

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, 2017

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning and ending

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	C Name of organization COMMUNITY FOUNDATION SANTA CRUZ COUNTY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7807 SOQUEL DRIVE City or town, state or province, country, and ZIP or foreign postal code APTOS, CA 95003 F Name and address of principal officer: SUSAN FARRAR SAME AS C ABOVE	D Employer identification number 94-2808039 E Telephone number 831-662-2000 G Gross receipts \$ 49,754,172. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I 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		
J Website: ▶ WWW.CFSCC.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1982 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FOUNDED IN 1982, COMMUNITY FOUNDATION SANTA CRUZ COUNTY IS A PUBLIC, NONPROFIT ORGANIZATION 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 19 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 19 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 25 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 12,999,130. Prior Year 15,902,905. Current Year 9 Program service revenue (Part VIII, line 2g) 16,761. 10,324. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,620,394. 4,746,195. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 28,184. 536,185. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14,664,469. 21,195,609.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 7,462,926. 6,255,473. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,627,632. 1,937,017. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 383,305. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,002,384. 1,156,420. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,092,942. 9,348,910. 19 Revenue less expenses. Subtract line 18 from line 12 4,571,527. 11,846,699.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 111,547,797. Beginning of Current Year 130,903,854. End of Year 21 Total liabilities (Part X, line 26) 4,511,396. 4,061,146. 22 Net assets or fund balances. Subtract line 21 from line 20 107,036,401. 126,842,708.	

Part II Signature Block

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

Sign Here	Signature of officer SUSAN FARRAR, CHIEF OPERATING & FINANCIAL OFFICER Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name KEVIN T. WILSON	Preparer's signature 	Date 11/14/18	Check if self-employed <input type="checkbox"/>	PTIN P01313212
	Firm's name ▶ NOVOGRADAC & COMPANY LLP	Firm's EIN ▶ 94-3108253			
	Firm's address ▶ 2033 N. MAIN STREET, SUITE 400 WALNUT CREEK, CA 94596		Phone no. (925) 949-4252		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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 \$ 8,395,323. including grants of \$ 6,255,473.) (Revenue \$ 449,512.)
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 **8,395,323.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 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
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 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
9 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
10 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	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a 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 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	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 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
16 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
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 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

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COUNTY

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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>	X	
22 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>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

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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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		X
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	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
1a	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.		
	1a 19		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 19		
2	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
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	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	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
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	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	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?		
a	The organization's CEO, Executive Director, or top management official	X	
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).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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) TERRY MEDINA PRESIDENT	1.00	X		X				0.	0.	0.
(2) MARILYN CALCIANO VICE PRESIDENT	1.00	X		X				0.	0.	0.
(3) FRENY COOPER SECRETARY	1.00	X		X				0.	0.	0.
(4) DAVID DOOLIN TREASURER	1.00	X		X				0.	0.	0.
(5) EMILY BUCHBINDER DIRECTOR	1.00	X						0.	0.	0.
(6) LILIANA DIAZ DIRECTOR	1.00	X						0.	0.	0.
(7) LARRY DONATONI DIRECTOR	1.00	X						0.	0.	0.
(8) CYNTHIA DRULEY DIRECTOR	1.00	X						0.	0.	0.
(9) JUDY FRANICH DIRECTOR	1.00	X						0.	0.	0.
(10) JULIE HAFF DIRECTOR	1.00	X						0.	0.	0.
(11) JANET HEIEN DIRECTOR	1.00	X						0.	0.	0.
(12) FRED KEELEY DIRECTOR	1.00	X						0.	0.	0.
(13) JERRY LOPEZ DIRECTOR	1.00	X						0.	0.	0.
(14) MICHAEL O' FARRELL DIRECTOR	1.00	X						0.	0.	0.
(15) CARLOS PLACIOS DIRECTOR	1.00	X						0.	0.	0.
(16) TONEE PICARD DIRECTOR	1.00	X						0.	0.	0.
(17) ROGELIO PNCE JR. DIRECTOR	1.00	X						0.	0.	0.

**COMMUNITY FOUNDATION SANTA CRUZ
COUNTY**

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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) KIRK SCHMIDT DIRECTOR	1.00	X					0.	0.	0.	
(19) TREVOR STRUDLEY DIRECTOR	1.00	X					0.	0.	0.	
(20) SUSAN FARRAR CHIEF FINANCIAL OFFICER	40.00			X			134,797.	0.	24,225.	
(21) LANCE LINARES CHIEF EXECUTIVE OFFICER	40.00			X			203,300.	0.	28,173.	
(22) CHRISTINA CUEVAS PROGRAM DIRECTOR	40.00				X		130,470.	0.	24,695.	
(23) TIM CARSON RWMF PROGRAM DIRECTOR	40.00				X		113,716.	0.	15,145.	
(24) SAM LEASK PHILANTHROPIC SERVICES DIR	40.00				X		117,107.	0.	21,583.	
1b Sub-total							699,390.	0.	113,821.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							699,390.	0.	113,821.	

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 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
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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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	15,902,905.				
	g Noncash contributions included in lines 1a-1f: \$		2,881,856.				
	h Total. Add lines 1a-1f		15,902,905.				
Program Service Revenue	2 a FOUNDATION SERVICES FEES	Business Code 900099	10,324.	10,324.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		10,324.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,900,947.			2,900,947.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		30,403,811.					
		b Less: cost or other basis and sales expenses		28,558,563.			
		c Gain or (loss)		1,845,248.			
	d Net gain or (loss)		1,845,248.			1,845,248.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a DEBT FORGIVENESS INCOME	900099	420,000.	420,000.				
b CHANGE IN SPLIT INTEREST AGREEMEN	900099	96,997.			96,997.		
c OTHER INCOME	900099	19,188.	19,188.				
d All other revenue							
e Total. Add lines 11a-11d		536,185.					
12 Total revenue. See instructions.		21,195,609.	449,512.	0.	4,843,192.		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,255,473.	6,255,473.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	390,495.	270,120.	71,989.	48,386.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,174,327.	812,326.	216,491.	145,510.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	256,738.	177,596.	47,330.	31,812.
10 Payroll taxes	115,457.	79,866.	21,285.	14,306.
11 Fees for services (non-employees):				
a Management				
b Legal	6,969.	4,820.	1,285.	864.
c Accounting	36,948.	25,559.	6,811.	4,578.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	319,481.	220,997.	58,897.	39,587.
12 Advertising and promotion	31,592.	21,853.	5,824.	3,915.
13 Office expenses	31,106.	21,518.	5,734.	3,854.
14 Information technology	178,245.	123,299.	32,860.	22,086.
15 Royalties				
16 Occupancy	87,074.	60,233.	16,052.	10,789.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	42,577.	29,452.	7,849.	5,276.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	295,422.	204,355.	54,462.	36,605.
23 Insurance	36,372.	25,160.	6,705.	4,507.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	49,971.	34,567.	9,212.	6,192.
b GENERAL AND ADMINISTRATIVE	34,284.	23,716.	6,320.	4,248.
c LOSS ON DISPOSAL OF FIXED ASSETS	6,379.	4,413.	1,176.	790.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	9,348,910.	8,395,323.	570,282.	383,305.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**COMMUNITY FOUNDATION SANTA CRUZ
COUNTY**

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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	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	666,066.	2	942,974.	
	3 Pledges and grants receivable, net	326,511.	3	374,393.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	37,032.	9	37,774.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,713,010.			
	b Less: accumulated depreciation	10b 1,999,182.	7,818,074.	10c	7,713,828.
	11 Investments - publicly traded securities	100,672,518.	11	119,410,971.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets	0.	14	0.	
	15 Other assets. See Part IV, line 11	2,027,596.	15	2,423,914.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	111,547,797.	16	130,903,854.		
Liabilities	17 Accounts payable and accrued expenses	87,128.	17	127,079.	
	18 Grants payable	1,493,340.	18	877,022.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities	1,346,204.	20	939,378.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 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			22	
	23 Secured mortgages and notes payable to unrelated third parties		23	165,000.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 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	1,584,724.	25	1,952,667.	
	26 Total liabilities. Add lines 17 through 25	4,511,396.	26	4,061,146.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	7,411,189.	27	7,554,456.	
	28 Temporarily restricted net assets	42,250,256.	28	59,817,511.	
	29 Permanently restricted net assets	57,374,956.	29	59,470,741.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	107,036,401.	33	126,842,708.		
34 Total liabilities and net assets/fund balances	111,547,797.	34	130,903,854.		

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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	21,195,609.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,348,910.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,846,699.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	107,036,401.
5	Net unrealized gains (losses) on investments	5	7,959,608.
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	126,842,708.

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION SANTA CRUZ COUNTY** Employer identification number **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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 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		
Total						

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,863,685.	9,092,957.	11,556,876.	12,999,130.	15,902,905.	65,415,553.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	15,863,685.	9,092,957.	11,556,876.	12,999,130.	15,902,905.	65,415,553.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						12,821,661.
6 Public support. Subtract line 5 from line 4.						52,593,892.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	15,863,685.	9,092,957.	11,556,876.	12,999,130.	15,902,905.	65,415,553.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	1,680,379.	2,158,418.	2,457,159.	2,592,469.	2,900,947.	11,789,372.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	96,113.	359,071.	-104,644.	44,945.	538,224.	933,709.
11 Total support. Add lines 7 through 10						78,138,634.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	67.31 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	64.65 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. 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 stop here. 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 10% -facts-and-circumstances test - 2016. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, 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

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
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>		
c 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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 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>		
8 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>		
9a 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 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>		
c 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>		
10a 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 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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 A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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 Part VI 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.		
1		
2 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
1		
2 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 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 Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a 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 Part VI 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.			
2a			
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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a 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 Part VI .			
3a			
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 Part VI the role played by the organization in this regard.			
3b			

COMMUNITY FOUNDATION SANTA CRUZ

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 (explain in Part VI.) **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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	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	Distributable Amount. 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

Schedule A (Form 990 or 990-EZ) 2017 COUNTY

94-2808039 Page 7

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

COMMUNITY FOUNDATION SANTA CRUZ

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements held at the end of the tax year, and yes/no questions about monitoring and reporting.

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.

Form with questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures, including fields for revenue and asset values.

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	61,005,398.	55,797,613.	57,636,373.	35,696,777.	26,918,618.
b Contributions	1,055,542.	3,115,151.	1,664,789.	21,518,116.	5,644,832.
c Net investment earnings, gains, and losses	7,730,225.	4,155,663.	-1,352,399.	2,157,415.	4,591,166.
d Grants or scholarships	1,791,284.	1,168,961.	1,275,198.	982,240.	982,833.
e Other expenditures for facilities and programs					
f Administrative expenses	984,524.	894,068.	875,952.	753,695.	475,006.
g End of year balance	67,015,357.	61,005,398.	55,797,613.	57,636,373.	35,696,777.

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 100.00 %
- 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		7,343,077.	1,315,184.	6,027,893.
c Leasehold improvements				
d Equipment		968,831.	570,267.	398,564.
e Other		317,498.	113,731.	203,767.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,713,828.

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)		
Total. (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)		
Total. (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)	
Total. (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	753,246.
(3) CHARITABLE TRUST LIABILITIES	1,199,421.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,952,667.

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	24,989,314.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	7,959,608.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	524,490.
e	Add lines 2a through 2d	2e	8,484,098.
3	Subtract line 2e from line 1	3	16,505,216.
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	4,690,393.
c	Add lines 4a and 4b	4c	4,690,393.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	21,195,609.

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	9,445,379.
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	477,529.
e	Add lines 2a through 2d	2e	477,529.
3	Subtract line 2e from line 1	3	8,967,850.
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	381,060.
c	Add lines 4a and 4b	4c	381,060.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,348,910.

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	845,960.
INTER-ENTITY ACTIVITY	-321,470.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	524,490.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND ACTIVITY	4,690,393.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

REGIONAL WATER MANAGEMENT FOUNDATION ACTIVITY	798,999.
INTER-ENTITY ACTIVITY	-321,470.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	477,529.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUNDS ACTIVITY	381,060.
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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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY - SILICON VALLEY/CENTRAL COAST REGION - 747 CAMDEN AVE STE B - CAMPBELL, CA 95008	94-1170350		6,106.	0.			FOR GENERAL OPERATING SUPPORT
AGRICULTURAL HISTORY PROJECT PO BOX 1181 WATSONVILLE, CA 95077	77-0165945		15,525.	0.			FOR GENERAL OPERATING SUPPORT
ACTION FOR COMMUNITY TRANSFORMATION - 4900 PROVIDENCE RD - CHARLOTTE., NC 28226	26-3282259	501(C)(3)	16,750.	0.			FOR OASIS LAS AVES AFTERSCHOOL PROGRAM FOR RENOVATION OF THE AFTERSCHOOL FACILITIES IN
COAL CREEK MEALS ON WHEELS 455 N BURLINGTON AVE LAFAYETTE, CO 80026	84-0634856	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
ALL HANDS VOLUNTEERS 6 COUNTY RD STE 6 MATTAPOISETT, MA 02739	20-3414952	501(C)(3)	5,000.	0.			TO SUPPORT VOLUNTEERS IN THEIR SERVICE TO THE VICTIMS OF HURRICANE HARVEY IN TEXAS
ENCOMPASS COMMUNITY SERVICES 380 ENCINAL ST STE 200 SANTA CRUZ, CA 95060	23-7275290		32,050.	0.			FOR GENERAL OPERATING SUPPORT AND PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 93.

3 Enter total number of other organizations listed in the line 1 table ▶ 126.

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

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SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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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
AMERICAN CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD ST 18TH FL - NEW YORK, NY 10004			8,000.	0.			FOR GENERAL OPERATING SUPPORT
FRIENDS OF SANTA CRUZ STATE PARKS 1543 PACIFIC AVE #206 SANTA CRUZ, CA 95060	51-0183410		8,466.	0.			FOR GENERAL OPERATING SUPPORT
GIRLS INC. OF THE CENTRAL COAST 318 CAYUGA ST STE 101A SALINAS, CA 93901	20-5040398		36,360.	0.			FOR GENERAL OPERATING SUPPORT AND FOR SMART CHOICES SUMMER PROGRAM
ARTS COUNCIL SANTA CRUZ COUNTY 1070 RIVER ST SANTA CRUZ, CA 95060	94-2600140		119,585.	0.			FOR GENERAL OPERATING SUPPORT AND PROGRAM SUPPORT
AMERICAN RED CROSS 1663 MARKET ST SAN FRANCISCO, CA 94103			20,805.	0.			FOR GENERAL OPERATING SUPPORT
BELLARMINE COLLEGE PREPARATORY 960 WEST HEDDING STREET SAN JOSE, CA 95126	94-1160938	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
BEND SCIENCE STATION 1027 NW TRENTON AVE BEND, OR 97707	14-1846714	501(C)(3)	25,000.	0.			FOR THE BUILDING FUND AND FOR GENERAL OPERATING SUPPORT
ASPIRE PUBLIC SCHOOLS 1001 22ND AVE SUITE 100 OAKLAND, CA 94606	94-3311088	501(C)(3)	125,000.	0.			FOR ASPIREFORWARD CAMPAIGN AND FINANCIAL ASSISTANCE SCHOLARSHIP
WATSONVILLE WETLANDS WATCH 500 HARKINS SLOUGH RD WATSONVILLE, CA 95019	77-0519882		47,894.	0.			FOR GENERAL OPERATING SUPPORT AND PROGRAM SUPPORT

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AWAKEN PO BOX 40635 RENO, NV 89504	38-3843380	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
CABRILLO COLLEGE FOUNDATION 6500 SOQUEL DR APTOS, CA 95003	94-6121953		79,303.	0.			FOR WOMEN'S EDUCATION SUCCESS, STROKE CENTER, CAP, GUIDED PATHWAYS PROJECT & PRESIDENT'S
CABRILLO FESTIVAL OF CONTEMPORARY MUSIC - 147 SOUTH RIVER ST STE 232 - SANTA CRUZ, CA 95060	94-6123298		33,000.	0.			FOR GENERAL OPERATING SUPPORT, ENHANCE CORE PROGRAMS
CATAMARAN LITERARY READER 1050 RIVER ST STUDIO 113 SANTA CRUZ, CA 95060	45-5153607	501(C)(3)	5,000.	0.			FOR YOUTH RELATED PROGRAMS
CENTRAL COAST YMCA 500 LINCOLN AVE SALINAS, CA 93901	77-0202335		25,250.	0.			FOR GENERAL OPERATING SUPPORT & REDUCE OBESITY AND RELATED CHRONIC DISEASE
COMMUNITY BRIDGES 236 SANTA CRUZ AVE APTOS, CA 95003	94-2460211		64,963.	0.			FOR GENERAL OPERATING SUPPORT, MEALS ON WHEELS AND NUEVA VISTA FAMILY RESOURCE CENTER
COMMUNITY FOUNDATION FOR MONTEREY COUNTY - 2354 GARDEN RD - MONTEREY, CA 93940	94-1615897		12,000.	0.			FOR GENERAL OPERATING SUPPORT AND MCGIVES
COURT APPOINTED SPECIAL ADVOCATES OF SANTA CRUZ COUNTY - CASA - 813 FREEDOM BLVD - WATSONVILLE, CA 95076	77-0305354		59,783.	0.			FOR GENERAL OPERATING SUPPORT, BIRTH TO 5 PROGRAM AND IMAGINE FUNDRAISER
CURIODYSSEY AT COYOTE POINT 1651 COYOTE POINT DR SAN MATEO, CA 94401	94-1262434	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT

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DIENTES COMMUNITY DENTAL CARE 1830 COMMERCIAL WAY SANTA CRUZ, CA 95065	77-0311752		93,500.	0.			FOR GENERAL OPERATING SUPPORT AND DIENTES CARES PROGRAM
DIGITAL NEST 1961 MAIN ST # 221 WATSONVILLE, CA 95076	46-5757256		94,500.	0.			FOR GENERAL OPERATING SUPPORT AND CAPITAL CAMPAIGN SUPPORT
DIVERSITY CENTER PO BOX 8280 SANTA CRUZ, CA 95061	77-0212967		39,100.	0.			FOR GENERAL OPERATING SUPPORT
DOMINICAN HOSPITAL FOUNDATION 1555 SOQUEL DR EDUCATION CTR 2ND FL SANTA CRUZ, CA 95065	94-2450442	501(C)(3)	5,000.	0.			FOR 3 TILES, HEALING GARDEN & MATCH, AND PTERON SOCIETY
ELKHORN SLOUGH FOUNDATION PO BOX 267 MOSS LANDING, CA 95039	94-2823247		39,342.	0.			FOR GENERAL OPERATING SUPPORT
FAMILY SERVICE AGENCY OF THE CENTRAL COAST - 104 WALNUT AVE STE 208 - SANTA CRUZ, CA 95060	94-1716354		13,884.	0.			FOR GENERAL OPERATING SUPPORT, WOMENCARE, SURVIVORS HEALING CENTER PROGRAM
FAMILY SUPPORTIVE HOUSING 692 N KING RD SAN JOSE, CA 95133	77-0106237	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
FRIENDS OF HOPKINS MARINE STATION 120 OCEANVIEW BLVD PACIFIC GROVE, CA 93950	94-1156365	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
FRIENDS OF LONG MARINE LAB - SEYMOUR CENTER - 100 SHAFFER RD - SANTA CRUZ, CA 95060	23-7394590		29,700.	0.			FOR GENERAL OPERATING SUPPORT

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GOOD SHEPHERD CATHOLIC SCHOOL 2727 MATTISON LN SANTA CRUZ, CA 95065	94-1658139	501(C)(3)	8,850.	0.			30 4GB CHROMEBOOKS (11 INCH) AND RELATED GOOGLE MANAGEMENT LICENSES
FRIENDS OF THE SANTA CRUZ PUBLIC LIBRARIES - PO BOX 8472 - SANTA CRUZ, CA 95061	94-2612557		29,605.	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)	14,027.	0.			FOR GENERAL OPERATING SUPPORT
GREY BEARS 2710 CHANTICLEER AVE SANTA CRUZ, CA 95065	94-2298681		76,670.	0.			FOR GENERAL OPERATING SUPPORT, BUILDING CAMPAIGN, HOLIDAY DINNERS AND SENIOR PROGRAMS
HABITAT FOR HUMANITY MONTEREY BAY 1007 CEDAR ST SANTA CRUZ, CA 95060	77-0206356		17,606.	0.			FOR GENERAL OPERATING SUPPORT
HAPPY VALLEY ELEMENTARY SCHOOL 3125 BRANCIFORTE DR SANTA CRUZ, CA 95065	94-6002633		51,163.	0.			FOR GENERAL OPERATING SUPPORT
HOMELESS SERVICES CENTER 115-B CORAL ST SANTA CRUZ, CA 95060	77-0126783		54,000.	0.			FOR OPERATING SUPPORT, 180/220 INITIATIVE, SOUPLINE SUPPER, AND GIVING TUESDAY
HOOVER INSTITUTION - STANFORD UNIVERSITY - 434 GALVEZ MALL STANFORD UNIVERSITY - STANFORD, CA 94305	94-1156365		150,000.	0.			FOR GENERAL OPERATING SUPPORT AND CENTENNIAL INITIATIVE
HOSPICE OF SANTA CRUZ COUNTY 940 DISC DR SCOTTS VALLEY, CA 95066	94-2497618		82,350.	0.			FOR GENERAL OPERATING SUPPORT AND PROGRAM SUPPORT

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INDEPENDENT WORLD TELEVISION INC. 231 N. HOLLIDAY ST BALTIMORE, MD 21202	01-0808098	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT OF THE REAL NEWS NETWORK
JACOB'S HEART CHILDREN'S CANCER SUPPORT SERVICES - 680 W BEACH ST - WATSONVILLE, CA 95076	68-0413822		36,500.	0.			FOR GENERAL OPERATING SUPPORT
KAZU 90.3 FM 100 CAMPUS CTR BLDG 201 RM 317 SEASIDE, CA 93955			6,040.	0.			FOR GENERAL OPERATING SUPPORT AND PROGRAM SUPPORT
KUUMBWA JAZZ CENTER 320-2 CEDAR ST SANTA CRUZ, CA 95060	51-0159252		57,754.	0.			FOR GENERAL OPERATING SUPPORT AND PROGRAM SUPPORT
LAND TRUST OF SANTA CRUZ COUNTY 617 WATER ST SANTA CRUZ, CA 95060	94-2431856		82,437.	0.			FOR OPERATING SUPPORT, WILDLIFE AND WILDLAND CAMPAIGN, SAVE FARMLAND PROJECT & PROGRAM SUPPORT
LANDWATCH MONTEREY COUNTY PO BOX 1876 SALINAS, CA 93902	91-1862145		5,500.	0.			FOR GENERAL OPERATING SUPPORT
LIFE LAB SCIENCE PROGRAM 1156 HIGH STREET SANTA CRUZ, CA 95064	94-2778848		20,500.	0.			FOR GENERAL OPERATING SUPPORT, GARDEN-BASED EDUCATION PROGRAMS
LIVE OAK SCHOOL DISTRICT 984-1BOSTWICK LANE SANTA CRUZ, CA 95062		501(C)(3)	5,000.	0.			TO SUPPORT THE SPRING BREAK TRIP TO WASHINGTON DC
LOS ANGELES LGBT CENTER 1625 N. SCHRADER BOULEVARD LOS ANGELES, CA 90028	95-3567895	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT

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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		20,402.	0.			FOR GENERAL OPERATING SUPPORT AND PROGRAM SUPPORT
MUSEUM OF ART AND HISTORY AT THE MCPHERSON CENTER - 705 FRONT ST - SANTA CRUZ, CA 95060	94-2718861		58,320.	0.			FOR GENERAL OPERATING SUPPORT AND PROGRAM SUPPORT
MUSIC ACADEMY OF THE WEST 1070 FAIRWAY RD SANTA BARBARA, CA 93108	95-1525814	501(C)(3)	20,000.	0.			TO SUPPORT THE SUMMER JAZZ PROGRAM
NATIONAL PARK FOUNDATION 1110 VERMONT AVE NW STE 200 WASHINGTON, DC 20005	52-1086761	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 22203	53-0242652		115,000.	0.			TO SUPPORT THE CAMPAIGN FOR CARPENTER VALLEY, PROGRAM SUPPORT FOR HAWAII AND CALIFORNIA
O'NEILL SEA ODYSSEY 2222 E CLIFF DR STE 222 SANTA CRUZ, CA 95062	77-0464784		52,460.	0.			FOR GENERAL OPERATING SUPPORT
OVEREATERS ANONYMOUS PO BOX 44020 RIO RANCHO, NM 87174	23-7016806	501(C)(3)	5,500.	0.			FOR OPERATING SUPPORT, TRANSLATIONS FUN DELEGATE SUPPORT FUND AND PROFESSIONAL EXHIBITS
PAJARO VALLEY COMMUNITY HEALTH TRUST - 85 NIELSON ST - WATSONVILLE, CA 95076	94-1149702		28,750.	0.			FOR GENERAL OPERATING SUPPORT

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PAJARO VALLEY HISTORICAL ASSOCIATION - PO BOX 623 - WATSONVILLE, CA 95077	94-1663161		52,790.	0.			FOR GENERAL OPERATING SUPPORT, PROGRAM SUPPORT, AND MAINTENANCE SUPPORT
PAJARO VALLEY LOAVES AND FISHES 150 SECOND ST WATSONVILLE, CA 95076	77-0319247		9,250.	0.			FOR GENERAL OPERATING SUPPORT, FARM TO PANTRY PROGRAM, AND EMPTY BOWLS
PAJARO VALLEY SHELTER SERVICES 115 BRENNAN ST WATSONVILLE, CA 95076	94-1393418		46,476.	0.			FOR GENERAL OPERATING SUPPORT, MOTHER'S DAY FUN RUN, AND PROGRAM SUPPORT
PLANNED PARENTHOOD MAR MONTE 1691 THE ALAMEDA SAN JOSE, CA 95126	94-1583439		31,800.	0.			FOR GENERAL OPERATING SUPPORT AND OUTREACH SUPPORT
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		36,000.	0.			FOR OPERATING SUPPORT AND CAPITAL CAMPAIGN FOR A NEW CLINIC
SALVATION ARMY SANTA CRUZ 721 LAUREL ST SANTA CRUZ, CA 95060	94-1156347	501(C)(3)	5,856.	0.			FOR GENERAL OPERATING SUPPORT
SALVATION ARMY WATSONVILLE 214 UNION ST WATSONVILLE, CA 95076	95-3082788		19,347.	0.			FOR GENERAL OPERATIGN SUPPORT
SANTA CRUZ COMMUNITY HEALTH CENTERS - 250 LOCUST ST - SANTA CRUZ, CA 95060	23-7428303		55,200.	0.			FOR OPERATING SUPPORT, CRADLE TO CAREER PROGRAM AND PEDIATRIC BEHAVIORAL HEALTH SERVICES

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SANTA CRUZ COUNTY SYMPHONY 307 CHURCH ST SANTA CRUZ, CA 95060	94-2373284		23,175.	0.			GENERAL OPERATING SUPPORT, TUBA SPONSORSHIP AND CONCERT SUPPORT
SANTA CRUZ MONTESSORI SCHOOL 6230 SOQUEL DRIVE APTOS, CA 95003	94-1573507	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
SANTA CRUZ MUSEUM OF NATURAL HISTORY - 1305 E CLIFF DR - SANTA CRUZ, CA 95062	94-2427733		63,750.	0.			FOR GENERAL OPERATING SUPPORT, ART OF NATURE EXHIBIT SUPPORT
SANTA CRUZ SHAKESPEARE 500 CHESTNUT ST STE 250 SANTA CRUZ, CA 95060	46-4635444		37,798.	0.			FOR GENERAL OPERATING SUPPORT, SUMMER FESTIVAL SUPPORT, CAPITAL CAMPAIGN SUPPORT
SAVE OUR SHORES 345 LAKE AVE STE A SANTA CRUZ, CA 95062	94-2745941		35,576.	0.			FOR GENERAL OPERATING SUPPORT AND EDUCATIONAL OUTREACH
SAVE THE REDWOODS LEAGUE 111 SUTTER ST 11TH FL SAN FRANCISCO, CA 94104	94-0843915		5,500.	0.			FOR GENERAL OPERATING SUPPORT
SECOND HARVEST FOOD BANK 800 OHLONE PKWY WATSONVILLE, CA 95076	77-0326685		60,842.	0.			FOR GENERAL OPERATING SUPPORT AND PROGRAM SUPPORT
STUDENT CONSERVATION ASSOCIATION PO BOX 550 CHARLESTOWN, NH 03603	91-0880684		6,000.	0.			FOR GENERAL OPERATING SUPPORT
TEMPLE BETH EL JEWISH COMMUNITY CENTER - 3055 PORTER GULCH RD - APTOS, CA 95003	94-6139655		32,480.	0.			FOR GENERAL OPERATING SUPPORT, SUPPORT FOR FESTIVALS AND ROSE LEVINE YOUTH CAMPERSHIP RESERVED

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TOWER FOUNDATION - SAN JOSE STATE UNIVERSITY, SJSU - UNIVERSITY ADVANCEMENT 1 WASHINGTON SQUARE - SAN JOSE, CA 95192	83-0403915		62,000.	0.			FOR MOSS LANDING MARINE LABORATORIES, MEN'S WATER POLO TEAM
TRUST FOR PUBLIC LAND 101 MONTGOMERY ST STE 900 SAN FRANCISCO, CA 94104	23-7222333		15,000.	0.			TO SUPPORT THE NORTHERN ROCKIES PROGRAM AND WILL ROGER ENDOWMENT
UC REGENTS - UCSC ARBORETUM 1156 HIGH STREET MAIL STOP - ARBORETUM SANTA CRUZ, CA 95064			44,997.	0.			TO SUPPORT THE UCSC ARBORETUM
UC SANTA CRUZ FOUNDATION 1156 HIGH STREET SANTA CRUZ, CA 95064	23-7394590		24,700.	0.			FOR PROGRAM SUPPORT, SUPPORT FOR DEPARTMENTS, DREAMERS FUND AND NATURAL HISTORY MUSEUM
VALLEY WOMEN'S CLUB PO BOX 574 BEN LOMOND, CA 95005	77-0163322		12,000.	0.			LEGACY OF TREES CAMPAIGN, NATIVE HABITAT RESTORATION WORK AND AMERICORPS VOLUNTEERS
VANGUARD CHARITABLE ENDOWMENT PROGRAM - PO BOX 9509 - WARWICK, RI 02889	23-2888152	501(C)(3)	110,204.	0.			BURKE BORINA VANGUARD CHARITABLE
VENTANA WILDLIFE SOCIETY 19045 PORTOLA DR STE F1 SALINAS, CA 93908	94-2795935		21,000.	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)	14,026.	0.			FOR GENERAL OPERATING SUPPORT
VOLUNTEER CENTER OF SANTA CRUZ COUNTY - 1740 17TH AVE STE 2 - SANTA CRUZ, CA 95062	94-1702678		97,850.	0.			FOR GENERAL OPERATING SUPPORT AND PROGRAM SUPPORT

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WATSONVILLE HIGH SCHOOL FOUNDATION PO BOX 832 WATSONVILLE, CA 95077	77-0008389	501(C)(3)	9,356.	0.			TO SUPPORT THE MISSION AND ACTIVITIES OF THE WATSONVILLE HIGH SCHOOL FOUNDATION
WHARF TO WHARF RACE PO BOX 307 CAPITOLA, CA 95010	77-0061106	501(C)(3)	12,000.	0.			FOR OTIS CHANDLER SCHOLARSHIPS
WILLIAM JAMES ASSOCIATION PO BOX 1632 SANTA CRUZ, CA 95061	23-7320163	501(C)(3)	5,000.	0.			FOR THE PRISON ARTS PROJECT
WORLD WILDLIFE FUND 1250 24TH ST NW WASHINGTON, DC 20090	52-1693387	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
YWCA OF WATSONVILLE 340 E BEACH ST WATSONVILLE, CA 95076	94-1212142	501(C)(3)	7,398.	0.			FOR GENERAL OPERATING SUPPORT
AUDUBON CALIFORNIA SOCIETY 220 MONTGOMERY ST STE 1000 SAN FRANCISCO, CA 94104	13-1624102		18,000.	0.			FOR GENERAL OPERATING SUPPORT
ACADEMY OF MOTION PICTURE ARTS AND SCIENCE - 8949 WILSHIRE BOULEVARD - BEVERLY HILLS, CA 90211	95-2243698	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
AGRI-CULTURE 141 MONTE VISTA AVE WATSONVILLE, CA 95076	77-0212413		69,981.	0.			FARMWORKER HOUSING PROJECT, MAINTENANCE OF EQUIPMENT, AGRICULTURAL EDUCATION & OPERATING
ADVOCACY INC. 5274 SCOTTS VALLEY DR STE 203 SCOTTS VALLEY, CA 95066	94-2400572	501(C)(3)	6,000.	0.			TO PROVIDE A PILOT LGBT SENSITIVITY TRAINING TO STAFF AT LONG-TERM CARE FACILITIES

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BIG BROTHERS BIG SISTERS OF SANTA CRUZ COUNTY - 1500 41ST AVE STE 250 - CAPITOLA, CA 95010	94-2826754		29,496.	0.			FOR GENERAL OPERATING SUPPORT, AND TO ASSIST CHILDREN AND YOUTH WITH THEIR EDUCATIONAL NEEDS
BIG TIMBER FIRE DEPARTMENT PO BOX 264 BIG TIMBER, MT 59011	81-0450348		5,000.	0.			FOR GENERAL OPERATING SUPPORT
BOYS AND GIRLS CLUB OF SANTA CRUZ COUNTY - 543 CENTER ST - SANTA CRUZ, CA 95060	94-6129075		27,400.	0.			FOR GENERAL OPERATING SUPPORT AND OUT-OF-SCHOOL PROGRAMS
BEAR YUBA LAND TRUST PO BOX 1004 GRASS VALLEY, CA 95945	68-0256981	501(C)(3)	5,000.	0.			TO SUPPORT THE INDEPENDENCE TRAIL RESTORATION
BERKELEY YOUTH ALTERNATIVES 1255 ALLSTON WAY BERKELEY, CA 94702	94-1711728	501(C)(3)	10,000.	0.			TO SUPPORT PROGRAMS THAT ASSIST CHILDREN AND YOUTH WITH THEIR EDUCATIONAL NEEDS
BIKE SANTA CRUZ COUNTY EDUCATION FUND - 333 SOQUEL AVE - SANTA CRUZ, CA 95062			10,500.	0.			TO SUPPORT THE EDUCATION FUND AND DIVERSITY SCHOLARSHIP, EARN-A-BIKE PROGRAM AND ADVOCACY
CALIFORNIA CERTIFIED ORGANIC FARMERS FOUNDATION - 2155 DELAWARE AVE STE 150 - SANTA CRUZ, CA 95060	30-0106255		15,000.	0.			FOR THE 2017 FUTURE ORGANIC FARMER GRANT FUND
CALIFORNIA FARM LINK 335 SPRECKELS DRIVE SUITE F APTOS, CA 95003	94-3332630	501(C)(3)	25,000.	0.			TO HELP SANTA CRUZ COUNTY CURRENT AND RETIRING FARMERS ACCESS LAND & CAPITAL
CALVARY EPISCOPAL CHURCH 532 CENTER ST SANTA CRUZ, CA 95060	94-1375779	501(C)(3)	7,500.	0.			TO SUPPORT THE ASSOCIATION OF FAITH COMMUNITIES AND FAITH COMMUNITY SHELTER PROGRAM

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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
BIONEERS COLLECTIVE HERITAGE INSTITUTE - 1607 PASEO DE PERALTA STE 3 - SANTA FE, NM 87501	85-0432731	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
BOY SCOUTS OF AMERICA - SILICON VALLEY MONTEREY BAY AREA COUNCIL - 970 W JULIAN - SAN JOSE, CA 95126			7,000.	0.			TO SUPPORT THE SKILLICORN BBQ AWARDS BANQUET FOR WATSONVILLE CHAPTER OF BOY SCOUTS
BREAST CANCER ASSISTANCE GROUP OF MONTEREY COUNTY - PO BOX 221582 - CARMEL, CA 93922	91-1972448	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
CERT AUXILIARY OF SANTA CRUZ COUNTY - 308 PARK DR - APTOS, CA 95003	47-3056484		10,600.	0.			FOR EMERGENCY BACKPACKS FOR COMMUNITY EMERGENCY RESPONSE TEAM & HIRE A FEMA-CERTIFIED INSTRUCTOR
CALIFORNIA STATE PARKS FOUNDATION 50 FRANCISCO ST STE 110 SAN FRANCISCO, CA 94133			6,750.	0.			FOR GENERAL OPERATING SUPPORT AND TRUSTEE'S CONTRIBUTION
COASTAL KIDS HOME CARE 1172 S MAIN ST # 125 SALINAS, CA 93901	20-2549984		25,000.	0.			FOR GENERAL OPERATING SUPPORT AND CLINIC ON WHEELS PROGRAM
COASTAL WATERSHED COUNCIL 107 DAKOTA AVE STE 4 SANTA CRUZ, CA 95060	68-0368798		31,250.	0.			FOR GENERAL OPERATING SUPPORT
COLLEGE OF THE DESERT FOUNDATION 43-500 MONTEREY AVE PALM DESERT, CA 92260	95-3829219	501(C)(3)	25,000.	0.			TO SUPPORT THE PLEDGE PROGRAM FOR THE 2017 YEAR
COLLEGE TRACK 112 LINDEN ST OAKLAND, CA 94607	94-3279613	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT

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CENTER FOR COMMUNITY ADVOCACY 22 W. GABILAN STREET SALINAS, CA 93901	77-0192068	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT
COMMUNITY ACTION BOARD OF SANTA CRUZ COUNTY - 406 MAIN ST STE 207 - WATSONVILLE, CA 95076	94-2523780		22,000.	0.			FOR GENERAL OPERATING SUPPORT AND SANTA CRUZ COUNTY IMMIGRATION PROJECT
CHANTICLEER PARK NEIGHBORS ASSOCIATION - 1780 CHANTICLEER AVE - SANTA CRUZ, CA 95062	46-1561993	501(C)(3)	10,000.	0.			TO SUPPORT ELEMENTS HIGHLIGHTING AGRICULTURAL HISTORY AND WATER USAGE AND CONSERVATION
COUNCIL ON ALCOHOLISM & DRUG ABUSE PO BOX 28 SANTA BARBARA, CA 93102	95-1878858	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
DESERT BEST FRIEND'S CLOSET 74-040 HIGHWAY 111 STE F PALM DESERT, CA 92260	26-2388221	501(C)(3)	5,000.	0.			TO SUPPORT THE PROM DRESS PROGRAM
EL SISTEMA SANTA CRUZ 235 SOUTH BRANCIFORTE AVE SANTA CRUZ, CA 95062			30,000.	0.			FOR GENERAL OPERATING SUPPORT AND MUSIC PROGRAMS SUPPORT
ENVIRONMENTAL DEFENSE FUND 1875 CONNECTICUT AVE NW STE 600 WASHINGTON, DC 20009	11-6107128	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
FIRST 5 SANTA CRUZ COUNTY PO BOX 1457 CAPITOLA, CA 95010			25,000.	0.			FOR ACCESS TO HIGH QUALITY EARLY CARE AND EDUCATION SERVICES FOR YOUNG CHILDREN
FOOD BANK OF SANTA BARBARA COUNTY 490 W FOSTER RD SANTA MARIA, CA 93455	77-0169214	501(C)(3)	10,000.	0.			TO SUPPORT THE HEALTHY SCHOOL PANTRY PROGRAM

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FRIENDS OF THE WATSONVILLE PUBLIC LIBRARIES - 275 MAIN ST STE 100 - WATSONVILLE, CA 95076	23-7066840	501(C)(3)	13,703.	0.			FOR GENERAL OPERATING SUPPORT
FOODWHAT 1156 HIGH STREET SANTA CRUZ, CA 95064			59,000.	0.			FOR GENERAL OPERATING SUPPORT
GEORGIANA BRUCE KIRBY PREPATORY SCHOOL - 425 ENCINAL ST - SANTA CRUZ, CA 95060			16,250.	0.			FOR GENERAL OPERATING SUPPORT
GROWING UP WILD 2015 EUREKA CANYON RD. WATSONVILLE, CA 95076	85-0409005	501(C)(3)	7,000.	0.			FOR ORGANIZATIONAL INFRASTRUCTURE NECESSARY TO PROVIDE YEAR-ROUND ENVIRONMENTAL EDUCATION
GRAMEEN FOUNDATION 1400 K ST NW #550 WASHINGTON, DC 20005	73-1502797	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
HEALTH IMPROVEMENT PARTNERSHIP OF SANTA CRUZ COUNTY - 1800 GREEN HILLS RD STE 100 - SCOTTS VALLEY, CA 95066	01-0826156	501(C)(3)	25,000.	0.			TO INCREASE INFORMATIONAL SHARING AMONG COMMUNITY BASED CLINICS USING A WEB-BASED PLATFORM
HUMAN PROJECTS CENTER 1537 PACIFIC AVENUE STE 300 SANTA CRUZ, CA 95060	94-2713281	501(C)(3)	20,000.	0.			TO EXPAND FAMILY CAREGIVER SERVICES SUPPORTING LATINO FAMILIES IN SANTA CRUZ
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVE NW WASHINGTON, DC 20036	52-1481896	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
JUNIOR ACHIEVEMENT WORLDWIDE 745 ATLANTIC AVE BOSTON, MA 02111	27-3666259	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT

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INTERMOUNTAIN HEALTHCARE FOUNDATION - PO BOX 77 - FALL RIVER MILLS, CA 96028	91-1839151	501(C)(3)	10,000.	0.			FOR THE NEW HOSPITAL WING CAPITAL CAMPAIGN
KIDPOWER TEENPOWER FULLPOWER PO BOX 1212 SANTA CRUZ, CA 95061			11,000.	0.			FOR GENERAL OPERATING SUPPORT AND MIGRANT EDUCATION TEACHERS TRAINING PROGRAM
MONARCH SERVICES 233 E LAKE AVE WATSONVILLE, CA 95076	94-2462783		24,912.	0.			FOR GENERAL OPERATING SUPPORT AND PROGRAM SUPPORT
MOUNTAIN PARKS FOUNDATION 525 N BIG TREES PARK RD FELTON, CA 95018	23-7275572		6,300.	0.			FOR GENERAL OPERATING SUPPORT AND TO SUPPORT THE NATURE CENTER
NAMI SANTA CRUZ COUNTY P.O.BOX 360 SANTA CRUZ, CA 95060-0360	77-0002878		11,200.	0.			FOR GENERAL OPERATING SUPPORT AND PROGRAM SUPPORT
NUCLEAR THREAT INITIATIVE 1747 PENNSYLVANIA AVE 7TH FLOOR WASHINGTON, DC 20006	52-2289435		165,000.	0.			FOR GENERAL OPERATING SUPPORT AND PERRY PROJECT
LITTLE FREE LIBRARY 573 COUNTY RD A STE 106 HUDSON, WI 54016	45-4043708	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
OXFAM AMERICA 226 CAUSEWAY ST 5TH FLOOR BOSTON, MA 02114	23-7069110	501(C)(3)	12,000.	0.			FOR GENERAL OPERATING SUPPORT
PAJARO VALLEY ARTS (PVA) 37 SUDDEN ST WATSONVILLE, CA 95076	77-0107201		11,500.	0.			FOR GENERAL OPERATING SUPPORT

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LIVE EARTH FARM DISCOVERY PROGRAM PO BOX 3490 FREEDOM, CA 95019	26-3728160	501(C)(3)	5,000.	0.			FOR A DOCENT PROGRAM TO HOST SCHOOL FIELD TRIPS
SANTA CRUZ HILLEL 222 CARDIFF PLACE SANTA CRUZ, CA 95060			7,600.	0.			GENERAL OPERATING SUPPORT
SANTA CRUZ MOUNTAINS ART CENTER 9341 MILL ST BEN LOMOND, CA 95005	91-1877043	501(C)(3)	5,000.	0.			TO SUPPORT AFTERSCHOOL PROGRAMS
SANTA CRUZ SPCA 2685 CHANTICLEER AVE SANTA CRUZ, CA 95065	94-6171565		38,364.	0.			FOR GENERAL OPERATING SUPPORT, NEW BUILDING FUND, BLACKIE'S SENIOR PROGRAM
SAVE THE WAVES COALITION PO BOX 183 DAVENPORT, CA 95017	36-4515216		13,000.	0.			FOR GENERAL OPERATING SUPPORT AND SUPPORT SANTA CRUZ WORLD SURFING RESERVE
SAFE AG SAFE SCHOOLS 501 MISSION ST STE 11 SANTA CRUZ, CA 95060	94-2949686	501(C)(3)	7,000.	0.			TO SUPPORT COMMUNITY EDUCATION AND OUTREACH EFFORTS REGARDING PESTICIDE USE IN SANTA
SALUD Y CARINO 1723 GREY SEAL RD SANTA CRUZ, CA 95062			5,400.	0.			FOR GENERAL OPERATING SUPPORT, AFTERSCHOOL PROGRAM SUPPORT
SENDEROS 840 NORTH BRANCIFORTE AVE SANTA CRUZ, CA 95062	80-0893412		11,750.	0.			FOR GENERAL OPERATING SUPPORT AND PROGRAM SUPPORT
SENIOR NETWORK SERVICES 1777-A CAPITOLA RD SANTA CRUZ, CA 95062	94-2259716		23,325.	0.			FOR GENERAL OPERATING SUPPORT AND PROGRAM SUPPORT

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SHARED ADVENTURES PO BOX 396 SANTA CRUZ, CA 95061	77-0366565		12,250.	0.			FOR GENERAL OPERATING SUPPORT AND PROGRAM SUPPORT
SIERRA CLUB 2101 WEBSTER ST STE 1300 OAKLAND, CA 94612			7,000.	0.			FOR GENERAL OPERATING SUPPORT AND PROGRAM SUPPORT
ST. ANTHONY FOUNDATION 150 GOLDEN GATE AVE SAN FRANCISCO, CA 94102-3899	94-1513140	501(C)(3)	26,134.	0.			FOR GENERAL OPERATING SUPPORT AND PROGRAM SUPPORT
TANNERY WORLD DANCE AND CULTURAL CENTER - 1060 RIVER ST #111 - SANTA CRUZ, CA 95060	90-0826298	501(C)(3)	5,000.	0.			TO EXPAND FUND DEVELOPMENT CAPACITY
THE SAFINA CENTER AT STONY BROOK UNIVERSITY - 80 NORTH COUNTRY RD - SETAUKET, NY 11733	61-1406022	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
THE SANTA CRUZ HUB FOR SUSTAINABLE LIVING - 703 PACIFIC AVE - SANTA CRUZ, CA 95060	31-1748056	501(C)(3)	5,000.	0.			TO SUPPORT COASTAL RAIL SANTA CRUZ
THE UC HASTINGS FOUNDATION UC HASTINGS FOUNDATION 200 MCALLISTER ST. - SAN FRANCISCO, CA 94102	23-7135898	501(C)(3)	31,361.	0.			FOR JUDGE ROBERT H. SCHNACKE AWARD
THE VAIL JAZZ FOUNDATION PO BOX 3035 VAIL, CO 81658	84-1305072	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
UNCHAINED INC. PO BOX 441 SOQUEL, CA 95073	27-5502745		6,000.	0.			FOR GENERAL OPERATING SUPPORT AND PROGRAM SUPPORT

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UNITED WAY OF SANTA CRUZ COUNTY PO BOX 1458 CAPITOLA, CA 95010-1458	94-1422471		11,000.	0.			FOR GENERAL OPERATING SUPPORT, WOMEN IN PHILANTHROPY AND PROGRAM SUPPORT
VAJRAPANI INSTITUTE PO BOX 2130 BOULDER CREEK, CA 95006	51-0181149	501(C)(3)	5,012.	0.			FOR THE STORM RELIEF FUND
VILLAGE SANTA CRUZ 1740 17TH AVE SANTA CRUZ, CA 95062	94-1702678	501(C)(3)	9,000.	0.			TO SUPPORT VILLAGE SANTA CRUZ'S MEMBERSHIP AND VOLUNTEER BASE
VISTA CENTER FOR THE BLIND AND VISUALLY IMPAIRED - 3315 MISION DR STE B - SANTA CRUZ, CA 95065	94-2694801		6,000.	0.			FOR GENERAL OPERATING SUPPORT FOR THE SANTA CRUZ LOCATION
WALLIS ANNENBERG CENTER FOR THE PERFORMING ARTS - 9390 SANTA MONICA BLVD - BEVERLY HILLS, CA 90210	95-4467830	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
WALNUT AVENUE FAMILY & WOMEN'S CENTER - 303 WALNUT AVE - SANTA CRUZ, CA 95060	94-1186197		10,500.	0.			FOR GENERAL OPERATING SUPPORT AND PROGRAM SUPPORT
LIVE OAK LITTLE LEAGUE PO BOX 2650 SANTA CRUZ, CA 95062	77-0012730	501(C)(3)	18,000.	0.			TO PURCHASE A NEW SCOREBOARD
LOS ANGELES BALLET 11755 EXPOSITION BLVD LOS ANGELES, CA 90064	20-1819852	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
LOTUSLAND 695 ASHLEY RD SANTA BARBARA, CA 93108	23-7082550	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT

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MADRE 121 W 27TH ST RM 301 NEW YORK, NY 10001	13-3280194	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
MAIA FOUNDATION 9055 SOQUEL DRIVE STE H APTOS, CA 95003	94-2624585	501(C)(3)	20,000.	0.			FOR TUTORING PROGRAM
MARIAN REGIONAL MEDICAL CENTER FOUNDATION - 1400 EAST CHURCH STREET - SANTA MARIA, CA 93454	95-3818027	501(C)(3)	5,000.	0.			TO SUPPORT THE CONFIDENT ME TEEN PROGRAM
MCCALLUM THEATRE FOUNDATION 73000 FRED WARING DR PALM DESERT, CA 92260	33-0334165	501(C)(3)	15,000.	0.			TO SUPPORT EDUCATION AND OUTREACH PROGRAMS
MID-COUNTY SENIOR CENTER 829 BAY AVENUE CAPITOLA, CA 95010			14,300.	0.			FOR REMODELING OF THE KITCHEN AND PROGRAM SUPPORT
SANTA CRUZ COMMUNITY VENTURES 324 FRONT STREET SANTA CRUZ, CA 95060	77-0247648		15,400.	0.			FOR GENERAL OPERATING SUPPORT
NATIVE ANIMAL RESCUE 1855 17TH AVE SANTA CRUZ, CA 95062			97,121.	0.			FOR GENERAL OPERATING SUPPORT
NEW ISRAEL FUND PO BOX 96712 WASHINGTON, DC 20077			6,000.	0.			FOR GENERAL OPERATING SUPPORT AND GRANTMAKING SUPPORT
NEW MUSIC WORKS PO BOX 2266 SANTA CRUZ, CA 95063			7,286.	0.			FOR GENERAL OPERATING SUPPORT

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OMEGA NU PO BOX 1696 SANTA CRUZ, CA 95061	23-7348116	501(C)(3)	10,000.	0.			FOR WALLY ALEXANDER SCHOLARSHIP FUND AND GENERAL OPERATING SUPPORT
OPERATION SAFE HOUSE 9685 HAYES ST RIVERSIDE, CA 92503	33-0326090	501(C)(3)	25,000.	0.			TO SUPPORT THE SAFE HOUSE OF THE DESERT
ORGANIC FARMING RESEARCH FOUNDATION - PO BOX 440 - SANTA CRUZ, CA 95061	77-0252545	501(C)(3)	15,000.	0.			FOR THE ORGANIC FARMING RESEARCH FOUNDATION RESEARCH AND EDUCATION PROGRAM
PACIFIC COLLEGIATE SCHOOL 3004 MISSION STREET SANTA CRUZ, CA 95060			7,500.	0.			FOR THE RAINBOW ALLIANCE CLUB AND ANNUAL FUND SUPPORT
PACIFIC SCHOOL FOUNDATION PO BOX 358 DAVENPORT, CA 95017	77-0279872	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
PAJARO VALLEY UNIFIED SCHOOL DISTRICT - 294 GREEN VALLEY ROAD - WATSONVILLE, CA 95076			26,000.	0.			FOR AFTER SCHOOL PROGRAMS
PLANNED PARENTHOOD FEDERATION OF AMERICA - 123 WILLIAM STREET 10 FL - NEW YORK, NY 10038			12,250.	0.			FOR GENERAL OPERATING SUPPORT
POSITIVE DISCIPLINE COMMUNITY RESOURCES - PO BOX 5365 - SANTA CRUZ, CA 96063	27-1364795	501(C)(3)	6,000.	0.			TO CONDUCT TWO POSITIVE DISCIPLINE TRAININGS
PROLITERACY WORLDWIDE 104 MARCELLUS ST SYRACUSE, NY 13204			20,000.	0.			FOR GENERAL OPERATING SUPPORT

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QUEER YOUTH TASK FORCE PO BOX 8280 C/O DIVERSITY CENTER SANTA CRUZ, CA 95061			10,250.	0.			FOR GENERAL OPERATING SUPPORT
RANCHO CIELO YOUTH CAMPUS PO BOX 6948 SALINAS, CA 93912			5,250.	0.			FOR GENERAL OPERATING SUPPORT
RANCHO MIRAGE PUBLIC LIBRARY FOUNDATION - 71-100 HWY 111 - RANCHO MIRAGE, CA 92271			15,000.	0.			SUMMER PROGRAM SUPPORT
READ WITH ME VOLUNTEER PROGRAMS PO BOX 1016 RANCHO MIRAGE, CA 92270	47-1406641	501(C)(3)	10,000.	0.			TO SUPPORT BUS TRANSPORTATION
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT SANTA CRUZ - UC SANTA CRUZ OFFICE OF SPONSORED PROJECTS 1156 HIGH STREET - SANTA			153,000.	0.			FOR UCSC EDUCATIONAL PARTNERSHIP CENTER AND EVERETT PROGRAM
RESOURCE CONSERVATION DISTRICT OF SANTA CRUZ COUNTY - 820 BAY AVENUE SUITE 136 - CAPITOLA, CA 95010	94-6000534	501(C)(3)	20,000.	0.			FOR ORGANIZATIONAL PROGRAMS
SANTA CLARA UNIVERSITY 500 EL CAMINO REAL SANTA CLARA, CA 95053			51,000.	0.			FOR OPERATING SUPPORT AND TO SUPPORT WOMEN'S WATER POLO
SANTA CRUZ ART LEAGUE 526 BROADWAY SANTA CRUZ, CA 95060			17,000.	0.			FOR GENERAL OPERATING SUPPORT
SANTA CRUZ COUNTY PARKS - OPEN SPACES AND CULTURAL SERVICES - 979 17TH AVE - SANTA CRUZ, CA 95062			7,786.	0.			FOR GENERAL OPERATING SUPPORT, LABOR DAY FREE SWIM, PROGRAM SUPPORT

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SANTA CRUZ COUNTY PLANNING DEPARTMENT - 701 OCEAN ST RM 400 - SANTA CRUZ, CA 95060	94-6000534		15,000.	0.			HUD FUNDING FOR PLANNING OF THE YOUTH HOMELESSNESS DEMONSTRATION PROGRAM
SANTA CRUZ COUNTY YOUTH SYMPHONY PO BOX 566 SANTA CRUZ, CA 95061	94-2186687	501(C)(3)	5,500.	0.			TO SUPPORT SCHOLARSHIPS
SANTA CRUZ PLAYGROUND PROJECT PO BOX 3709 SANTA CRUZ, CA 95063			115,000.	0.			TO SUPPORT LEO'S HAVEN ALL INCLUSIVE PARK
SANTA CRUZ TODDLER CARE CENTER 1738 16TH AVENUE SANTA CRUZ, CA 95062			16,000.	0.			FOR GENERAL OPERATING SUPPORT
SENIORS COUNCIL 234 SANTA CRUZ AVE APTOS, CA 95003	94-2662950	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT AND PROGRAM SUPPORT
TEEN KITCHEN PROJECT PO BOX 1853 SOQUEL, CA 95072			12,775.	0.			FOR GENERAL OPERATING SUPPORT AND PROGRAM SUPPORT
THE CATHOLIC COMMUNITY FOUNDATION OF SANTA CLARA COUNTY - 777 NORTH FIRST ST SUITE 490 - SAN JOSE, CA 95112	83-0400149	501(C)(3)	10,000.	0.			FOR THE ST. SIMON PARISH ENDOWMENT FOR TUITION ASSISTANCE
THE EPISCOPAL CHURCHES OF ALL SAINTS' AND CRISTO REY - 437 ROGERS AVENUE - WATSONVILLE, CA 95076	94-1196245	501(C)(3)	10,000.	0.			FOR SPECIAL MUSIC OUTREACH AND YOUTH SUMMER PROGRAMS
THE LIVING BREATH FOUNDATION 2031 MARSALA CIR MONTEREY, CA 93940	26-2725465	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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
THE LIVING DESERT 47900 PORTOLA AVE PALM DESERT, CA 92260			15,500.	0.			FOR EDUCATIONAL PURPOSES AND PROGRAM SUPPORT
WATSONVILLE FILM FESTIVAL PO BOX 172 WATSONVILLE, CA 95077			5,750.	0.			FOR PROGRAM SUPPORT
WATSONVILLE ROTARY FOUNDATION PO BOX 282 WATSONVILLE, CA 95077			5,000.	0.			FOR PROGRAM SUPPORT AND DISASTER RELIEF
WILDAID INC. 333 PINE ST STE 300 SAN FRANCISCO, CA 94104	20-3644441	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
WINGS HOMELESS ADVOCACY PO BOX 1509 FELTON, CA 95018	47-2483270	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
WOMEN FOR WOMEN INTERNATIONAL 2000 M ST SUITE 200 WASHINGTON, DC 20036	52-1838756	501(C)(3)	5,000.	0.			FOR PROGRAM SUPPORT
WYLD 1930 REDESDALE AVE LOS ANGELES, CA 90039	46-5088468	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
DAVID DUNN N/A N/A, CA 99999			20,000.	0.			TO SUPPORT A VISUAL ARTS FELLOWSHIP IN 2018-19
JOSALYNE TORRES-BAEZ N/A N/A, CA 99999			5,000.	0.			2017 SCHOLARSHIP RECIPIENT

Schedule I (Form 990)

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
JOSE SEDANO N/A N/A, CA 99999			8,400.	0.			2017 SCHOLARSHIP RECIPIENT
MARIA PEREZ FLORES N/A N/A, CA 99999			8,000.	0.			2017 SCHOLARSHIP RECIPIENT
MYRA EASTMAN N/A N/A, CA 99999			20,000.	0.			TO SUPPORT A VISUAL ARTS FELLOWSHIP IN 2018-19
NORA GRIFFITH N/A N/A, CA 99999			8,400.	0.			2017 SCHOLARSHIP RECIPIENT
ROBERT CHIARITO N/A N/A, CA 99999			20,000.	0.			TO SUPPORT A VISUAL ARTS FELLOWSHIP IN 2018-19
ROBIN KANDEL N/A N/A, CA 99999			20,000.	0.			TO SUPPORT A VISUAL ARTS FELLOWSHIP IN 2018-19

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 noncash 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 UNLESS SPECIFICALLY REQUESTED BY THE DONOR. 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: ACTION FOR COMMUNITY TRANSFORMATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR OASIS LAS AVES AFTERSCHOOL PROGRAM FOR RENOVATION OF THE AFTERSCHOOL FACILITIES IN LAS AVES

NAME OF ORGANIZATION OR GOVERNMENT: CABRILLO COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR WOMEN'S EDUCATION SUCCESS, STROKE CENTER, CAP, GUIDED PATHWAYS PROJECT & PRESIDENT'S CIRCLE

NAME OF ORGANIZATION OR GOVERNMENT: OVEREATERS ANONYMOUS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR OPERATING SUPPORT, TRANSLATIONS

Part IV Supplemental Information

FUN DELEGATE SUPPORT FUND AND PROFESSIONAL EXHIBITS FUND

NAME OF ORGANIZATION OR GOVERNMENT:

TEMPLE BETH EL JEWISH COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, SUPPORT FOR FESTIVALS AND ROSE LEVINE YOUTH CAMPERSHIP RESERVED FUND

NAME OF ORGANIZATION OR GOVERNMENT: AGRI-CULTURE

(H) PURPOSE OF GRANT OR ASSISTANCE: FARMWORKER HOUSING PROJECT, MAINTENANCE OF EQUIPMENT, AGRICULTURAL EDUCATION & OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: GROWING UP WILD

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR ORGANIZATIONAL INFRASTRUCTURE NECESSARY TO PROVIDE YEAR-ROUND ENVIRONMENTAL EDUCATION FOR YOUTH

NAME OF ORGANIZATION OR GOVERNMENT: HUMAN PROJECTS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND FAMILY CAREGIVER SERVICES SUPPORTING LATINO FAMILIES IN SANTA CRUZ COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: SAFE AG SAFE SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT COMMUNITY EDUCATION AND OUTREACH EFFORTS REGARDING PESTICIDE USE IN SANTA CRUZ COUNTY

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as, 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	1b	
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 on line 1a?	2	
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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" 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?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
If "Yes" on 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?	6a	X
b Any related organization?	6b	X
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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
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	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2017

COMMUNITY FOUNDATION SANTA CRUZ
COUNTY

94-2808039

Schedule J (Form 990) 2017

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 aren't 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) SUSAN FARRAR CHIEF FINANCIAL OFFICER	(i)	134,797.	0.	0.	0.	24,225.	159,022.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LANCE LINARES CHIEF EXECUTIVE OFFICER	(i)	203,300.	0.	0.	0.	28,173.	231,473.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRISTINA CUEVAS PROGRAM DIRECTOR	(i)	130,470.	0.	0.	0.	24,695.	155,165.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

Part I	Bond Issues	SEE PART VI FOR COLUMN (A) CONTINUATIONS											
		(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
	A	CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT	68-0164610	NONE	01/01/11	2,500,000.		X		X		X	
	B												
	C												
	D												

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	1,520,000.							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	2,500,000.							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III	Private Business Use								
		A		B		C		D	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No
			X						
2	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) 2017

94-2808039

Page 2

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
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?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d 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?								
4 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		%		%		%		%
5 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		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a 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 If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 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
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

COMMUNITY FOUNDATION SANTA CRUZ
COUNTY

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

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	45	2,881,856.	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 isn't 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 nonstandard 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 didn't 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) 2017

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

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 11B:

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
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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.

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

Employer identification number
94-2808039

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.

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

Employer identification number
94-2808039

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

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

Employer identification number
94-2808039

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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	148,247.	2,851,691.	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

COMMUNITY FOUNDATION SANTA CRUZ

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**COMMUNITY FOUNDATION SANTA CRUZ
COUNTY**

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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s 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	321,470.	AMT PAID OR REIMBURSED DIRECTLY
(2)			
(3)			
(4)			
(5)			
(6)			

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return COMMUNITY FOUNDATION SANTA CRUZ COUNTY	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 94-2808039
--	--	---

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	510,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,030,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	272,166.

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2017	17	10,082.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	282,248.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**COMMUNITY FOUNDATION SANTA CRUZ
COUNTY**

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? **Yes** **No** **24b** If "Yes," is the evidence written? **Yes** **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2017 tax year:					
43 Amortization of costs that began before your 2017 tax year					43 13,174.
44 Total. Add amounts in column (f). See the instructions for where to report					44 13,174.

2017 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
12	COMPUTER EQUIPMENT	07/01/03	SL	5.00	HY17	8,230.				8,230.	8,229.		0.	8,229.
13	COMPUTER EQUIPMENT	07/01/04	SL	3.00	HY17	7,423.				7,423.	7,423.		0.	7,423.
14	COMPUTER EQUIPMENT	07/01/05	SL	3.00	HY17	18,779.				18,779.	18,779.		0.	18,779.
15	COMPUTER EQUIPMENT	06/01/07	SL	3.00	HY17	6,015.				6,015.	6,015.		0.	6,015.
17	COMPUTER EQUIPMENT	11/10/09	SL	3.00	MQ17	1,669.				1,669.	1,669.		0.	1,669.
18	FURNITURE	10/28/10	SL	10.00	16	564,250.				564,250.	328,445.		56,425.	384,870.
22	FURNITURE	07/01/02	SL	5.00	HY17	12,605.				12,605.	12,605.		0.	12,605.
23	FURNITURE	07/01/11	SL	10.00	HY17	32,413.				32,413.	19,553.		3,241.	22,794.
27	FURNITURE	12/22/11	SL	5.00	HY17	15,000.				15,000.	15,000.		0.	15,000.
28	FURNITURE	06/22/11	SL	10.00	HY17	10,000.				10,000.	7,000.		1,000.	8,000.
29	FURNITURE	07/31/12	SL	5.00	HY17	35,052.				35,052.	29,211.		5,841.	35,052.
30	FURNITURE	06/30/12	SL	10.00	16	11,383.				11,383.	5,121.		1,138.	6,259.
31	FURNITURE	12/15/13	SL	10.00	16	3,521.				3,521.	1,516.		352.	1,868.
32	EQUIPMENT	03/24/14	SL	10.00	16	44,203.				44,203.	12,155.		4,420.	16,575.
33	COMPUTER EQUIPMENT	04/01/14	SL	3.00	16	9,612.				9,612.	8,811.		801.	9,612.
34	COMPUTER EQUIPMENT	03/01/14	SL	3.00	16	2,092.				2,092.	1,975.		117.	2,092.
35	FURNITURE	05/01/14	SL	10.00	16	2,137.				2,137.	570.		214.	784.
36	FURNITURE	04/01/14	SL	10.00	16	5,149.				5,149.	1,288.		515.	1,803.

2017 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	COMPUTER EQUIPMENT	06/01/14	SL	3.00		16	8,200.				8,200.	7,060.		1,140.	8,200.
	* 990 PAGE 10 TOTAL -						797,733.				797,733.	492,425.		75,204.	567,629.
19	BUILDING	10/28/10	SL	40.00		16	7,332,992.				7,332,992.	1,130,237.		190,917.	1,321,154.
24	BUILDING	07/01/11	SL	40.00		16	10,085.				10,085.	1,371.		252.	1,623.
	* 990 PAGE 10 TOTAL -						7,343,077.				7,343,077.	1,131,608.		191,169.	1,322,777.
16	LAND	04/21/06	L				900,000.				900,000.			0.	
20	LAND	10/28/10	L				183,604.				183,604.			0.	
	* 990 PAGE 10 TOTAL -						1,083,604.				1,083,604.	0.		0.	0.
21	LAND IMPROVEMENT	10/28/10	SL	20.00		16	317,093.				317,093.	97,737.		15,855.	113,592.
25	LAND IMPROVEMENT	07/18/11	SL	20.00		16	405.				405.	119.		20.	139.
	* 990 PAGE 10 TOTAL -						317,498.				317,498.	97,856.		15,875.	113,731.
26	BOND FINANCING FEES	01/27/11	461	120M	HY	43	131,743.				131,743.	77,946.		13,174.	91,120.
	* 990 PAGE 10 TOTAL -						131,743.				131,743.	77,946.		13,174.	91,120.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						9,673,655.				9,673,655.	1,799,835.		295,422.	2,095,257.

California Exempt Organization
Annual Information Return

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name
COMMUNITY FOUNDATION SANTA CRUZ COUNTY

California corporation number
1103716

Additional information. See instructions.

FEIN
94-2808039

Street address (suite or room)
7807 SOQUEL DRIVE

PMB no.

City
APTOS

State
CA

ZIP code
95003

Foreign country name

Foreign province/state/country

Foreign postal code

A First Return Yes No

B Amended Return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final Information Return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____

L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

P Is federal Form 1023/1024 pending? Yes No
Date filed with IRS _____


Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	33,851,267.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	15,902,905.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	49,754,172.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	28,558,563.00
	7	Total costs. Add line 5 and line 6	7	28,558,563.00
	8	Total gross income. Subtract line 7 from line 4	8	21,195,609.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	9,348,910.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	11,846,699.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Information K	12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Information F	15	10.00
	16	Penalties and Interest. See General Information J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer **CHIEF OPERATIN** Title Date Telephone **831-662-2000**

Preparer's signature  Date **11/14/18** Check if self-employed PTIN **P01313212**

Paid Preparer's Use Only

Firm's name (or yours, if self-employed) and address **NOVOGRADAC & COMPANY LLP** Telephone **94-3108253**
2033 N. MAIN STREET, SUITE 400
WALNUT CREEK, CA 94596 Telephone **(925) 949-4252**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00		
	2	Interest	•	2	499,624.00		
	3	Dividends	•	3	2,401,323.00		
	4	Gross rents	•	4	00		
	5	Gross royalties	•	5	00		
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 2	•	6	30,403,811.00	
	7	Other income	SEE STATEMENT 3	•	7	546,509.00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	33,851,267.00	
	9	Contributions, gifts, grants, and similar amounts paid		•	9	6,255,473.00	
	10	Disbursements to or for members		•	10	00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 4	•	11	390,495.00	
	12	Other salaries and wages		•	12	1,174,327.00	
	Expenses and Disbursements	13	Interest	•	13	00	
		14	Taxes	•	14	115,457.00	
		15	Rents	•	15	87,074.00	
		16	Depreciation and depletion (See instructions)	•	16	295,422.00	
		17	Other Expenses and Disbursements	SEE STATEMENT 5	•	17	1,030,662.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	9,348,910.00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		666,066.		• 942,974.
2	Net accounts receivable				•
3	Net notes receivable				•
4	Inventories				•
5	Federal and state government obligations				•
6	Investments in other bonds				•
7	Investments in stock				•
8	Mortgage loans				•
9	Other investments	STMT 6	100,672,518.		• 119,410,971.
10 a	Depreciable assets	8,458,308.		8,629,406.	
b	Less accumulated depreciation	(1,723,838.)	6,734,470.	(1,999,182.)	6,630,224.
11	Land		1,083,604.		• 1,083,604.
12	Other assets	STMT 7	2,391,139.		• 2,836,081.
13	Total assets		111,547,797.		130,903,854.
Liabilities and net worth					
14	Accounts payable		87,128.		• 127,079.
15	Contributions, gifts, or grants payable		1,493,340.		• 877,022.
16	Bonds and notes payable	STMT 8	1,346,204.		• 939,378.
17	Mortgages payable				• 165,000.
18	Other liabilities	STMT 9	1,584,724.		1,952,667.
19	Capital stock or principal fund				•
20	Paid-in or capital surplus. Attach reconciliation				•
21	Retained earnings or income fund		107,036,401.		• 126,842,708.
22	Total liabilities and net worth		111,547,797.		130,903,854.

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	• 11,846,699.	7	Income recorded on books this year not included in this return	•
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	
4	Income not recorded on books this year	•	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	11,846,699.
6	Total. Add line 1 through line 5	11,846,699.			

CA 199	GROSS AMOUNT FROM SALE OF ASSETS			STATEMENT	2		
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED				
			PURCHASED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
				28,148,899.	0.	409,664.	30,403,811.
TOTAL TO FORM 199, PAGE 2, LN 6				28,148,899.	0.	409,664.	30,403,811.

CA 199	OTHER INCOME	STATEMENT	3
DESCRIPTION	AMOUNT		
OTHER INCOME			19,188.
CHANGE IN SPLIT INTEREST AGREEMENT			96,997.
DEBT FORGIVENESS INCOME			420,000.
FOUNDATION SERVICES FEES			10,324.
TOTAL TO FORM 199, PART II, LINE 7			546,509.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
TERRY MEDINA 7807 SOQUEL DRIVE APTOS, CA 95003	PRESIDENT 1.00	0.
MARILYN CALCIANO 7807 SOQUEL DRIVE APTOS, CA 95003	VICE PRESIDENT 1.00	0.
FRENY COOPER 7807 SOQUEL DRIVE APTOS, CA 95003	SECRETARY 1.00	0.
DAVID DOOLIN 7807 SOQUEL DRIVE APTOS, CA 95003	TREASURER 1.00	0.
EMILY BUCHBINDER 7807 SOQUEL DRIVE APTOS, CA 95003	DIRECTOR 1.00	0.
LILIANA DIAZ 7807 SOQUEL DRIVE APTOS, CA 95003	DIRECTOR 1.00	0.
LARRY DONATONI 7807 SOQUEL DRIVE APTOS, CA 95003	DIRECTOR 1.00	0.
CYNTHIA DRULEY 7807 SOQUEL DRIVE APTOS, CA 95003	DIRECTOR 1.00	0.
JUDY FRANICH 7807 SOQUEL DRIVE APTOS, CA 95003	DIRECTOR 1.00	0.
JULIE HAFF 7807 SOQUEL DRIVE APTOS, CA 95003	DIRECTOR 1.00	0.
JANET HEIEN 7807 SOQUEL DRIVE APTOS, CA 95003	DIRECTOR 1.00	0.

FRED KEELEY 7807 SOQUEL DRIVE APTOS, CA 95003	DIRECTOR 1.00	0.
JERRY LOPEZ 7807 SOQUEL DRIVE APTOS, CA 95003	DIRECTOR 1.00	0.
MICHAEL O'FARRELL 7807 SOQUEL DRIVE APTOS, CA 95003	DIRECTOR 1.00	0.
CARLOS PLACIOS 7807 SOQUEL DRIVE APTOS, CA 95003	DIRECTOR 1.00	0.
TONEE PICARD 7807 SOQUEL DRIVE APTOS, CA 95003	DIRECTOR 1.00	0.
ROGELIO PNCE JR. 7807 SOQUEL DRIVE APTOS, CA 95003	DIRECTOR 1.00	0.
KIRK SCHMIDT 7807 SOQUEL DRIVE APTOS, CA 95003	DIRECTOR 1.00	0.
TREVOR STRUDLEY 7807 SOQUEL DRIVE APTOS, CA 95003	DIRECTOR 1.00	0.
SUSAN FARRAR 7807 SOQUEL DRIVE APTOS, CA 95003	CHIEF FINANCIAL OFFICER 40.00	159,022.
LANCE LINARES 7807 SOQUEL DRIVE APTOS, CA 95003	CHIEF EXECUTIVE OFFICER 40.00	231,473.
CHRISTINA CUEVAS 7807 SOQUEL DRIVE APTOS, CA 95003	PROGRAM DIRECTOR 40.00	0.
LUIS CHABOLLA 7807 SOQUEL DRIVE APTOS, CA 95003	COMMUNICATIONS DIRECTOR 40.00	0.
TIM CARSON 7807 SOQUEL DRIVE APTOS, CA 95003	RWMF PROGRAM DIRECTOR 40.00	0.

SAM LEASK	PHILANTHROPIC SERVICES DIR	0.
7807 SOQUEL DRIVE	40.00	
APTOS, CA 95003		

TOTAL TO FORM 199, PART II, LINE 11	390,495.
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CA 199	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	AMOUNT
REPAIRS AND MAINTENANCE	49,971.
GENERAL AND ADMINISTRAT	34,284.
LOSS ON DISPOSAL OF FIX	6,379.
OTHER EMPLOYEE BENEFITS	256,738.
LEGAL FEES	6,969.
ACCOUNTING FEES	36,948.
OTHER PROFESSIONAL FEES	319,481.
ADVERTISING AND PROMOTION	31,592.
OFFICE EXPENSES	31,106.
INFORMATION TECHNOLOGY	178,245.
CONFERENCES AND CONVENTIONS	42,577.
INSURANCE	36,372.
TOTAL TO FORM 199, PART II, LINE 17	1,030,662.

CA 199	OTHER INVESTMENTS	STATEMENT	6
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES	100,672,518.	119,410,971.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	100,672,518.	119,410,971.

CA 199	OTHER ASSETS	STATEMENT	7
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	326,511.	374,393.
PREPAID EXPENSES AND DEFERRED CHARGES	37,032.	37,774.
CONTRIBUTIONS RECEIVABLE	1,829,883.	2,374,494.
OTHER ASSETS	197,713.	49,420.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	2,391,139.	2,836,081.

CA 199	BONDS AND NOTES PAYABLE	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
TAX-EXEMPT BONDS LIABILITIES	1,346,204.	939,378.	
TOTAL TO FORM 199, SCHEDULE L, LINE 16	1,346,204.	939,378.	

CA 199	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
CHARITABLE GIFT ANNUITY LIABILITY	770,606.	753,246.	
CHARITABLE TRUST LIABILITIES	814,118.	1,199,421.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	1,584,724.	1,952,667.	

CA 199	FUND BALANCES	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNRESTRICTED ASSETS	7,411,189.	7,554,456.	
TEMPORARILY RESTRICTED ASSETS	42,250,256.	59,817,511.	
PERMANENTLY RESTRICTED ASSETS	57,374,956.	59,470,741.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	107,036,401.	126,842,708.	

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 94-2808039

Corporation name

COMMUNITY FOUNDATION SANTA CRUZ COUNTY

California corporation number

1103716

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	11	9,541,912.	1,721,889.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	282,248.

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	282,248.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	282,248.
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19 26 BOND FINANCING FEES	01/27/11	131,743.	77,946.	461	120M	13,174.	
20	Total. Add the amounts in column (g)					20	13,174.
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21	13,174.
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12					22	0.

CA 3885		DEPRECIATION				STATEMENT	11
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
12	COMPUTER EQUIPMENT 07/01/03	8,230.	8,229.	SL	5.00	0.	
13	COMPUTER EQUIPMENT 07/01/04	7,423.	7,423.	SL	3.00	0.	
14	COMPUTER EQUIPMENT 07/01/05	18,779.	18,779.	SL	3.00	0.	
15	COMPUTER EQUIPMENT 06/01/07	6,015.	6,015.	SL	3.00	0.	
16	LAND 04/21/06	900,000.		L		0.	
17	COMPUTER EQUIPMENT 11/10/09	1,669.	1,669.	SL	3.00	0.	
18	FURNITURE 10/28/10	564,250.	328,445.	SL	10.00	56,425.	
19	BUILDING 10/28/10	7,332,992.	1,130,237.	SL	40.00	190,917.	
20	LAND 10/28/10	183,604.		L		0.	
21	LAND IMPROVEMENT 10/28/10	317,093.	97,737.	SL	20.00	15,855.	
22	FURNITURE 07/01/02	12,605.	12,605.	SL	5.00	0.	
23	FURNITURE 07/01/11	32,413.	19,553.	SL	10.00	3,241.	
24	BUILDING 07/01/11	10,085.	1,371.	SL	40.00	252.	
25	LAND IMPROVEMENT 07/18/11	405.	119.	SL	20.00	20.	
27	FURNITURE 12/22/11	15,000.	15,000.	SL	5.00	0.	
28	FURNITURE 06/22/11	10,000.	7,000.	SL	10.00	1,000.	
29	FURNITURE 07/31/12	35,052.	29,211.	SL	5.00	5,841.	
30	FURNITURE 06/30/12	11,383.	5,121.	SL	10.00	1,138.	
31	FURNITURE 12/15/13	3,521.	1,516.	SL	10.00	352.	
32	EQUIPMENT 03/24/14	44,203.	12,155.	SL	10.00	4,420.	
33	COMPUTER EQUIPMENT 04/01/14	9,612.	8,811.	SL	3.00	801.	
34	COMPUTER EQUIPMENT 03/01/14	2,092.	1,975.	SL	3.00	117.	
35	FURNITURE 05/01/14	2,137.	570.	SL	10.00	214.	

36 FURNITURE	04/01/14	5,149.	1,288. SL	10.00	515.
37 COMPUTER EQUIPMENT	06/01/14	8,200.	7,060. SL	3.00	1,140.
TOTAL TO FORM 3885		<u>9,541,912.</u>	<u>1,721,889.</u>		<u>282,248.</u>

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.
If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2017 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:
**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**
Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: **Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.**
S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.
Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.
When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.
Due to the federal Emancipation Day holiday on April 16, 2018, tax returns filed and payments mailed or submitted on April 17, 2018, will be considered timely.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

739035 11-29-17

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **2017** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM **3586 (e-file)**

0000000 COMM 94-2808039 1103716 17 FORM 3
TYB 01-01-2017 TYE 12-31-2017
COMMUNITY FOUNDATION SANTA CRUZ COUNTY

7807 SOQUEL DRIVE
APTOS CA 95003

(831) 662-2000

Amount of Payment 10.

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 (916) 210-6400

WEB SITE ADDRESS:
www.ag.ca.gov/charities/

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

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

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 4800 COMMUNITY FOUNDATION SANTA CRUZ COUNTY <small>Name of Organization</small> 7807 SOQUEL DRIVE <small>Address (Number and Street)</small> APTOS, CA 95003 <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1103716</u> Federal Employer I.D. No. <u>94-2808039</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Receipts	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2017 ending 12/31/2017) list:
 Gross annual revenue \$ 21,195,609. Total assets \$ 130,903,854.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 831-662-2000

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.

SUSAN FARRAR

**CHIEF OPERATING &
 FINANCI**

Signature of authorized officer

Printed Name

Title

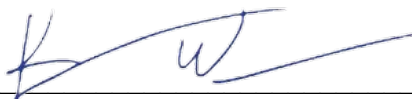
Date

PAID PREPARER STATEMENT

**COMMUNITY FOUNDATION SANTA CRUZ COUNTY
FORM RRF-1
Annual Registration Renewal Fee Report to
Attorney General of California
For the Year Ended December 31, 2017
FEIN # 94-2808039**

11/14/18

Date



Preparer's Signature

Firm Name: Novogradac & Company LLP

Address: 2033 N. Main Street, Suite 400, Walnut Creek, CA 94596

Preparer's Name: Kevin T. Wilson

Preparer's FEIN: 94-3108253

Preparer's PTIN: P01313212