY SCIENCE WORKSHOP NETWORK - 120 SECOND ST - WATSONVILLE, CA 95076	45-2883896	501(C)(3)	10,000.	0.			FOR THE GREENFIELD COMMUNITY SCIENCE WORKSHOP, TO SUPPORT THE GEEK GARDENERS: YOUTH
COURT APPOINTED SPECIAL ADVOCATES OF SANTA CRUZ CASA - 813 FREEDOM BLVD - WATSONVILLE, CA 95076	77-0305354	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
DAVENPORT COUNTY SANITATION DISTRICT - 701 OCEAN STREET ROOM 410 - SANTA CRUZ, CA 95060			11,749.	0.			DISADVANTAGED COMMUNITIES GRANT - INVOICE 5
DIENTES COMMUNITY DENTAL CARE 1830 COMMERCIAL WAY SANTA CRUZ, CA 95065	77-0311752	501(C)(3)	57,960.	0.			AGENCY FUND PAYOUT
DIVERSITY CENTER PO BOX 8280 SANTA CRUZ, CA 95061	77-0212967	501(C)(3)	41,000.	0.			FOR GENERAL OPERATING SUPPORT

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DOMINICAN HOSPITAL FOUNDATION 1555 SOQUEL DR EDUCATION CTR 2ND FL SANTA CRUZ, CA 95065	94-2450442	501(C)(3)	68,000.	0.			TO SUPPORT A FUNDRAISING PROJECT DESIGNATED BY THE DOMINICAN HOSPITAL FOUNDATION BOARD
ELKHORN SLOUGH FOUNDATION PO BOX 267 MOSS LANDING, CA 95039	94-2823247	501(C)(3)	42,302.	0.			ORIGINALLY FOR THE ENDOWMENT FOR THE STEWARDSHIP OF PORTER RANCH, ESF REQUESTED
ENCOMPASS COMMUNITY SERVICES 195 HARVEY WEST BLVD SANTA CRUZ, CA 95060	23-7275290	501(C)(3)	16,000.	0.			FOR THE PAPAS TEEN FATHER PROJECT
FAMILY SERVICE AGENCY OF THE CENTRAL COAST - 104 WALNUT AVE STE 208 - SANTA CRUZ, CA 95060	94-1716354	501(C)(3)	27,122.	0.			IN SUPPORT OF 'ENTRE NOSOTRAS'
FELICIA J. DAVIDSON 152 MONTEBELLO DRIVE WATSONVILLE, CA 95076			8,000.	0.			SCHOLARSHIP
FILM BIZ RECYCLING 540 PRESIDENT ST LOWER LEVEL BROOKLYN, NY 11215	80-0313371	501(C)(3)	35,000.	0.			FOR GENERAL OPERATING SUPPORT
FOOD BANK FOR MONTEREY COUNTY 815 W MARKET ST # 5 SALINAS, CA 93901	77-0270228	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT AND THE FAMILY MARKET
FOOD BANK OF SANTA BARBARA COUNTY 490 W FOSTER RD SANTA MARIA, CA 93455	77-0169214	501(C)(3)	6,000.	0.			IN SUPPORT OF THE 'HEALTHY SCHOOL PANTRY PROGRAM'
FRIENDS OF LONG MARINE LAB - SEYMOUR CENTER - 100 SHAFFER RD - SANTA CRUZ, CA 95060	23-7394590	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT

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FRIENDS OF THE RAIL TRAIL 877 CEDAR ST STE 240 SANTA CRUZ, CA 95060	31-1748056	501(C)(3)	13,000.	0.			AS FISCAL SPONSOR OF SANTA CRUZ COUNTY FRIENDS OF THE RAIL AND TRAIL TO BUILD GREATER ENGAGEMENT
FRIENDS OF THE SANTA CRUZ PUBLIC LIBRARIES - PO BOX 8472 - SANTA CRUZ, CA 95061	94-2612557	501(C)(3)	16,307.	0.			DESIGNATED AGENCY FUND PAYOUT TO SUPPORT THE PURCHASE OF LIBRARY MATERIALS AND SPECIAL
GABRIELA L. DAVIDSON 152 MONTEBELLO DRIVE WATSONVILLE, CA 95076			8,000.	0.			SCHOLARSHIP
GEORGIANA BRUCE KIRBY PREPARATORY SCHOOL - 425 ENCINAL ST - SANTA CRUZ, CA 95060	68-0413959	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
GIRL SCOUTS OF CALIFORNIA'S CENTRAL COAST - 1500 PALMA DR STE 110 - VENTRUA, CA 93003	94-1567162	501(C)(3)	23,546.	0.			DESIGNATED AGENCY FUND PAYOUT
GIRLS INC. OF THE CENTRAL COAST 318 CAYUGA ST STE 209 SALINAS, CA 93901	20-5040398	501(C)(3)	10,000.	0.			FOR THE ECHO PROGRAM
HABITAT FOR HUMANITY SANTA CRUZ COUNTY - 1007 CEDAR ST - SANTA CRUZ, CA 95060	77-0206356	501(C)(3)	5,655.	0.			DESIGNATED AGENCY FUND PAYOUT
HAPPY VALLEY ELEMENTARY 3125 BRANCIFORTE DR SANTA CRUZ, CA 95065	94-6002633	501(C)(3)	24,101.	0.			AGENCY FUND PAYOUT
HELEN AND NEWTON HARRISON 335 LINDEN STREET SANTA CRUZ, CA 95062			20,000.	0.			TO SUPPORT A VISUAL ARTS FELLOWSHIP IN 2016/17

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HOMELESS SERVICES CENTER 115-B CORAL ST SANTA CRUZ, CA 95060	77-0126783	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
HOOVER INSTITUTION - STANFORD UNIVERSITY - 434 GALVEZ MALL STANFORD UNIVERSITY - STANFORD, CA 94305	94-1156365	501(C)(3)	60,000.	0.			FOR STANFORD UNIVERSITY'S HOOVER INSTITUTION
HOSPICE OF SANTA CRUZ COUNTY 940 DISC DR SCOTTS VALLEY, CA 95066	94-2497618	501(C)(3)	24,193.	0.			DESIGNATED AGENCY FUND PAYOUT
IRENE LUSZTIG PO BOX 936 BEN LOMOND, CA 95005			20,000.	0.			TO SUPPORT A VISUAL ARTS FELLOWSHIP IN 2016/17
INDEPENDENT WORLD TELEVISION INC. 231 N. HOLLIDAY ST BALTIMORE, MD 21202	01-0808098	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
JACOB'S HEART CHILDREN'S CANCER SUPPORT SERVICES - 680 W BEACH ST - WATSONVILLE, CA 95076	68-0413822	501(C)(3)	10,000.	0.			IN SUPPORT OF 'FULL HEARTS GROCERY' AND 'NUTRITION EDUCATION PROGRAM'
JONATHAN A. BANUELOS 945 LAKE VILLAGE DR WATSONVILLE, CA 95076			8,000.	0.			SCHOLARSHIP
KATHLEEN CROCETTI 240 MAPLE AVE WATSONVILLE, CA 95076			20,000.	0.			TO SUPPORT A VISUAL ARTS FELLOWSHIP IN 2016/17
LAND TRUST OF SANTA CRUZ COUNTY 617 WATER ST SANTA CRUZ, CA 95060	94-2431856	501(C)(3)	109,397.	0.			DESIGNATED AGENCY FUND PAYOUT TO SUPPORT THE COSTS OF MAINTAINING A CONSERVATION EASEMENT ON

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LEARN TAMPA BAY 504 E BAKER STREET PLANT CITY, FL 33563	46-5045258	501(C)(3)	10,000.	0.			FOR THE PLANT CITY CHILD LITERACY PROGRAM
LIFE LAB SCIENCE PROGRAM 1156 HIGH STREET SANTA CRUZ, CA 95064	94-2778848	501(C)(3)	13,000.	0.			TO SUPPORT LIFELAB'S PAJARO VALLEY INITIATIVE
LIVE OAK SCHOOL DISTRICT 984-1BOSTWICK LANE SANTA CRUZ, CA 95062			17,000.	0.			FOR SHORELINE MIDDLE SCHOOL FOR DESIGN ALTERNATIVES OF A NEW SOCCER FIELD
LOS ANGELES LGBT CENTER 1625 SCHRADER BOULEVARD LOS ANGELES, CA 90038	95-3567895	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
MAIA FOUNDATION 9055 SOQUEL DR STE H APTOS, CA 95003	94-2624585	501(C)(3)	10,000.	0.			FOR AP CURRICULUM TEACHER SUPPORT
MONTANA LAND RELIANCE PO BOX 355 HELENA, MT 59624	81-0369262	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
MORELAND NOTRE DAME SCHOOL 133 BRENNAN ST WATSONVILLE, CA 95076	94-1347045	501(C)(3)	7,149.	0.			DESIGNATED AGENCY FUND PAYOUT
MUSEUM OF ART AND HISTORY AT THE MCPHERSON CENTER - 705 FRONT ST - SANTA CRUZ, CA 95060	94-2718861	501(C)(3)	330,000.	0.			FOR GENERAL OPERATING SUPPORT
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 22203	53-0242652	501(C)(3)	115,000.	0.			TO SUPPORT THE CAMPAIGN FOR CARPENTER VALLEY

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ONE STEP A LA VEZ PO BOX 192 FILLMORE, CA 93016	45-4604852	501(C)(3)	10,000.	0.			TO SUPPORT THE ONE-STEP ADELANTE FARMWORKERS PROGRAM
O'NEILL SEA ODYSSEY 2222 E CLIFF DR STE 222 SANTA CRUZ, CA 95062	77-0464784	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
PACHAMAMA ALLIANCE PRESIDIO BLDG #1009 P.O. BOX 2919 SAN FRANCISCO, CA 94129	94-3249793	501(C)(3)	15,000.	0.			A THREE-YEAR GENERAL OPERATING SUPPORT GRANT OF \$15,000. OF THIS AMOUNT, \$5,000 IS
PACIFIC COLLEGIATE SCHOOL PO BOX 1701 SANTA CRUZ, CA 95061	77-0485136	501(C)(3)	10,000.	0.			FOR EQUIPMENT, FURNITURE, AND/OR COSTS ASSOCIATED WITH MOVING INTO THE NEW CAMPUS
PAJARO VALLEY COMMUNITY HEALTH TRUST - 85 NIELSON ST - WATSONVILLE, CA 95076	94-1149702	501(C)(3)	15,000.	0.			IN SUPPORT OF 'GROWING SELF-RELIANCE & FOOD SECURITY', AS FISCAL SPONSOR OF MESA VERDE
PAJARO VALLEY HISTORICAL ASSOCIATION - PO BOX 623 - WATSONVILLE, CA 95077	94-1663161	501(C)(3)	32,907.	0.			DESIGNATED AGENCY FUND PAYOUT
PAJARO VALLEY LOAVES AND FISHES 150 SECOND ST WATSONVILLE, CA 95076	77-0319247	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING OR CAPITAL, AT THE DISCRETION OF THE EXECUTIVE DIRECTOR AND
PAJARO VALLEY SHELTER SERVICES 115 BRENNAN ST WATSONVILLE, CA 95076	94-1393418	501(C)(3)	13,545.	0.			DESIGNATED AGENCY FUND PAYOUT
PAJARO VALLEY UNIFIED SCHOOL DISTRICT - 294 GREEN VALLEY ROAD - WATSONVILLE, CA 95076	77-0375541	501(C)(3)	5,450.	0.			FOR THE BENEFIT OF WATSONVILLE HIGH SCHOOL SCHOLARSHIP KNOWN AS THE THOMAS H. SKILLICORN

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PEOPLE'S SELF-HELP HOUSING 3533 EMPLEO STREET SAN LUIS OBISPO, CA 93401	95-3253302	501(C)(3)	6,000.	0.			FOR THE YOUTH EDUCATION ENHANCEMENT PROGRAM (YEEP) FOR FARM WORKER FAMILIES.
PLANNED PARENTHOOD MAR MONTE 1691 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT
PROLITERACY WORLDWIDE 104 MARCELLUS ST SYRACUSE, NY 13204	16-6076384	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
PUBLIC MEDIA COMPANY 5277 MANHATTAN CIRCLE SUITE 210 BOULDER, CO 80303	84-1558401	501(C)(3)	15,500.	0.			TO SUPPORT THE CPLG'S EFFORT TO RESTORE KUSP AS A VITAL COMMUNITY RESOURCE
RICE UNIVERSITY 6100 MAIN ST HOUSTON, TX 77005	74-1109620	501(C)(3)	75,000.	0.			FOR GENERAL OPERATING SUPPORT
SALUD PARA LA GENTE 195 AVIATION WAY STE 200 WATSONVILLE, CA 95076	94-2705747	501(C)(3)	13,000.	0.			IN SUPPORT OF THE NEW BUILDING
SALVATION ARMY SANTA CRUZ 721 LAUREL ST SANTA CRUZ, CA 95060	94-1156347	501(C)(3)	5,655.	0.			DESIGNATED AGENCY FUND PAYOUT
SALVATION ARMY WATSONVILLE 214 UNION ST WATSONVILLE, CA 95076	95-3082788	501(C)(3)	9,026.	0.			DESIGNATED AGENCY FUND PAYOUT
SAN FRANCISCO FILM SOCIETY 29 MESA ST, STE 110 THE PRESIDIO SAN FRANCISCO, CA 94129	94-2663216	501(C)(3)	7,500.	0.			FOR THE DOCUMENTARY FILM PROJECT BY CHRIS THOMPSON TITLED "RIDING THE RAILS: NORTHERN CALIFORNIA'S

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SANTA CRUZ ART LEAGUE 526 BROADWAY SANTA CRUZ, CA 95060	94-1561380	501(C)(3)	25,000.	0.			TO PROVIDE SEED FUNDING TO SUPPORT HIRING A 50% TIME EXECUTIVE DIRECTOR FOR ONE YEAR
SANTA CRUZ COMMUNITY HEALTH CENTERS - 250 LOCUST ST - SANTA CRUZ, CA 95060	23-7428303	501(C)(3)	25,000.	0.			AS FISCAL SPONSOR FOR LIVE OAK CRADLE TO CAREER PROGRAM TO HIRE A CONSULTANT TO COORDINATE
SANTA CRUZ COUNTY SYMPHONY 307 CHURCH ST SANTA CRUZ, CA 95060	94-2373284	501(C)(3)	6,000.	0.			FOR THE SYMPHONY/CHORAL CONCERT IN MAY 2016
SANTA CRUZ EDUCATION FOUNDATION P.O. BOX 8501 SANTA CRUZ, CA 95061	20-0239163	501(C)(3)	10,000.	0.			TO SUPPORT EL SISTEMA SANTA CRUZ MUSIC PROGRAM
SANTA CRUZ MUSEUM OF NATURAL HISTORY - 1305 E CLIFF DR - SANTA CRUZ, CA 95062	94-2427733	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
SANTA CRUZ SHAKESPEARE 500 CHESTNUT ST STE 250 SANTA CRUZ, CA 95060	46-4635444	501(C)(3)	10,000.	0.			FOR THE SUMMER 2016 SEASON
SANTA CRUZ TODDLER CARE CENTER 1738 16TH AVENUE SANTA CRUZ, CA 95062	94-2457539	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
SAVE OUR SHORES 345 LAKE AVE STE A SANTA CRUZ, CA 95062	94-2745941	501(C)(3)	15,000.	0.			IN SUPPORT OF EDUCATIONAL PROGRAM FOR PAJARO VALLEY STUDENTS IN UNDERSERVED SCHOOLS
SCIENCE BUDDIES PO BOX 5038 CARMEL, CA 93921	94-3216541	501(C)(3)	10,000.	0.			FOR THE CAPACITY BUILDING FUND

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SCOTTS VALLEY WATER DISTRICT 2 CIVIC CENTER DRIVE SCOTTS VALLEY, CA 95066			57,810.	0.			PROP 84 PLANNING GRANT - Q12
SECOND HARVEST FOOD BANK 800 OHLONE PKWY WATSONVILLE, CA 95076	77-0326685	501(C)(3)	30,000.	0.			TO SUPPORT THE SUMMER CHALLENGE MATCH FOR THE FOOD FOR CHILDREN PROGRAM
SPARTAN FOUNDATION 1393 SOUTH 7TH ST SAN JOSE, CA 95112	94-6122504	501(C)(3)	8,500.	0.			TO SUPPORT MEN'S WATER POLO
STANFORD UNIVERSITY-SCHOOL OF MEDICINE - 3172 PORTER DR. STE 210 - PALO ALTO, CA 94304	94-1156365	501(C)(3)	50,000.	0.			TO SUPPORT RESEARCH FOR THE DEPARTMENT OF ORTHOPEDIC SURGERY - PROJECTS UNDER THE
STUDENTS FOR ECO-EDUCATION AND AGRICULTURE -SEEAG - PO BOX 1461 - OJAI, CA 93024	37-1639971	501(C)(3)	10,000.	0.			FOR THE AGRICULTURAL EDUCATION PROGRAM
TANNERY ARTS CENTER 1010 RIVER ST SANTA CRUZ, CA 95060	75-3134282	501(C)(3)	20,000.	0.			TO SUPPORT THE COLLIGAN THEATER
TEHAMA COUNTY DEPARTMENT OF EDUCATION - 1135 LINCOLN ST - RED BLUFF, CA 96080	94-2152842	501(C)(3)	10,000.	0.			FOR CHILDCARE FOR ENGLISH AS A SECOND LANGUAGE CLASS
TEMPLE BETH EL JEWISH COMMUNITY CENTER - 3055 PORTER GULCH RD - APTOS, CA 95003	94-6139655	501(C)(3)	27,969.	0.			AGENCY FUND PAYOUT
THE ALS ASSOCIATION GOLDEN WEST CHAPTER - PO BOX 565 - AGOURA HILLS, CA 91301	95-4163338	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT, IN HONOR OF JOHN PECORARO

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TOWER FOUNDATION - SAN JOSE STATE UNIVERSITY, SJSU - UNIVERSITY ADVANCEMENT 1 WASHINGTON SQUARE - SAN JOSE, CA 95192	83-0403915	501(C)(3)	52,600.	0.			TO SUPPORT THE MEN'S WATER POLO TEAM
TRUST FOR PUBLIC LAND 101 MONTGOMERY ST STE 900 SAN FRANCISCO, CA 94104	23-7222333	501(C)(3)	10,000.	0.			IN SUPPOR OF 'NORTHERN ROCKIES TPL PROGRAMS'
TWIN LAKES CHURCH 2701 CABRILLO COLLEGE DR APTOS, CA 95003	94-1251128	501(C)(3)	50,000.	0.			TO SUPPORT THE 2020 VISION - SCHOOL PROJECT RENOVATION
UC SAN FRANCISCO FOUNDATION PO BOX 45339 SAN FRANCISCO, CA 95145	94-2829914	501(C)(3)	10,000.	0.			TO SUPPORT THE BENIOFF CHILDREN'S HOSPITAL, SAN FRANCISCO
UC SANTA CRUZ FOUNDATION UNIVERSITY RELATIONS 1156 HIGH ST SANTA CRUZ, CA 95064	23-7394590	501(C)(3)	20,000.	0.			TO SUPPORT THE NATURAL RESERVES COLLABORATIONS WITH OTHER ENVIRONMENTAL ORGANIZATION AND TO
VANGUARD CHARITABLE ENDOWMENT PROGRAM - PO BOX 55766 - BOSTON, MA 02205	23-2888152	501(C)(3)	69,565.	0.			ANNUAL TRANSFER OF GRANT BALANCE TO BURKE BORINA VANGUARD CHARITABLE ACCOUNT #A1052577
VENTANA WILDLIFE SOCIETY 19045 PORTOLA DR STE F1 SALINAS, CA 93908	94-2795935	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
VISITING NURSE ASSOCIATION OF SANTA CRUZ COUNTY - 2880 SOQUEL AVE STE 10 - SANTA CRUZ, CA 95062	94-1622036	501(C)(3)	13,545.	0.			DESIGNATED AGENCY FUND PAYOUT
VOLUNTEER CENTER OF SANTA CRUZ COUNTY - 1740 17TH AVE STE 2 - SANTA CRUZ, CA 95062	94-1702678	501(C)(3)	19,030.	0.			TO AWARD MATCHING FUNDS TO SELECTED NONPROFTS PARTICIPATING IN SANTA CRUZ GIVES 2015

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WATSONVILLE HIGH SCHOOL FOUNDATION - PO BOX 832 - WATSONVILLE, CA 95077	77-0008389	501(C)(3)	9,035.	0.			DESIGNATED AGENCY FUND PAYOUT
WATSONVILLE WETLANDS WATCH PO BOX 1239 FREEDOM, CA 95019	77-0519882	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
WESTERN GROWERS FOUNDATION 17620 FITCH ST IRVINE, CA 92614	93-1201791	501(C)(3)	10,000.	0.			FOR THE EDIBLE SCHOOL GARDEN PROGRAM
WHARF TO WHARF RACE PO BOX 307 CAPITOLA, CA 95010	77-0061106	501(C)(3)	15,000.	0.			OF THIS AMOUNT, \$12,000 IS TO SUPPORT THE 2014 OTIS CHANDLER SCHOLARSHIPS, AND \$3,000
WILDAID, INC. 744 MONTGOMERY ST STE 300 SAN FRANCISCO, CA 94111	20-3644441	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
WORLD WILDLIFE FUND 1250 24TH ST NW WASHINGTON, DC 20090	52-1693387	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
YOUTH RESOURCE BANK OF SANTA CRUZ COUNTY - PO BOX 1844 - CAPITOLA, CA 95010	77-0197150	501(C)(3)	10,000.	0.			FOR THE WORK4YOUTH AG TRAINING PROGRAM
YWCA OF WATSONVILLE 340 E BEACH ST WATSONVILLE, CA 95076	94-1212142	501(C)(3)	7,145.	0.			DESIGNATED AGENCY FUND PAYOUT

Schedule I (Form 990)

COMMUNITY FOUNDATION SANTA CRUZ  
 COUNTY

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

THE FOUNDATION CONDUCTS A THOROUGH DUE DILIGENCE PROCESS IN REVIEWING AND MONITORING ALL GRANTS APPROVED AND AWARDED BY THE FOUNDATION'S BOARD OF DIRECTORS. STAFF REVIEWS ALL REQUESTS TO FIRST ENSURE THE APPLICANT ORGANIZATION IS ELIGIBLE TO RECEIVE A GRANT FROM THE FOUNDATION UNDER THE IRS GUIDELINES FOR CHARITIES AND NONPROFITS. DURING THIS INITIAL SCREENING, THE APPLICANT'S FINANCIAL INFORMATION, GOVERNANCE AND PROGRAMS ARE REVIEWED, AND A DETERMINATION IS MADE IF THE PROPOSAL IS CONSISTENT WITH THE FOUNDATION'S INTEREST AREAS AND STRATEGIC PRIORITIES. A BOARD-APPOINTED

**Part IV Supplemental Information**

PROGRAM COMMITTEE, COMPOSED OF BOARD MEMBERS AND OTHER COMMUNITY VOLUNTEERS, REVIEWS ELIGIBLE REQUESTS AND RECOMMENDS AWARDS BASED ON AVAILABLE FUNDS AFTER SELECTED IN-PERSON SITE VISITS AND A MORE THOROUGH REVIEW OF EACH ORGANIZATION'S ELIGIBILITY AND PROPOSED USE OF FUNDS. THESE GRANT RECOMMENDATIONS ARE THEN REVIEWED AND VOTED ON BY THE FULL BOARD. GRANTS RECOMMENDED BY DONOR-ADVISORS FROM THEIR FUNDS HELD AT THE FOUNDATION SIMILARLY RECEIVE THE SAME DUE DILIGENCE IN THE INITIAL SCREENING, BUT DO NOT GO TO THE PROGRAM COMMITTEE FOR REVIEW. THEY ARE, HOWEVER, REVIEWED AND APPROVED BY THE BOARD. IN MONITORING THE USE OF GRANT FUNDS, THE FOUNDATION REQUIRES PERIODIC WRITTEN OR ORAL REPORTS AND/OR A FINAL REPORT (INCLUDING A FINANCIAL ACCOUNTING OF HOW THE GRANT WAS SPENT) FROM ALL GRANTEES, WITH THE EXCEPTION OF DONOR ADVISED GRANTS UNDER \$10,000. FOUNDATION STAFF ALSO MAINTAINS REGULAR COMMUNICATION WITH GRANT RECIPIENTS, WHO ARE ENCOURAGED TO ALERT THE FOUNDATION ABOUT ANY SIGNIFICANT CHANGES OR ISSUES DURING THE GRANT PERIOD.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN RED CROSS OF THE CENTRAL COAST

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT IN HONOR OF ALL THE HARD WORK AND WARM HEARTS AT THE SANTA CRUZ OFFICE

NAME OF ORGANIZATION OR GOVERNMENT: BRAVO!VAIL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT.

PLEASE NOTE THE DONOR DECLINES ANY DONOR BENEFITS ASSOCIATED WITH THIS CONTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV** Supplemental Information

CABRILLO FESTIVAL OF CONTEMPORARY MUSIC

(H) PURPOSE OF GRANT OR ASSISTANCE: AS A FOUR-YEAR GRANT TO SUPPORT FESTIVAL PROGRAMS. OF THIS AMOUNT, \$5,000 IS AVAILABLE IMMEDIATELY, WITH REMAINING FUNDS TO BE RELEASED UPON RECEIPT OF ANNUAL REPORTS

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITIES FOR SUSTAINABLE MONTEREY COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE NATIVIDAD CREEK GARDEN AND LEARNING LAB INCLUDING THE PURCHASE OF GARDEN BEDS AND FENCES

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY SCIENCE WORKSHOP NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE GREENFIELD COMMUNITY SCIENCE WORKSHOP, TO SUPPORT THE GEEK GARDENERS: YOUTH STEM GARDEN PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: ELKHORN SLOUGH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ORIGINALLY FOR THE ENDOWMENT FOR THE STEWARDSHIP OF PORTER RANCH, ESF REQUESTED PERMISSION TO USE THE FUNDING FOR IMMEDIATE NEEDS OF THE PORTER RANCH. DIANE OK'D THIS.

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF THE RAIL TRAIL

(H) PURPOSE OF GRANT OR ASSISTANCE: AS FISCAL SPONSOR OF SANTA CRUZ COUNTY FRIENDS OF THE RAIL AND TRAIL TO BUILD GREATER ENGAGEMENT AND FINANCIAL SUPPORT FOR THE RAIL TRAIL AMONG COUNTY RESIDENTS AND THE LOCAL BICYCLE INDUSTRY

NAME OF ORGANIZATION OR GOVERNMENT:

FRIENDS OF THE SANTA CRUZ PUBLIC LIBRARIES

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED AGENCY FUND PAYOUT TO

**Part IV** Supplemental Information

SUPPORT THE PURCHASE OF LIBRARY MATERIALS AND SPECIAL LIBRARY PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: LAND TRUST OF SANTA CRUZ COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED AGENCY FUND PAYOUT TO  
SUPPORT THE COSTS OF MAINTAINING A CONSERVATION EASEMENT ON BORINA  
FARMLANDS

NAME OF ORGANIZATION OR GOVERNMENT: PACHAMAMA ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: A THREE-YEAR GENERAL OPERATING  
SUPPORT GRANT OF \$15,000. OF THIS AMOUNT, \$5,000 IS AVAILABLE ANNUALLY.

NAME OF ORGANIZATION OR GOVERNMENT:

PAJARO VALLEY COMMUNITY HEALTH TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF 'GROWING SELF-RELIANCE  
& FOOD SECURITY', AS FISCAL SPONSOR OF MESA VERDE GARDENS

NAME OF ORGANIZATION OR GOVERNMENT: PAJARO VALLEY LOAVES AND FISHES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING OR CAPITAL, AT  
THE DISCRETION OF THE EXECUTIVE DIRECTOR AND BOARD

NAME OF ORGANIZATION OR GOVERNMENT: PAJARO VALLEY UNIFIED SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BENEFIT OF WATSONVILLE HIGH  
SCHOOL SCHOLARSHIP KNOWN AS THE THOMAS H. SKILLICORN EDUCATIONAL  
SCHOLARSHIP FUND

NAME OF ORGANIZATION OR GOVERNMENT: SAN FRANCISCO FILM SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE DOCUMENTARY FILM PROJECT BY  
CHRIS THOMPSON TITLED "RIDING THE RAILS: NORTHERN CALIFORNIA'S GOLDEN AGE

**Part IV** Supplemental Information

OF SURFING"

NAME OF ORGANIZATION OR GOVERNMENT: SANTA CRUZ COMMUNITY HEALTH CENTERS

(H) PURPOSE OF GRANT OR ASSISTANCE: AS FISCAL SPONSOR FOR LIVE OAK

CRADLE TO CAREER PROGRAM TO HIRE A CONSULTANT TO COORDINATE PLANNING AND  
PROGRAM IMPLEMENTATION

NAME OF ORGANIZATION OR GOVERNMENT:

STANFORD UNIVERSITY-SCHOOL OF MEDICINE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT RESEARCH FOR THE

DEPARTMENT OF ORTHOPEDIC SURGERY - PROJECTS UNDER THE DIRECTION OF DR.

HUDDLESON AND DR. DRAGOO - \$25K TO EACH PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: UC SANTA CRUZ FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE NATURAL RESERVES

COLLABORATIONS WITH OTHER ENVIRONMENTAL ORGANIZATION AND TO PROVIDE

INCREASED OPPORTUNITIES FOR UNDERGRADUATES

NAME OF ORGANIZATION OR GOVERNMENT: WHARF TO WHARF RACE

(H) PURPOSE OF GRANT OR ASSISTANCE: OF THIS AMOUNT, \$12,000 IS TO

SUPPORT THE 2014 OTIS CHANDLER SCHOLARSHIPS, AND \$3,000 IS TO SUPPORT

2015 OTIS CHANDLER SCHOLARSHIP

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2015**

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization **COMMUNITY FOUNDATION SANTA CRUZ COUNTY** Employer identification number **94-2808039**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015



COMMUNITY FOUNDATION SANTA CRUZ  
COUNTY

94-2808039

Schedule J (Form 990) 2015

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LANCE LINARES CHIEF EXECUTIVE OFFICER	(i)	174,800.	0.	0.	0.	23,546.	198,346.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization **COMMUNITY FOUNDATION SANTA CRUZ COUNTY** Employer identification number **94-2808039**

<b>Part I Bond Issues</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> COMMUNITY FOUNDATION SANTA CRUZ COUNTY	94-2808039	NONE	01/01/11	2,500,000.			X		X		X
<b>B</b>											
<b>C</b>											
<b>D</b>											

<b>Part II Proceeds</b>										
	A		B		C		D			
	Yes	No	Yes	No	Yes	No	Yes	No		
<b>1</b> Amount of bonds retired .....										
<b>2</b> Amount of bonds legally defeased .....										
<b>3</b> Total proceeds of issue .....		2,500,000.								
<b>4</b> Gross proceeds in reserve funds .....										
<b>5</b> Capitalized interest from proceeds .....										
<b>6</b> Proceeds in refunding escrows .....										
<b>7</b> Issuance costs from proceeds .....										
<b>8</b> Credit enhancement from proceeds .....										
<b>9</b> Working capital expenditures from proceeds .....										
<b>10</b> Capital expenditures from proceeds .....										
<b>11</b> Other spent proceeds .....										
<b>12</b> Other unspent proceeds .....										
<b>13</b> Year of substantial completion .....										
<b>14</b> Were the bonds issued as part of a current refunding issue? .....		X								
<b>15</b> Were the bonds issued as part of an advance refunding issue? .....		X								
<b>16</b> Has the final allocation of proceeds been made? .....		X								
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....		X								

<b>Part III Private Business Use</b>										
	A		B		C		D			
	Yes	No	Yes	No	Yes	No	Yes	No		
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X								
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X								

COMMUNITY FOUNDATION SANTA CRUZ  
COUNTY

Schedule K (Form 990) 2015

94-2808039

Page 2

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? .....								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? .....		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....		X						

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....		X						
<b>b</b> Exception to rebate? .....		X						
<b>c</b> No rebate due? .....		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X						
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public  
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **COMMUNITY FOUNDATION SANTA CRUZ COUNTY** Employer identification number **94-2808039**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	66	2,787,768.	ACTIVE MARKET PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION SANTA CRUZ  
COUNTY

Employer identification number  
94-2808039

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CREATED BY AREA RESIDENTS AS A PERMANENT, LOCAL RESOURCE FOR CHARITABLE  
GIVING. THE MISSION IS TO PROMOTE PHILANTHROPY TO MAKE SANTA CRUZ  
COUNTY A BETTER PLACE TO LIVE, NOW AND IN THE FUTURE.

TO FULFILL ITS MISSION, THE FOUNDATION:

\*BUILDS PERMANENTLY ENDOWED FUNDS CONTRIBUTED BY MANY INDIVIDUALS AND  
INSTITUTIONS;

\*ENGAGES DONORS AND PROFESSIONAL ADVISORS IN CHARITABLE GIVING;

\*PROVIDES GRANTS AND ASSISTANCE TO DEVELOP AND STRENGTHEN COMMUNITY  
ORGANIZATIONS;

\*ENCOURAGES PARTNERSHIPS WITH FOUNDATIONS, BUSINESSES, AND GOVERNMENT  
TO INCREASE FUNDS DISTRIBUTED TO THE COMMUNITY; AND

\*INSPIRES PHILANTHROPY AND COMMUNITY INVOLVEMENT

FORM 990, PART VI, SECTION B, LINE 11:

STAFF IS RESPONSIBLE FOR COMPLETING AND FILING THE FORM 990, WHICH IS  
REVIEWED BY MANAGEMENT STAFF AND THE CEO. PRIOR TO ITS FILING, A DRAFT IS  
E-MAILED TO ALL BOARD MEMBERS. THEIR COMMENTS, QUESTIONS AND CONCERNS ARE  
SOLICITED AND CONSIDERED PRIOR TO BEING COMPLETED AND SUBMITTED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FOUNDATION IS COMMITTED TO THE HIGHEST ETHICAL STANDARDS IN ALL  
POLICIES, PROCEDURES, AND PROGRAMS. THE ABILITY OF THE FOUNDATION TO CARRY  
OUT ITS MISSION IS ENHANCED BY THE INVOLVEMENT OF THE BOARD OF DIRECTORS,  
VOLUNTEER COMMITTEE MEMBERS, AND STAFF IN THE PHILANTHROPIC LIFE AND



Name of the organization **COMMUNITY FOUNDATION SANTA CRUZ  
COUNTY**

Employer identification number  
**94-2808039**

**ECONOMIC AFFAIRS OF SANTA CRUZ COUNTY.**

**GIVEN THE FOUNDATION SERVES THE ENTIRE COUNTY, IT IS TO BE EXPECTED THAT FROM TIME TO TIME BOARD MEMBERS, VOLUNTEER COMMUNITY MEMBERS OR STAFF MAY ALSO HAVE RELATIONS WITH EXISTING OR PROPOSED RECIPIENTS OF GRANTS, VENDORS OR SERVICE PROVIDERS. TO FOSTER PUBLIC CONFIDENCE IN ITS INTEGRITY AND TO REFLECT THE FOUNDATION'S INTENTION TO MAINTAIN THE HIGHEST ETHICAL STANDARDS BY AVOIDING ANY REAL OR PERCEIVED CONFLICTS OF INTEREST, THE BOARD OF DIRECTORS HAS ADOPTED A CONFLICT OF INTEREST POLICY. THIS POLICY IS AVAILABLE FOR PUBLIC REVIEW ON OUR WEB SITE (WWW.CFSCC.ORG). A SUMMARY OF KEY ELEMENTS INCLUDE:**

**ALL BOARD MEMBER, VOLUNTEER COMMITTEE MEMBERS, AND STAFF ARE ANNUALLY REQUIRED TO PROVIDE A LIST OF NONPROFIT AND PROFESSIONAL PHILANTHROPIC ORGANIZATIONS WITH WHICH THEY HAVE RELATIONSHIPS, AS WELL AS ANY RELATIONSHIPS OF IMMEDIATE FAMILY MEMBERS. THEY MUST DISCLOSE ANY MATERIAL OWNERSHIP OR INVESTMENT INTEREST WITH ANY ENTITY THAT HAS NEGOTIATED A TRANSACTION WITH THE FOUNDATION WITHIN THE PAST YEAR OR OF ANY TRANSACTIONS KNOWN TO BE CURRENTLY PENDING OR PROPOSED. THIS INFORMATION IS COLLECTED BY THE CEO AND REPORTED BACK TO THE BOARD.**

**IN ALL SITUATIONS IN WHICH THERE IS A REAL OR PERCEIVED CONFLICT OF INTEREST, THOSE INDIVIDUALS MUST RECUSE THEMSELVES FROM DISCUSSION AND DECISION MAKING THAT INVOLVES THE PARTIES IN QUESTION. THIS INCLUDES THE REVIEW, DISCUSSION OR DECISION OF ANY AND ALL GRANT PROPOSALS AS WELL AS THE SELECTION OR CONTRACTING OF VENDORS OR SERVICE PROVIDERS. TO MONITOR THE NEED TO DO SO, A SCHEDULE OF BOARD MEMBER CONFLICTS IS INCLUDED IN EVERY BOARD PACKET FOR REFERENCE.**

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EXAMPLES OF POTENTIAL CONFLICTS IN REGARDS TO THE FOUNDATION'S GRANTMAKING INCLUDE, BUT ARE NOT LIMITED TO, SERVING AS A BOARD MEMBER, EMPLOYEE, OR CONSULTANT TO A CURRENT OR POTENTIAL GRANTEE; DOING BUSINESS WITH A CURRENT OR POTENTIAL GRANTEE; OR HAVING IMMEDIATE FAMILY MEMBERS SERVING AS A BOARD MEMBER OF APPLICANT ORGANIZATIONS. ANYONE WITH SUCH CONFLICTS MUST RECUSE THEMSELVES FROM ANY DISCUSSION OR DECISION INVOLVING THOSE PARTIES.

IF IT IS UNCLEAR WHETHER A CONFLICT OF INTEREST EXISTS, THE CEO WILL MAKE THAT DETERMINATION IN REGARDS TO STAFF AND THE BOARD PRESIDENT IN REGARDS TO THE CEO. FOR BOARD MEMBER OR COMMITTEE MEMBER, THE BOARD PRESIDENT OR COMMITTEE CHAIR SHALL MAKE THAT DETERMINATION. WHEN A CONFLICT EXISTS THE COMMITTEE MEMBER SHALL EXCUSE THEMSELVES FROM THE MEETING WHILE THE IMPLICATIONS OF THE AFFILIATION ARE CONSIDERED.

FOR ALL MATTERS BEFORE THE BOARD WHERE A REAL OR PERCEIVED CONFLICT OF INTEREST EXISTS, THE STEPS TAKEN UNDER THE FOUNDATION'S CONFLICT OF INTEREST POLICY SHALL BE NOTED AND RECORDED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15:

THE FOUNDATION IS COMMITTED TO ATTRACTING AND RETAINING A QUALIFIED, DIVERSE WORKFORCE THROUGH A COMPETITIVE COMPENSATION PROGRAM WITHIN THE FOUNDATION'S LABOR MARKET. THE FOUNDATION PROVIDES A NON-DISCRIMINATORY MERIT-BASED COMPENSATION PROGRAM THAT IS CAREFUL TO BALANCE THESE OBJECTIVES WITH PRUDENT USE OF THE FINANCIAL RESOURCES WHICH HAVE BEEN ENTRUSTED TO THE FOUNDATION BY ITS DONORS. TO GUIDE THIS PROCESS, THE FOUNDATION HAS ADOPTED A COMPENSATION POLICY THAT ALSO ADDRESSES THE ANNUAL EVALUATION PROCESS FOR STAFF.

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THE FOUNDATION CONSIDERS BEST PRACTICES AS WELL AS THE FOLLOWING IN SETTING COMPENSATION FOR ITS KEY EMPLOYEES: INTERNAL EQUITY, WHICH STRIVES TO PROVIDE EQUIVALENT COMPENSATION FOR POSITIONS OF COMPARABLE SCOPE AND RESPONSIBILITY WITHIN THE FOUNDATION; AND EXTERNAL EQUITY, INCLUDING AN ANNUAL MARKET ANALYSIS OF COMPARABLE POSITIONS IN THE COMMUNITY FOUNDATION INDUSTRY, MARKET TRENDS AND EVALUATION OF SALARY SURVEYS. ATTENTION IS ALSO GIVEN TO THE CONSUMER PRICE INDEX, BUDGETARY RESTRICTIONS AND FINANCIAL STATUS OF THE FOUNDATION.

EMPLOYEES RECEIVE AN ANNUAL SALARY REVIEW BY THEIR SUPERVISORS (OR BY THE BOARD IN THE CASE OF THE CEO) AS PART OF THE PERFORMANCE RECOGNITION PLAN ANNUAL ASSESSMENT. THESE REVIEWS MAY OR MAY NOT RESULT IN A SALARY INCREASE. SALARY INCREASES ARE PROVIDED ON THE BASIS OF MERIT, SUBJECT TO BUDGETARY RESTRICTIONS AND AT THE SOLE DISCRETION OF THE FOUNDATION. ALSO, AT THE FOUNDATION'S SOLE DISCRETION, A LUMP-SUM MERIT AWARD MAY BE GRANTED TO AN EMPLOYEE WHO HAS REMAINED IN THEIR POSITION FOR MANY YEARS, IN LIEU OF AN INCREASE IN SALARY.

FOR THE CEO, AN ANNUAL PERFORMANCE EVALUATION IS ONE OF THE MAJOR RESPONSIBILITIES OF THE BOARD OF DIRECTORS. THE BOARD HAS ADOPTED EVALUATION PROCEDURES ESTABLISHED BY THE COUNCIL ON FOUNDATIONS AS PART OF ITS COMMUNITY FOUNDATIONS NATIONAL STANDARDS THAT PROVIDES FOR A CONSISTENT, FAIR, SUPPORTIVE AND WELL-DOCUMENTED PROCESS. SPECIFIC STEPS IN THE CEO EVALUATION PROCESS INCLUDE A REVIEW AND DISCUSSION OF A SELF-PERFORMANCE EVALUATION AND DEVELOPMENT PLAN WITH PRIOR YEAR'S GOALS AND OBJECTIVES; AN EXECUTIVE SESSION OF THE BOARD TO DISCUSS ANY ISSUES OR CONCERNS AND TO SET NEW GOALS AND OBJECTIVES FOR THE FOLLOWING YEAR; A BOARD SESSION WITH THE CEO PRESENT FOR AN OVERALL

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ASSESSMENT AND GOAL SETTING, AS WELL AS DISCUSSION OF SALARY COMPENSATION  
BASED ON A REVIEW OF COMPARABLE SALARIES FOR OTHER COMMUNITY FOUNDATIONS OF  
OUR SIZE; AND, FINALLY, A SUMMARY OF THE ASSESSMENT, PLAN AND ANY SALARY  
INCREASE TO BE SIGNED BY BOTH THE CEO AND BOARD PRESIDENT.

THE FOUNDATION USES THIS EVALUATION TOOL AS A WAY TO ENHANCE THE  
COMMUNICATION BETWEEN THE BOARD AND THE CEO, MEASURES SPECIFIC, ANNUAL  
OBJECTIVES, GAUGE JOB PERFORMANCE AND LEADERSHIP AND SERVES AS A BASIS FOR  
SALARY COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION AS PART OF ITS DUE DILIGENCE, COMMITMENT TO TRANSPARENCY AND  
IN KEEPING WITH THE COUNCIL ON FOUNDATION'S COMMUNITY FOUNDATIONS NATIONAL  
STANDARDS MAKES AVAILABLE FOR PUBLIC INSPECTION AT ITS OFFICE ITS GOVERNING  
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS. THESE ARE  
ALSO AVAILABLE 24/7 ON THE FOUNDATION'S WEB SITE. IN ADDITION, THE  
FOUNDATION'S ANNUAL FINANCIAL STATEMENTS ARE PUBLISHED IN ITS ANNUAL  
REPORT.

FORM 990, PART XI, LINE 2C:

THE FOUNDATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR  
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN  
INDEPENDENT ACCOUNTANT AND THIS PROCESS HAS REMAINED CONSISTENT WITH  
PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION SANTA CRUZ COUNTY** Employer identification number **94-2808039**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NLMJ BORINA LAND LLC - 46-3734949 7807 SOQUEL DRIVE APTOS, CA 95003	HOLDING TITLE TO AGRICULTURAL LAND; LEASING AGRICULTURAL LAND	CALIFORNIA	-141,419.	2,790,110.	COMMUNITY FOUNDATION SANTA CRUZ COUNTY

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
REGIONAL WATER MANAGEMENT FOUNDATION - 38-3763365, 7807 SOQUEL DRIVE, APTOS, CA 95003	MANAGE THE INTEGRATED REGIONAL WATER MGMNT PROGRAM-SANTA CRUZ COUNTY	CALIFORNIA	501(C)(3)	170(B)(1)(A)	COMMUNITY FOUNDATION SANTA CRUZ COUNTY		X

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

Schedule R (Form 990) 2015



**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) REGIONAL WATER MANAGEMENT FOUNDATION	C	234,872.	AMT PAID OR REIMBURSED DIRECTLY
(2)			
(3)			
(4)			
(5)			
(6)			





