

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
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 **2019** 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 | | D Employer identification number 94-2808039 |
| | Doing business as | | E Telephone number (831) 662-2000 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | 7807 SOQUEL DRIVE | | G Gross receipts \$ 24,151,336. |
| | City or town, state or province, country, and ZIP or foreign postal code APTOS, CA 95003 | | |
| F Name and address of principal officer: SUSAN TRUE SAME AS C ABOVE | | 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: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.CFSCC.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1982** **M** State of legal domicile: **CA**

| Part I Summary | | Prior Year | Current Year |
|---|--|---|---|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO PROMOTE PHILANTHROPY TO MAKE SANTA CRUZ COUNTY A BETTER PLACE TO LIVE, NOW AND IN THE FUTURE. | | |
| | 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 | 17 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 17 |
| | 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 26 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 50 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | -2,293. |
| b Net unrelated business taxable income from Form 990-T, line 39 | 7b | -2,293. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 18,883,395. | 19,201,613. |
| | 9 Program service revenue (Part VIII, line 2g) | 75,173. | 280,407. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 4,131,485. | 4,652,853. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -119,804. | 16,463. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 22,970,249. | 24,151,336. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 12,266,331. | 12,053,916. |
| | 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) | 2,039,238. | 1,999,500. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 743,501. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,008,489. | 1,334,928. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 15,314,058. | 15,388,344. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 7,656,191. | 8,762,992. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 126,718,872. | End of Year 147,953,324. |
| | 21 Total liabilities (Part X, line 26) | 5,817,538. | 20,204,882. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 120,901,334. | 127,748,442. |

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 | Date | | | |
| | SUSAN FARRAR, COO/CFO Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name TRACY S. PAGLIA | Preparer's signature TRACY S. PAGLIA | Date 12/15/20 | Check if self-employed <input type="checkbox"/> | PTIN P00366884 |
| | Firm's name ▶ MOSS ADAMS LLP | Firm's EIN ▶ 91-0189318 | Phone no. 415-956-1500 | | |
| | Firm's address ▶ 101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105 | | | | |

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: WE BRING TOGETHER PEOPLE, IDEAS, AND RESOURCES TO INSPIRE PHILANTHROPY AND ACCOMPLISH GREAT THINGS.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 13,414,852. including grants of \$ 12,053,916.) (Revenue \$ 280,407.) 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 on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 13,414,852.

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 donor-restricted endowments or in 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 |
| 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 | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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> | X | |
| 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

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 | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 17; 1b Enter the number of voting members included... 17; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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; 7b 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 on Schedule O X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c 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; 16b 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 (1024 or 1024-A, 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.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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
SUSAN FARRAR - (831) 662-2020
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. See instructions for the order in which to list the persons above.

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) MARILYN CALCIANO PRESIDENT | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (2) FRENY COOPER VICE PRESIDENT | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (3) JULIE HAFF SECRETARY | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (4) DAVID DOOLIN TREASURER | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (5) EMILY J. BUCHBINDER, ESQ. DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (6) LILIANA S. DIAZ DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (7) LARRY DONATONI DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (8) JUDY FRANICH DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (9) JANET HEIEN DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (10) FRED KEELEY DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (11) CARLOS J. PALACIOS DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (12) TONEE PICARD DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (13) ROGELIO PONCE, JR. DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (14) KIRK SCHMIDT DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) SANDY SKEES DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (16) TREVOR STRUDLEY, CFP DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (17) JIM WEISENSTEIN DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |

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) SUSAN TRUE CHIEF EXECUTIVE OFFICER | 40.00 0.00 | | | X | | | | 218,500. | 0. | 23,232. |
| (19) SUSAN FARRAR CHIEF OPERATING & FINANCIAL OFFICER | 40.00 1.00 | | | X | | | | 156,695. | 0. | 30,419. |
| (20) SAM LEASK PHILANTHROPIC SERVICES DIRECTOR | 40.00 0.00 | | | | | X | | 133,333. | 0. | 25,488. |
| (21) TIM CARSON PROGRAM DIRECTOR - RWMF | 0.00 40.00 | | | | | X | | 131,333. | 0. | 17,328. |
| (22) DARCELLE PRUITT SENIOR PLANNER | 0.00 40.00 | | | | | X | | 106,503. | 0. | 22,775. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 746,364. | 0. | 119,242. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 746,364. | 0. | 119,242. |

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, 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 |
|--|--------------------------------|---------------------|
| GRAYSTONE CONSULTING, 555 CALIFORNIA STREET #1400, SAN FRANCISCO, CA 94104 | INVESTMENT MANAGEMENT SERVICES | 335,727. |
| | | |
| | | |
| | | |

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 **1**

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | 500,541. | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 18,701,072. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 7,056,232. | | | | |
| | h Total. Add lines 1a-1f | | | 19,201,613. | | | |
| Program Service Revenue | 2 a FOUNDATION SERVICE FEES | Business Code | 541900 | 220,718. | 220,718. | | |
| | b INTEREST INCOME - PRI | | 900099 | 59,689. | 59,689. | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 280,407. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 2,977,114. | | -2,293. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | 2,979,407. | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | | 1,675,739. | | | |
| | b Less: cost or other basis and sales expenses | 7b | 0. | | | | |
| | c Gain or (loss) | 7c | 1,675,739. | | | | |
| d Net gain or (loss) | | | 1,675,739. | | 1,675,739. | | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a OTHER REVENUE | Business Code | 900099 | 16,463. | | 16,463. | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | 16,463. | | | |
| 12 Total revenue. See instructions | | | 24,151,336. | 280,407. | -2,293. | 4,671,609. | |

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 | 12,053,916. | 12,053,916. | | |
| 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 | 428,845. | 197,269. | 124,365. | 107,211. |
| 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 | 1,189,738. | 549,596. | 337,584. | 302,558. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 64,632. | 29,731. | 18,743. | 16,158. |
| 9 Other employee benefits | 184,772. | 84,995. | 53,584. | 46,193. |
| 10 Payroll taxes | 131,513. | 60,496. | 38,139. | 32,878. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 31,510. | 14,495. | 9,138. | 7,877. |
| c Accounting | 42,678. | 19,632. | 12,377. | 10,669. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 380,907. | | 380,907. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 79,156. | 36,412. | 22,955. | 19,789. |
| 12 Advertising and promotion | 38,441. | 17,683. | 11,148. | 9,610. |
| 13 Office expenses | 78,115. | 35,933. | 22,653. | 19,529. |
| 14 Information technology | 116,016. | 53,367. | 33,645. | 29,004. |
| 15 Royalties | | | | |
| 16 Occupancy | 78,842. | 36,267. | 22,864. | 19,711. |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 29,701. | 13,663. | 8,613. | 7,425. |
| 20 Interest | 51,633. | 23,751. | 14,974. | 12,908. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 314,989. | 144,895. | 91,347. | 78,747. |
| 23 Insurance | 40,461. | 18,612. | 11,734. | 10,115. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a GENERAL & ADMINISTRATIVE | 52,479. | 24,139. | 15,221. | 13,119. |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 15,388,344. | 13,414,852. | 1,229,991. | 743,501. |
| 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)

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 | 2,054,108. | 1 | 1,248,566. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 319,725. | 3 | 161,381. |
| | 4 Accounts receivable, net | | 4 | 11,181. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 75,229. | 9 | 34,138. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 12,671,509. | | |
| | b Less: accumulated depreciation | 10b 2,611,764. | 10c | 10,059,745. |
| | 11 Investments - publicly traded securities | 110,162,130. | 11 | 132,136,171. |
| | 12 Investments - other securities. See Part IV, line 11 | 159,389. | 12 | 171,060. |
| | 13 Investments - program-related. See Part IV, line 11 | 1,459,600. | 13 | 1,459,600. |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 2,219,159. | 15 | 2,671,482. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 126,718,872. | 16 | 147,953,324. | |
| Liabilities | 17 Accounts payable and accrued expenses | 163,976. | 17 | 245,746. |
| | 18 Grants payable | 2,880,857. | 18 | 1,441,177. |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | 952,553. | 20 | 915,728. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | 15,918,440. |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 128,137. | 23 | 0. |
| | 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 | 1,692,015. | 25 | 1,683,791. |
| | 26 Total liabilities. Add lines 17 through 25 | 5,817,538. | 26 | 20,204,882. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 7,403,865. | 27 | 7,736,471. |
| | 28 Net assets with donor restrictions | 113,497,469. | 28 | 120,011,971. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 120,901,334. | 32 | 127,748,442. |
| | 33 Total liabilities and net assets/fund balances | 126,718,872. | 33 | 147,953,324. |

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 | 24,151,336. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 15,388,344. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 8,762,992. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 120,901,334. |
| 5 | Net unrealized gains (losses) on investments | 5 | 11,569,004. |
| 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 on Schedule O) | 9 | -13,484,888. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 127,748,442. |

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual 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?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|----|-----|----|
| 1 | | |
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | | X |
| 3b | | |

Form 990 (2019)

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

2019

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 | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 11556876. | 12999130. | 15902905. | 18883395. | 19201613. | 78543919. |
| 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 | 11556876. | 12999130. | 15902905. | 18883395. | 19201613. | 78543919. |
| 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) | | | | | | 18402334. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 60141585. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 11556876. | 12999130. | 15902905. | 18883395. | 19201613. | 78543919. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 2457159. | 2592469. | 2900947. | 3337002. | 2979407. | 14266984. |
| 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.) | 19,154. | 17,689. | 449,512. | 24,555. | 16,463. | 527,373. |
| 11 Total support. Add lines 7 through 10 | | | | | | 93338276. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 402,837. |
| 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 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 64.43 % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 | 15 | 70.61 % |
| 16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2019. 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 - 2018. 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 (as 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

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? <i>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.</i> | | |
| 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? <i>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.</i> | | |

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)? <i>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).</i> | | |

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? | | |
| 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

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. | | |
| 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? <i>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.</i> | | |
| 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? <i>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.</i> | | |
| 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? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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 | | | 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). | | |

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 2019 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-2019 | (iii) Distributable Amount for 2019 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019 | | | |
| a From 2014 | | | |
| b From 2015 | | | |
| c From 2016 | | | |
| d From 2017 | | | |
| e From 2018 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015 | | | |
| b Excess from 2016 | | | |
| c Excess from 2017 | | | |
| d Excess from 2018 | | | |
| e Excess from 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

COMMUNITY FOUNDATION SANTA CRUZ COUNTY

Employer identification number

94-2808039

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| <u>1</u> | <hr/> <hr/> <hr/> | \$ <u>2,150,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>2</u> | <hr/> <hr/> <hr/> | \$ <u>2,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>3</u> | <hr/> <hr/> <hr/> | \$ <u>1,129,504.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>4</u> | <hr/> <hr/> <hr/> | \$ <u>1,037,729.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>5</u> | <hr/> <hr/> <hr/> | \$ <u>998,522.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>6</u> | <hr/> <hr/> <hr/> | \$ <u>881,688.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> | \$ <u>849,537.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ <u>395,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | <hr/> <hr/> <hr/> | \$ <u>648,074.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | <hr/> <hr/> <hr/> | \$ <u>500,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | <hr/> <hr/> <hr/> | \$ <u>500,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | <hr/> <hr/> <hr/> | \$ <u>500,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 13 | <hr/> <hr/> <hr/> | \$ 500,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | <hr/> <hr/> <hr/> | \$ 413,709. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | <hr/> <hr/> <hr/> | \$ 500,541. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|---|---|----------------------|
| 3 | PUBLICLY TRADED SECURITIES _____ _____ _____ | \$ <u>1,129,504.</u> | <u>11/25/19</u> |
| 4 | OTHER SECURITIES _____ _____ _____ | \$ <u>1,037,729.</u> | <u>08/23/19</u> |
| 5 | PUBLICLY TRADED SECURITIES _____ _____ _____ | \$ <u>998,522.</u> | <u>12/26/19</u> |
| 7 | PUBLICLY TRADED SECURITIES _____ _____ _____ | \$ <u>849,537.</u> | <u>12/16/19</u> |
| 9 | PUBLIC TRADED SECURITIES _____ _____ _____ | \$ <u>648,074.</u> | <u>12/20/19</u> |
| 14 | PUBLICLY TRADED SECURITIES _____ _____ _____ | \$ <u>413,709.</u> | <u>11/18/19</u> |

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

2019

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.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|------------------------------|
| 1 Total number at end of year | 143 | 321 |
| 2 Aggregate value of contributions to (during year) | 14,981,895. | 6,674,303. |
| 3 Aggregate value of grants from (during year) | 8,702,507. | 61,645,117. |
| 4 Aggregate value at end of year | 54,166,691. | 89,500,197. |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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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 make 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 program
 - 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 | 61,199,269. | 67,015,357. | 61,005,398. | 55,797,613. | 57,636,373. |
| b Contributions | 4,578,244. | 2,866,575. | 1,055,542. | 3,115,151. | 1,664,789. |
| c Net investment earnings, gains, and losses | 10,789,325. | -5,482,350. | 7,730,225. | 4,155,663. | -1,352,399. |
| d Grants or scholarships | 2,660,531. | 2,202,004. | 1,791,284. | 1,168,961. | 1,275,198. |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 1,047,864. | 998,309. | 984,524. | 894,068. | 875,952. |
| g End of year balance | 72,858,443. | 61,199,269. | 67,015,357. | 61,005,398. | 55,797,613. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 3.80 %
 - b Permanent endowment 82.41 %
 - c Term endowment 13.79 %
- 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:
- | | Yes | No |
|-----------------------------|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input checked="" type="checkbox"/> | |
- 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 | 2,785,000. | 1,083,604. | | 3,868,604. |
| b Buildings | | 7,343,077. | 1,682,336. | 5,660,741. |
| c Leasehold improvements | | | | |
| d Equipment | | 1,142,329. | 783,947. | 358,382. |
| e Other | | 317,499. | 145,481. | 172,018. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 10,059,745. |

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 | |
| (3) LIABILITIES | 618,712. |
| (4) CHARITABLE TRUST LIABILITIES | 1,065,079. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 1,683,791. |

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 FASB 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 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 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 | |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 |

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 |
| 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 | |
| e | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 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 | |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 |

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 IV, LINE 2B:

THE FOUNDATION RECEIVES AND DISTRIBUTES ASSETS FOR THE BENEFIT OF VARIOUS OTHER NOT-FOR-PROFIT ORGANIZATIONS UNDER CERTAIN DONOR FUND AGREEMENTS. THE FOUNDATION ACCEPTS A CONTRIBUTION FROM A DONOR AND AGREES TO TRANSFER A PORTION OF THE RETURN ON INVESTMENT OF THOSE ASSETS, SUBJECT TO THE FOUNDATION'S SPENDING POLICY, TO ANOTHER ENTITY THAT IS SPECIFIED BY THE DONOR. THE FOUNDATION HOLDS SUCH FUNDS AS DESIGNATED FUNDS.

PART X, LINE 2:

THE PREPARATION OF CONSOLIDATED FINANCIAL STATEMENTS IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRES THE FOUNDATION AND SUBSIDIARIES TO REPORT INFORMATION REGARDING

**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

2019

**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 |
|---|----------------|--|---------------------------------|--|--|--|--|
| A PLACE TO GO PO BOX 204 MAPLE SHADE, NJ 08052 | 45-1717185 | 501(C)(3) | 10,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| ACADEMY OF MOTION PICTURE ARTS AND SCIENCE - 8949 WILSHIRE BLVD - BEVERLY HILLS, CA 90211 | 95-2243698 | 501(C)(3) | 10,000. | 0. | | | FOR THE CAPITAL CAMPAIGN |
| ACTION FOR COMMUNITY TRANSFORMATION - 4900 PROVIDENCE RD - CHARLOTTE, NC 28226 | 26-3282259 | 501(C)(3) | 21,000. | 0. | | | FOR THE OASIS AFTERSCHOOL PROGRAM |
| ADVOCACY, INC. 5274 SCOTTS VALLEY DR SCOTTS VALLEY, CA 95066 | 94-2400572 | 501(C)(3) | 6,000. | 0. | | | TO PROVIDE LGBT AGING AND CULTURAL SENSITIVITY TRAINING TO LONG TERM CARE FACILITY STAFF |
| AGRICULTURAL HISTORY PROJECT PO BOX 1181 WATSONVILLE, CA 95077-1181 | 77-0165945 | 501(C)(3) | 23,349. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| AGRI-CULTURE 141 MONTE VISTA AVENUE WATSONVILLE, CA 95076-3271 | 77-0212413 | 501(C)(3) | 37,101. | 0. | | | FOR PROGRAMS, SERVICES, AND SCHOLARSHIPS THAT SUPPORT AGRICULTURE |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **234.**

3 Enter total number of other organizations listed in the line 1 table ▶ **0.**

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Schedule I (Form 990) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| ALISAL UNION SCHOOL DISTRICT 155 BARDIN ROAD SALINAS, CA 93905 | | AUSD | 7,667. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| AMERICAN CANCER SOCIETY - SILICON VALLEY/CENTRAL COAST REGION - 747 CAMDEN AVENUE - CAMPBELL, CA 95008 | 13-1788491 | 501(C)(3) | 6,824. | 0. | | | TO SUPPORT ACS PROGRAMS AND SERVICES IN SANTA CRUZ COUNTY |
| AMERICAN CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD ST 18TH FL - NEW YORK, NY 10004-2400 | 13-6213516 | 501(C)(3) | 10,250. | 0. | | | FOR GENERAL OPERATING SUPPORT AND IMMIGRANTS RIGHTS |
| AMERICAN HEART ASSOCIATION NORTH BAY - 1710 GILBRETH RD - BURLINGAME, CA 94010 | 13-5613797 | 501(C)(3) | 6,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE CHICAGO, IL 60601 | 13-1632524 | 501(C)(3) | 15,000. | 0. | | | TO SUPPORT RESEARCH |
| AMERICAN ONLINE GIVING FOUNDATION INC - 200 MAIN STREET - SAFETY HARBOR, FL 34695 | 81-0739440 | 501(C)(3) | 153,950. | 0. | | | FOR GENERAL OPERATING SUPPORT, IN RECOGNITION OF VOLUNTEERS' SERVICE HOURS |
| AMERICAN RED CROSS OF THE CENTRAL COAST - PO BOX AR - CARMEL, CA 93921 | 53-0196605 | 501(C)(3) | 10,853. | 0. | | | TO SUPPORT ARC PROGRAMS AND SERVICES IN SANTA CRUZ COUNTY |
| AMNESTY INTERNATIONAL USA 5 PENN PLAZA NEW YORK, NY 10001 | 52-0851555 | 501(C)(3) | 50,800. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| APTOS CABRILLO SWIM CLUB 1557 DAY VALLEY ROAD APTOS, CA 95003 | 81-3697487 | 501(C)(3) | 20,000. | 0. | | | TO EXPAND OPPORTUNITIES FOR SWIMMERS FROM UNDERREPRESENTED COMMUNITIES |

Schedule I (Form 990)

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| ARTS COUNCIL SANTA CRUZ COUNTY 1070 RIVER STREET SANTA CRUZ, CA 95060 | 94-2600140 | 501(C)(3) | 34,000. | 0. | | | FOR GENERAL SUPPORT, MARIPOSA ARTS, AND OPEN STUDIOS |
| ASPIRE PUBLIC SCHOOLS 1001 22ND AVE OAKLAND, CA 94606 | 94-3311088 | 501(C)(3) | 30,000. | 0. | | | FOR THE SHINING STARS SCHOLARSHIP |
| AUDUBON CALIFORNIA SOCIETY 220 MONTGOMERY STREET SAN FRANCISCO, CA 94104 | 13-1624102 | 501(C)(3) | 18,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| BELLARMINE COLLEGE PREPARATORY 960 WEST HEDDING STREET SAN JOSE, CA 95126 | 94-1160938 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT SCHOLARSHIPS |
| BIG BROTHERS BIG SISTERS OF SANTA CRUZ COUNTY - 1500 41ST AVENUE - CAPITOLA, CA 95010 | 94-2826754 | 501(C)(3) | 13,504. | 0. | | | FOR GENERAL OPERATING SUPPORT AND THE TRANS MATCHING PROGRAM |
| BIKE SANTA CRUZ COUNTY EDUCATION FUND - 333 SOQUEL AVE - SANTA CRUZ, CA 95062 | 82-1434326 | 501(C)(3) | 10,275. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| BONNY DOON COMMUNITY SCHOOL FOUNDATION - PO BOX 8089 - SANTA CRUZ, CA 95061-8089 | 77-0412170 | 501(C)(3) | 7,398. | 0. | | | TO SUPPORT LEARNING AND ACADEMIC EXCELLENCE IN BONNY DOON |
| BOYS & GIRLS CLUB OF SANTA MARIA VALLEY - 901 N RAILROAD AVE - SANTA MARIA, CA 93458 | 95-2468116 | 501(C)(3) | 31,800. | 0. | | | FOR GENERAL OPERATING SUPPORT, IN RECOGNITION OF VOLUNTEERS' SERVICE HOURS |
| BOYS AND GIRLS CLUB OF SANTA CRUZ COUNTY - 543 CENTER STREET - SANTA CRUZ, CA 95060 | 94-6129075 | 501(C)(3) | 17,750. | 0. | | | FOR GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| BOYS AND GIRLS CLUBS OF GREATER OXNARD AND PORT HUENEME - 1900 WEST 5TH STREET - OXNARD, CA 93030 | 95-1785162 | 501(C)(3) | 18,950. | 0. | | | FOR THE NYELAND ACRES FACILITY |
| BRENNAN CENTER FOR JUSTICE 120 BROADWAY NEW YORK, NY 10271 | 13-3839293 | 501(C)(3) | 6,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| CABRILLO COLLEGE FOUNDATION 6500 SOQUEL DRIVE APTOS, CA 95003 | 94-6121953 | 501(C)(3) | 106,574. | 0. | | | FOR PROGRAMS INCLUDING WES, CAP, ENGINEERING ABROAD, ATHLETICS, AND FOSTER YOUTH |
| CABRILLO FESTIVAL OF CONTEMPORARY MUSIC - 147 SOUTH RIVER STREET - SANTA CRUZ, CA 95060 | 94-6123298 | 501(C)(3) | 10,500. | 0. | | | FOR GENERAL OPERATING SUPPORT, WHEN WE ARE NINE, AND FREE FAMILY CONCERTS |
| CALIFORNIA AGRICULTURAL LEADERSHIP FOUNDATION - PO BOX 479 - SALINAS, CA 93902-0479 | 94-6069269 | 501(C)(3) | 37,667. | 0. | | | FOR THE AG LEADERSHIP FELLOWSHIP AND RECOGNITION OF VOLUNTEERS' SERVICE HOURS |
| CALIFORNIA CERTIFIED ORGANIC FARMERS FOUNDATION - 2155 DELAWARE AVENUE - SANTA CRUZ, CA 95060 | 30-0106255 | 501(C)(3) | 21,500. | 0. | | | FOR THE FUTURE ORGANIC FARMER GRANT FUND AND FOR STRATEGIC PLANNING |
| CALIFORNIA STRAWBERRY GROWERS SCHOLARSHIP FUND - PO BOX 269 - WATSONVILLE, CA 95077-0269 | 77-0411386 | 501(C)(3) | 10,000. | 0. | | | FOR CALIFORNIA STRAWBERRY COMMISSION 2019 SCHOLARSHIPS |
| CASA DE LA CULTURA CENTER 225 SALINAS RD WATSONVILLE, CA 95076 | 30-0586010 | 501(C)(3) | 11,232. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| CATHOLIC CHARITIES DIOCESE OF MONTEREY - 922 HILBY AVENUE - SEASIDE, CA 93955 | 77-0042961 | 501(C)(3) | 45,400. | 0. | | | FOR GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CATO INSTITUTE 1000 MASSACHUSETTS AVE NW WASHINGTON, DC 20001 | 23-7432162 | 501(C)(3) | 10,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| CEDARS-SINAI MEDICAL CENTER GIFT ADMINISTRATION 8700 BEVERLY B LOS ANGELES, CA 90048 | 95-1644600 | 501(C)(3) | 20,000. | 0. | | | FOR GENERAL OPERATING SUPPORT AND THE REGENERATIVE INNOVATION CENTER |
| CEIBA PUBLIC SCHOOLS FOUNDATION 260 WEST RIVERSIDE DRIVE WATSONVILLE, CA 95076 | 20-5155858 | 501(C)(3) | 57,350. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| CENTRAL COAST YMCA 500 LINCOLN AVE SALINAS, CA 93901 | 77-0202335 | 501(C)(3) | 96,250. | 0. | | | FOR GENERAL OPERATING SUPPORT, PAJARO PARK SUMMER CAMP, AND DIABETES PREVENTION |
| CERT AUXILIARY OF SANTA CRUZ COUNTY - 308 PARK DR - APTOS, CA 95003 | 47-3056484 | 501(C)(3) | 7,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| CITY OF CAPITOLA LIBRARY FUND 420 CAPITOLA AVENUE CAPITOLA, CA 95010 | | CITY OF CAPITOLA | 317,941. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| CITY OF SANTA CRUZ 809 CENTER STREET, ROOM 8 SANTA CRUZ, CA 95060 | 94-6000427 | CITY OF SANTA CR | 14,100. | 0. | | | FOR THE COMMISSION FOR THE PREVENTION OF VIOLENCE AGAINST WOMEN NEEDS ASSESSMENT |
| CITY OF WATSONVILLE 275 MAIN STREET WATSONVILLE, CA 95076 | | CITY OF WATSONVI | 37,500. | 0. | | | FOR 2020 CENSUS OUTREACH |
| COASTAL KIDS HOME CARE 1172 SOUTH MAIN STREET SALINAS, CA 93901 | 20-2549984 | 501(C)(3) | 40,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| COASTAL WATERSHED COUNCIL 107 DAKOTA AVENUE SANTA CRUZ, CA 95060 | 68-0368798 | 501(C)(3) | 51,520. | 0. | | | FOR GENERAL OPERATING SUPPORT AND THE WATERSHED RANGER PROGRAM |
| COLLEGE OF THE DESERT FOUNDATION 43-500 MONTEREY AVENUE PALM DESERT, CA 92260 | 95-3829219 | 501(C)(3) | 7,000. | 0. | | | FOR SCHOLARSHIP AND FINANCIAL AID FOR STUDENTS IN NEED |
| COMMUNITY ACTION BOARD OF SANTA CRUZ COUNTY - 406 MAIN STREET, SUITE 207 - WATSONVILLE, CA 95076 | 94-2523780 | 501(C)(3) | 50,750. | 0. | | | FOR GENERAL OPERATING SUPPORT, 2020 CENSUS OUTREACH, AND SUPPORT FOR IMMIGRANT COMMUNITIES |
| COMMUNITY ARTS & EMPOWERMENT 240 MAPLE AVENUE WATSONVILLE, CA 95076 | 94-2600140 | 501(C)(3) | 23,000. | 0. | | | FOR GENERAL OPERATING SUPPORT AND WATSONVILLE BRILLIANTE |
| COMMUNITY BRIDGES 519 MAIN STREET WATSONVILLE, CA 95076 | 94-2460211 | 501(C)(3) | 104,397. | 0. | | | TO SUPPORT SAFE DRINKING WATER PROJECTS IN VULNERABLE COMMUNITIES |
| COMMUNITY FOUNDATION FOR MONTEREY COUNTY - 2354 GARDEN ROAD - MONTEREY, CA 93940-2453 | 94-1615897 | 501(C)(3) | 15,500. | 0. | | | FOR GENERAL OPERATING SUPPORT AND MONTEREY COUNTY GIVES |
| COMMUNITY INITIATIVES 1000 BROADWAY OAKLAND, CA 94607 | 94-3255070 | 501(C)(3) | 15,000. | 0. | | | FOR THE FUND FOR PEOPLE IN PARKS |
| COMPASSION & CHOICES GIFT PROCESSING CENTER ENTA, NH 03750-0485 | 84-1328829 | 501(C)(3) | 22,550. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| CONSERVATION RESEARCH AND EDUCATION OPPORTUNITIES - 6044 1ST AVENUE NW - SEATTLE, WA 98107 | 20-3574087 | 501(C)(3) | 100,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CORNELL UNIVERSITY 130 EAST SENECA STREET ITHACA, NY 14850 | 15-0532082 | 501(C)(3) | 45,500. | 0. | | | FOR SUSTAINABLE POWER RESEARCH AND SOLUTIONS TO CLIMATE CHANGE |
| COURT APPOINTED SPECIAL ADVOCATES OF SANTA CRUZ COUNTY - CASA - 813 FREEDOM BLVD - WATSONVILLE, CA 95076 | 77-0305354 | 501(C)(3) | 138,506. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| DIENTES COMMUNITY DENTAL CARE 1830 COMMERCIAL WAY SANTA CRUZ, CA 95065 | 77-0311752 | 501(C)(3) | 50,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| DIGITAL NEST 1961 MAIN STREET WATSONVILLE, CA 95076 | 46-5757256 | 501(C)(3) | 58,200. | 0. | | | FOR GENERAL OPERATING SUPPORT AND NESTFLIGHT, |
| DIVERSITY CENTER PO BOX 8280 SANTA CRUZ, CA 95061 | 77-0212967 | 501(C)(3) | 41,500. | 0. | | | FOR GENERAL OPERATING SUPPORT, THE CAPITAL CAMPAIGN, QUEER YOUTH TASK FORCE |
| DOCTORS WITHOUT BORDERS USA 333 7TH AVE NEW YORK, NY 10001 | 13-3433452 | 501(C)(3) | 6,600. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| DOMINICAN HOSPITAL FOUNDATION 1555 SOQUEL DRIVE SANTA CRUZ, CA 95065 | 94-2450442 | 501(C)(3) | 40,500. | 0. | | | FOR THE CARDIAC OPERATING SUITE, WOMEN OF WELLNESS, AND BREAST CANCER TREATMENT |
| EAST MEADOW ACTION COMMITTEE 217 DICKENS WAY SANTA CRUZ, CA 95064 | 52-2381905 | 501(C)(3) | 10,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| EL PAJARO COMMUNITY DEVELOPMENT CORPORATION - 23 EAST BEACH ST - WATSONVILLE, CA 95076 | 94-2656048 | 501(C)(3) | 20,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| EL SISTEMA SANTA CRUZ 235 SOUTH BRANCIFORTE AVE SANTA CRUZ, CA 95062 | 94-2600140 | 501(C)(3) | 17,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| EL SISTEMA USA-SALINAS INC. 820 PARK ROW SALINAS, CA 93901 | 27-2306206 | 501(C)(3) | 10,000. | 0. | | | FOR THE YOSAL YOUTH ORCHESTRA |
| ELKHORN SLOUGH FOUNDATION PO BOX 267 MOSS LANDING, CA 95039-0267 | 94-2823247 | 501(C)(3) | 199,392. | 0. | | | FOR GENERAL SUPPORT, AMPHIBIAN RESEARCH AND MONITORING, AND HISTORIC PRESERVATION |
| ENCOMPASS COMMUNITY SERVICES 380 ENCINAL STREET SANTA CRUZ, CA 95060 | 23-7275290 | 501(C)(3) | 1,384,770. | 0. | | | FOR GENERAL SUPPORT, 2ND STORY, TRANSITION AGE YOUTH, AND EARLY INTERVENTION PROGRAMS |
| ENVIRONMENTAL DEFENSE FUND 1875 CONNECTICUT AVE NW WASHINGTON, DC 20009 | 11-6107128 | 501(C)(3) | 6,500. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| FAMILY SERVICE AGENCY OF THE CENTRAL COAST - 104 WALNUT AVENUE - SANTA CRUZ, CA 95060 | 94-1716354 | 501(C)(3) | 53,760. | 0. | | | FOR GENERAL OPERATING SUPPORT AND WOMENCARE |
| FAUNA AND FLORA INTERNATIONAL 1720 N STREET, N.W. WASHINGTON, DC 20036 | 81-3967095 | 501(C)(3) | 10,000. | 0. | | | FOR THE CAMBODIA MARINE PROGRAM |
| FINAL EXIT NETWORK PO BOX 10071 TALLAHASSEE, FL 32302 | 80-0119137 | 501(C)(3) | 22,050. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| FIRST 5 SANTA CRUZ COUNTY PO BOX 1457 CAPITOLA, CA 95010 | | COUNTY OF SANTA | 48,950. | 0. | | | FOR GENERAL SUPPORT, SEEDS OF LEARNING, AND CENSUS OUTREACH |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| FOOD SHARE, INC. 4156 SOUTHBANK RD OXNARD, CA 93036 | 77-0018162 | 501(C)(3) | 12,200. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| FOOD WHAT?! 1156 HIGH ST SANTA CRUZ, CA 95064 | 81-2590280 | 501(C)(3) | 40,250. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| FRIENDS OF HOPKINS MARINE STATION 120 OCEANVIEW BLVD PACIFIC GROVE, CA 93950 | 94-1156365 | 501(C)(3) | 7,500. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| FRIENDS OF LONG MARINE LAB - SEYMOUR CENTER - 100 SHAFFER RD - SANTA CRUZ, CA 95060 | 23-7394590 | 501(C)(3) | 28,450. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| FRIENDS OF OLYMPIA STATION PO BOX 633 SANTA CRUZ, CA 95061-0633 | 51-0187576 | 501(C)(3) | 10,800. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| FRIENDS OF SANTA CRUZ COUNTY PARKS 870 17TH AVE STE 2 SANTA CRUZ, CA 95062 | 77-0209249 | 501(C)(3) | 33,512. | 0. | | | FOR GENERAL SUPPORT, SIMPKINS SWIM CENTER, SEACLIFF PARK, AND QUAIL HOLLOW |
| FRIENDS OF SANTA CRUZ STATE PARKS 1543 PACIFIC AVENUE, SUITE 206 SANTA CRUZ, CA 95060 | 51-0183410 | 501(C)(3) | 17,899. | 0. | | | FOR GENERAL SUPPORT, CASTRO ADOBE, EVENTS AND FESTIVALS, AND DOCENT TRAINING |
| FRIENDS OF THE RAIL & TRAIL PO BOX 1652 CAPITOLA, CA 95060-1625 | 46-1323531 | 501(C)(3) | 7,250. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| FRIENDS OF THE SANTA CRUZ PUBLIC LIBRARIES - PO BOX 8472 - SANTA CRUZ, CA 95061-8472 | 94-2612557 | 501(C)(3) | 142,965. | 0. | | | FOR GENERAL SUPPORT AND THE FELTON BRANCH LIBRARY & NATURE DISCOVERY PARK |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| FRIENDS OF THE WATSONVILLE PUBLIC LIBRARIES - 275 MAIN ST - WATSONVILLE, CA 95076 | 23-7066840 | 501(C)(3) | 44,440. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| FRIENDS OF WWOZ-FM 1008 N PETERS STREET NEW ORLEANS, LA 70116 | 58-1702220 | 501(C)(3) | 10,200. | 0. | | | TO SUPPORT "TAKIN' IT TO THE STREETS" AND "NEW ORLEANS CALLING" |
| GEORGIANA BRUCE KIRBY PREPARATORY SCHOOL - 425 ENCINAL ST - SANTA CRUZ, CA 95060 | 68-0413959 | 501(C)(3) | 21,500. | 0. | | | FOR GENERAL SUPPORT AND OUTDOOR RECREATION AREA DEVELOPMENT |
| GIRL SCOUTS OF CALIFORNIA'S CENTRAL COAST - 1500 PALMA DRIVE, SUITE 110 - VENTURA, CA 93003 | 94-1567162 | 501(C)(3) | 18,950. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| GIRLS INC. OF THE CENTRAL COAST 318 CAYUGA ST SALINAS, CA 93901 | 20-5040398 | 501(C)(3) | 37,250. | 0. | | | FOR GENERAL SUPPORT AND SANTA CRUZ COUNTY PROGRAMS |
| GREY BEARS 2710 CHANTICLEER AVENUE SANTA CRUZ, CA 95065 | 94-2298681 | 501(C)(3) | 59,025. | 0. | | | FOR GENERAL SUPPORT, HEALTHY FOOD FOR SENIORS, AND CENSUS OUTREACH |
| HABITAT FOR HUMANITY MONTEREY BAY 108 MAGNOLIA STREET SANTA CRUZ, CA 95062 | 77-0206356 | 501(C)(3) | 7,836. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| HAPPY VALLEY ELEMENTARY SCHOOL 3125 BRANCIFORTE DRIVE SANTA CRUZ, CA 95065 | 94-6002633 | 501(C)(3) | 30,547. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| HEALTH IMPROVEMENT PARTNERSHIP OF SANTA CRUZ COUNTY - 1800 GREEN HILLS RD - SCOTTS VALLEY, CA 95066 | 01-0826156 | 501(C)(3) | 17,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| HEALTH PROJECTS CENTER 1537 PACIFIC AVE SANTA CRUZ, CA 95060 | 94-2713281 | 501(C)(3) | 25,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| HILLSIDE CHILDREN'S FOUNDATION PO BOX 1901 ALBANY, NY 12201 | 16-1493404 | 501(C)(3) | 12,500. | 0. | | | FOR THE HILLSIDE WORK-SCHOLARSHIP CONNECTION |
| HOMELESS GARDEN PROJECT PO BOX 617 SANTA CRUZ, CA 95061-0617 | 77-0475165 | 501(C)(3) | 36,575. | 0. | | | FOR GENERAL SUPPORT, BUILD THE FARM AND FEED TWO BIRDS |
| HOOVER INSTITUTION - STANFORD UNIVERSITY - 434 GALVEZ MALL, STANFORD UNIVERSITY - STANFORD, CA 94305 | 94-1156365 | 501(C)(3) | 150,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| HOSPICE OF SANTA CRUZ COUNTY 940 DISC DRIVE SCOTTS VALLEY, CA 95066 | 94-2497618 | 501(C)(3) | 46,523. | 0. | | | FOR GENERAL SUPPORT, ANGEL PROGRAM, CONCURRENT CARE FOR CHILDREN AND TREE OF LIGHTS |
| HOUSING MATTERS 115-B CORAL STREET SANTA CRUZ, CA 95060 | 77-0126783 | 501(C)(3) | 22,250. | 0. | | | FOR GENERAL SUPPORT, THE 180/2020 HOUSING PROJECT AND SOUPLINE SUPPER |
| HUMAN RIGHTS WATCH 350 FIFTH AVE NEW YORK, NY 10118 | 13-2875808 | 501(C)(3) | 15,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| IANGEL - INTERNATIONAL ACTION NETWORK FOR GENDER EQUITY AND LAW - 660 13TH STREET - OAKLAND, CA 94612 | 46-2316068 | 501(C)(3) | 5,600. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| IMMIGRANT LEGAL SERVICES OF THE CENTRAL COAST - 15 E BEACH ST - WATSONVILLE, CA 95076 | 61-1807874 | 501(C)(3) | 11,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

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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 |
| INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD LOS ANGELES, CA 90025 | 95-3949646 | 501(C)(3) | 90,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| INTERNATIONAL SCHOLARSHIP AND TUITION SERVICES, INC. ISTS - 1321 MURFREESBORO PIKE, SUITE 800 - NASHVILLE, TN 37217-2698 | 62-1247492 | 501(C)(3) | 26,050. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| JACOB'S HEART CHILDREN'S CANCER SUPPORT SERVICES - 680 WEST BEACH STREET - WATSONVILLE, CA 95076 | 68-0413822 | 501(C)(3) | 51,800. | 0. | | | FOR GENERAL SUPPORT AND ADOPT-A-FAMILY |
| JEWEL THEATRE COMPANY PO BOX 1080 SANTA CRUZ, CA 95061-1080 | 22-3916870 | 501(C)(3) | 7,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| JEWISH FAMILY SERVICE OF ROCHESTER 441 EAST AVENUE ROCHESTER, NY 14607 | 16-0743059 | 501(C)(3) | 7,500. | 0. | | | FOR THE PENCILS AND PAPER PROGRAM |
| JUNIOR ACHIEVEMENT WORLDWIDE 745 ATLANTIC AVENUE BOSTON, MA 02111 | 27-3666259 | 501(C)(3) | 10,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| KALAMAZOO COLLEGE 1200 ACADEMY STREET KALAMAZOO, MI 49006 | 38-1358014 | 501(C)(3) | 30,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| KIDPOWER TEENPOWER FULLPOWER PO BOX 1212 SANTA CRUZ, CA 95061 | 77-0226712 | 501(C)(3) | 6,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

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| KITCHEN TABLE ADVISORS 405 14TH STREET OAKLAND, CA 94162 | 91-2166435 | 501(C)(3) | 20,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| KQED - NORTHERN CALIFORNIA PUBLIC BROADCASTING, INC - 2601 MARIPOSA STREET - SAN FRANCISCO, CA 94110 | 94-1241309 | 501(C)(3) | 16,450. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| KUUMBWA JAZZ CENTER 320-2 CEDAR STREET SANTA CRUZ, CA 95060 | 51-0159252 | 501(C)(3) | 30,844. | 0. | | | FOR GENERAL OPERATING SUPPORT AND STUDENT SUMMER MUSIC PROGRAMS |
| LAND TRUST OF SANTA CRUZ COUNTY 617 WATER STREET SANTA CRUZ, CA 95060 | 94-2431856 | 501(C)(3) | 1,075,232. | 0. | | | FOR GENERAL SUPPORT, CIRCLE P RANCH, WILDLIFE CROSSING, AND WATSONVILLE SLOUGH FARMS |
| LANDWATCH MONTEREY COUNTY PO BOX 1876 SALINAS, CA 93902-1876 | 91-1862145 | 501(C)(3) | 6,500. | 0. | | | FOR GENERAL SUPPORT AND THE RANCHO LOS ROBLES PROJECT |
| LATINO COMMUNITY FOUNDATION 235 MONTGOMERY STREET SAN FRANCISCO, CA 94104 | 81-0564400 | 501(C)(3) | 10,000. | 0. | | | FOR THE CENTRAL COAST GIVING CIRCLE |
| LIFE LAB SCIENCE PROGRAM 1156 HIGH STREET SANTA CRUZ, CA 95064 | 94-2778848 | 501(C)(3) | 38,800. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| LIVE OAK SCHOOL DISTRICT 984-1BOSTWICK LANE SANTA CRUZ, CA 95062 | | LOSD | 694,982. | 0. | | | FOR GENERAL SUPPORT, WOOD SHOP CLUB, SHORELINE SOCCER FIELD, AND WASHINGTON DC TRIPS |
| LOS ANGELES COUNTY MUSEUM OF ART (LACMA) - 5908 WILSHIRE BLVD - LOS ANGELES, CA 90036 | 95-2264067 | 501(C)(3) | 6,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

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| LOS ANGELES LGBT CENTER 1625 N. SCHRADER BOULEVARD LOS ANGELES, CA 90028 | 95-3567895 | 501(C)(3) | 10,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| LOTUSLAND 695 ASHLEY RD SANTA BARBARA, CA 93108 | 23-7082550 | 501(C)(3) | 10,000. | 0. | | | FOR THE JAPANESE GARDEN PROJECT |
| LOUIS ARMSTRONG HOUSE MUSEUM 34-56 107TH STREET CORONA, NY 11368 | 26-4178283 | 501(C)(3) | 14,700. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| LOUISIANA MUSEUM FOUNDATION/NEW ORLEANS JAZZ MUSEUM - 400 ESPLANADE AVENUE - NEW ORLEANS, LA 70116 | 72-0954712 | 501(C)(3) | 20,000. | 0. | | | TO SUPPORT THE NEW ORLEANS JAZZ MUSEUM |
| MENTORS DRIVING CHANGE FOR BOYS, MEN, AND DADS - PO BOX 1585 - FREEDOM, CA 95019 | 82-2506285 | 501(C)(3) | 16,550. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH - PO BOX 5014 - HAGERSTOWN, MD 21741-5014 | 13-4141945 | 501(C)(3) | 10,693. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| MONARCH SERVICES 233 EAST LAKE AVENUE WATSONVILLE, CA 95076 | 94-2462783 | 501(C)(3) | 17,386. | 0. | | | FOR GENERAL SUPPORT AND THE "L.O.V.E" EVENT |
| MONTANA LAND RELIANCE PO BOX 355 HELENA, MT 59624-0355 | 81-0369262 | 501(C)(3) | 25,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| MONTEREY BAY SALMON AND TROUT PROJECT - 101 COOPER STREET - SANTA CRUZ, CA 95060 | 94-2401308 | 501(C)(3) | 8,250. | 0. | | | FOR GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

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| MORELAND NOTRE DAME SCHOOL 133 BRENNAN STREET WATSONVILLE, CA 95076 | 94-1347045 | 501(C)(3) | 28,862. | 0. | | | FOR GENERAL SUPPORT AND SCHOLARSHIPS |
| MOUNTAINS 2 SEA 1245 EUREKA CANYON ROAD WATSONVILLE, CA 95076 | 83-0697842 | 501(C)(3) | 15,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| MUSEUM OF ART AND HISTORY AT THE MCPHERSON CENTER - 705 FRONT STREET - SANTA CRUZ, CA 95060 | 94-2718861 | 501(C)(3) | 179,666. | 0. | | | FOR GENERAL SUPPORT, EVERGREEN CEMETERY, HISTORY AWARDS, SPACEMAKER FUND AND |
| MUSIC ACADEMY OF THE WEST 1070 FAIRWAY ROAD SANTA BARBARA, CA 93108 | 95-1525814 | 501(C)(3) | 20,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| NAMI SANTA CRUZ COUNTY 542 OCEAN STREET SANTA CRUZ, CA 95060 | 77-0002878 | 501(C)(3) | 25,500. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| NATIONAL PARK FOUNDATION 1110 VERMONT AVE NW WASHINGTON, DC 20005 | 52-1086761 | 501(C)(3) | 10,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| NATIVE ANIMAL RESCUE 1855 17TH AVENUE SANTA CRUZ, CA 95062 | 94-2711748 | 501(C)(3) | 48,500. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| NATIVIDAD MEDICAL FOUNDATION PO BOX 4427 SALINAS, CA 93912 | 77-0194989 | 501(C)(3) | 8,200. | 0. | | | FOR GENERAL SUPPORT, NEONATAL AND PEDIATRIC CARE |
| NATURE CONSERVANCY 4245 N FAIRFAX DR ARLINGTON, VA 22203 | 53-0242652 | 501(C)(3) | 36,000. | 0. | | | FOR GENERAL OPERATING SUPPORT AND PROGRAMS IN CALIFORNIA AND HAWAII |

Schedule I (Form 990)

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| NEW MUSIC WORKS PO BOX 2266 SANTA CRUZ, CA 95063-2266 | 77-0450511 | 501(C)(3) | 6,779. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| NEW ORLEANS JAZZ AND HERITAGE FOUNDATION INC - 1205 NORTH RAMPART STREET - NEW ORLEANS, LA 70116 | 72-0692744 | 501(C)(3) | 25,350. | 0. | | | FOR EDUCATIONAL PROGRAMS AND THE ARCHIVES |
| NUCLEAR THREAT INITIATIVE 1776 EYE STREET, N.W. WASHINGTON, DC 20006 | 52-2289435 | 501(C)(3) | 60,000. | 0. | | | FOR GENERAL OPERATING SUPPORT AND THE PERRY PROJECT |
| OHIO BIRD SANCTUARY 3774 ORWEILER ROAD MANSFIELD, OH 44903 | 34-1691325 | 501(C)(3) | 50,000. | 0. | | | FOR THE ACCESSIBLE TREEHOUSE PROJECT |
| O'NEILL SEA ODYSSEY 2222 EAST CLIFF DRIVE SANTA CRUZ, CA 95062 | 77-0464784 | 501(C)(3) | 75,643. | 0. | | | FOR GENERAL SUPPORT AND WATERSHED EDUCATION ALLIANCE TRAINING |
| ORGANIC FARMING RESEARCH FOUNDATION - P.O. BOX 440 - SANTA CRUZ, CA 95061-0440 | 77-0252545 | 501(C)(3) | 15,000. | 0. | | | TO SUPPORT RESEARCH ON ORGANIC FARMING TECHNIQUES APPLICABLE TO BERRY PRODUCTION |
| OTIS REDDING FOUNDATION 339 COTTON AVENUE MACON, GA 31201 | 58-2435617 | 501(C)(3) | 7,350. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| OVEREATERS ANONYMOUS PO BOX 44727 RIO RANCHO, NM 87174-4727 | 23-7016806 | 501(C)(3) | 6,000. | 0. | | | FOR GENERAL OPERATING SUPPORT, DELEGATE SUPPORT FUND, TRANSLATIONS FUND AND PROFESSIONAL EXHIBITS |
| OXFAM AMERICA 226 CAUSEWAY ST BOSTON, MA 02114 | 23-7069110 | 501(C)(3) | 114,250. | 0. | | | FOR GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| PAJARO VALLEY ARTS (PVA) 37 SUDDEN STREET WATSONVILLE, CA 95076 | 77-0107201 | 501(C)(3) | 14,100. | 0. | | | FOR GENERAL OPERATING SUPPORT AND THE SYMPHONY/PVA PROJECT |
| PAJARO VALLEY HISTORICAL ASSOCIATION - PO BOX 623 - WATSONVILLE, CA 95077-0623 | 94-1663161 | 501(C)(3) | 79,181. | 0. | | | FOR GENERAL SUPPORT, THE YOUNG HISTORIANS AWARD, AND THE BOCKIUS-ORR PROPERTY |
| PAJARO VALLEY LOAVES AND FISHES 150 SECOND STREET WATSONVILLE, CA 95076 | 77-0319247 | 501(C)(3) | 29,166. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| PAJARO VALLEY PREVENTION AND STUDENT ASSISTANCE, INC. - 335 EAST LAKE AVENUE - WATSONVILLE, CA 95076 | 77-0269322 | 501(C)(3) | 256,300. | 0. | | | FOR GENERAL SUPPORT, CENSUS OUTREACH, CAPITAL CAMPAIGN, GOLDEN GOALS EVENT, AND EMPOWER YOUTH |
| PAJARO VALLEY SHELTER SERVICES 115 BRENNAN STREET WATSONVILLE, CA 95076 | 94-1393418 | 501(C)(3) | 53,949. | 0. | | | FOR GENERAL OPERATING SUPPORT AND THE MOTHER'S DAY RUN |
| PAJARO VALLEY UNIFIED SCHOOL DISTRICT - 294 GREEN VALLEY ROAD - WATSONVILLE, CA 95076 | | PVUSD | 97,500. | 0. | | | FOR GENERAL SUPPORT, COMPUTER SCIENCE, RAISING A READER |
| PAJARO VALLEY YOUTH SOCCER CLUB PO BOX 3242 FREEDOM, CA 95019 | 77-0420362 | 501(C)(3) | 10,670. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| PARTNERS IN HEALTH P.O. BOX 996 FREDERICK, MD 21705 | 04-3567502 | 501(C)(3) | 92,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| PLANNED PARENTHOOD FEDERATION OF AMERICA - 123 WILLIAM STREET - NEW YORK, NY 10038 | 13-1644147 | 501(C)(3) | 6,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

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| PLANNED PARENTHOOD MAR MONTE 1691 THE ALAMEDA SAN JOSE, CA 95126 | 94-1583439 | 501(C)(3) | 59,300. | 0. | | | FOR GENERAL OPERATING SUPPORT AND CENSUS OUTREACH |
| PRESERVATION HALL FOUNDATION INC 726 SAINT PETER ST NEW ORLEANS, LA 70116 | 27-2910626 | 501(C)(3) | 40,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| PROLITERACY WORLDWIDE 104 MARCELLUS ST SYRACUSE, NY 13204 | 16-6076384 | 501(C)(3) | 20,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| PUBLIC POLICY INSTITUTE OF CALIFORNIA - 500 WASHINGTON STREET - SAN FRANCISCO, CA 94111 | 94-3207299 | 501(C)(3) | 15,000. | 0. | | | FOR PRIORITIES FOR CALIFORNIA WATER POLICY BRIEF AND THE CALIFORNIA WATER BRIEFING KIT |
| QUEER YOUTH TASK FORCE OF SANTA CRUZ COUNTY - PO BOX 8280 - SANTA CRUZ, CA 95061 | 77-0212967 | COUNTY OF SANTA | 5,500. | 0. | | | FOR GENERAL SUPPORT AND THE QUEER YOUTH LEADERSHIP AWARDS |
| RANCHO MIRAGE PUBLIC LIBRARY FOUNDATION - 71-100 HWY 111 - RANCHO MIRAGE, CA 92270 | 27-3559025 | 501(C)(3) | 20,000. | 0. | | | FOR SUMMER READING PROGRAMS |
| REGENTS OF THE UNIVERSITY OF CALIFORNIA AT SANTA CRUZ - 1156 HIGH STREET, MS: OSP - SANTA CRUZ, CA 95064 | 94-1539563 | 501(C)(3) | 198,571. | 0. | | | FOR EDUCATIONAL PARTNERSHIP CENTER'S GIRLS PAVING THE WAY |
| RESOURCE CONSERVATION DISTRICT OF SANTA CRUZ COUNTY - 820 BAY AVENUE - CAPITOLA, CA 95010 | 94-6000534 | COUNTY OF SANTA | 45,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| RICE UNIVERSITY OFFICE OF DEVELOPMENT MS-81, P.O. B HOUSTON, TX 77251-1892 | 74-1109620 | 501(C)(3) | 150,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

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| SALUD PARA LA GENTE 195 AVIATION WAY WATSONVILLE, CA 95076 | 94-2705747 | 501(C)(3) | 212,250. | 0. | | | FOR GENERAL SUPPORT, THE SUNDAY CLINIC AND SCHOOL CLINICS |
| SALUD Y CARINO 1723 GREY SEAL RD SANTA CRUZ, CA 95062 | 46-1924115 | 501(C)(3) | 34,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| SALVATION ARMY SANTA CRUZ 721 LAUREL STREET SANTA CRUZ, CA 95060 | 94-1156347 | 501(C)(3) | 6,824. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| SALVATION ARMY WATSONVILLE 214 UNION ST WATSONVILLE, CA 95076 | 95-3082788 | 501(C)(3) | 13,795. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| SAN ANDREAS REGIONAL CENTER 6203 SAN IGNACIO AVEUNE SAN JOSE, CA 95119 | 94-2591195 | 501(C)(3) | 7,667. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| SAN BENITO AGRICULTURAL LAND TRUST PO BOX 1066 TRES PINOS, CA 95075 | 77-0338085 | 501(C)(3) | 150,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| SAN LORENZO VALLEY HISTORICAL SOCIETY - PO BOX 576 - BOULDER CREEK, CA 95006 | 94-3240597 | 501(C)(3) | 20,000. | 0. | | | FOR GENERAL OPERATING SUPPORT AND THE BELARDI MEMORIAL BUILDING |
| SANTA CLARA UNIVERSITY 500 EL CAMINO REAL SANTA CLARA, CA 95053 | 94-1156617 | 501(C)(3) | 59,510. | 0. | | | FOR THE BUCK SHAW STADIUM RENOVATION FUND |
| SANTA CRUZ ART LEAGUE 526 BROADWAY SANTA CRUZ, CA 95060 | 94-1561380 | 501(C)(3) | 10,200. | 0. | | | FOR GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

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| SANTA CRUZ CHILDREN'S MUSEUM OF DISCOVERY - PO BOX 1903 - SOQUEL, CA 95073 | 46-1699711 | 501(C)(3) | 15,650. | 0. | | | FOR GENERAL OPERATING SUPPORT AND MEMBER SCHOLARSHIPS |
| SANTA CRUZ CITY SCHOOL DISTRICT 133 MISSION STREET SANTA CRUZ, CA 95060 | | SCUSD | 68,500. | 0. | | | TO SUPPORT HANDS ON AND EXPERIENTIAL LEARNING AT MISSION HILL MIDDLE SCHOOL |
| SANTA CRUZ COMMUNITY HEALTH CENTERS - 125 WATER STREET - SANTA CRUZ, CA 95060 | 23-7428303 | 501(C)(3) | 109,750. | 0. | | | FOR GENERAL SUPPORT, CENSUS OUTREACH, PATIENT EDUCATION, AND CRADLE TO CAREER |
| SANTA CRUZ COMMUNITY VENTURES PO BOX 8708 SANTA CRUZ, CA 95061 | 77-0247648 | 501(C)(3) | 20,500. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| SANTA CRUZ COUNTY ANIMAL SHELTER 2200 7TH AVENUE SANTA CRUZ, CA 95062 | 90-0039494 | COUNTY OF SANTA | 14,459. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| SANTA CRUZ COUNTY ANIMAL SHELTER FOUNDATION - 2200 7TH AVENUE - SANTA CRUZ, CA 95060 | 51-0439604 | 501(C)(3) | 45,620. | 0. | | | FOR GENERAL SUPPORT, UPGRADES TO THE WATSONVILLE SITE, AND IMPROVED COMPUTER |
| SANTA CRUZ COUNTY COLLEGE COMMITMENT - 400 ENCINAL STREET - SANTA CRUZ, CA 95060 | | SLVUSD | 250,000. | 0. | | | FOR THE MATH NETWORK IMPROVEMENT COMMUNITY |
| SANTA CRUZ COUNTY SYMPHONY 307 CHURCH STREET SANTA CRUZ, CA 95060 | 94-2373284 | 501(C)(3) | 21,218. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| SANTA CRUZ COUNTY TRIAL LAWYERS ASSOCIATION - 9200 SOQUEL DRIVE - APTOS, CA 95003 | 77-0218857 | 501(C)(3) | 10,000. | 0. | | | FOR THE HIGH SCHOOL MOCK TRIAL PROGRAM |

Schedule I (Form 990)

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| SANTA CRUZ MUSEUM OF NATURAL HISTORY - 1305 EAST CLIFF DRIVE - SANTA CRUZ, CA 95062 | 94-2427733 | 501(C)(3) | 55,750. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| SANTA CRUZ PLAYGROUND PROJECT PO BOX 3709 SANTA CRUZ, CA 95063 | 95-4760497 | 501(C)(3) | 104,612. | 0. | | | TO SUPPORT LEO'S HAVEN ALL INCLUSIVE PARK |
| SANTA CRUZ SHAKESPEARE 500 CHESTNUT STREET SANTA CRUZ, CA 95060 | 46-4635444 | 501(C)(3) | 71,811. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| SANTA CRUZ SPCA 2685 CHANTICLEER AVENUE SANTA CRUZ, CA 95065 | 94-6171565 | 501(C)(3) | 31,047. | 0. | | | FOR GENERAL SUPPORT AND BLACKIE'S SENIOR FRIENDS PROGRAM |
| SANTA CRUZ TODDLER CARE CENTER 1738 16TH AVENUE SANTA CRUZ, CA 95062 | 94-2457539 | 501(C)(3) | 11,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| SAVE OUR SHORES 345 LAKE AVENUE SANTA CRUZ, CA 95062 | 94-2745941 | 501(C)(3) | 52,042. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| SAVE THE CHILDREN FEDERATION INC 501 KINGS HIGHWAY EAST FAIRFIELD, CT 06825 | 06-0726487 | 501(C)(3) | 30,000. | 0. | | | FOR THE AVAYA CHARITY GOLF TOURNAMENT AND THE DEVICES FOR DIVERSITY PROGRAM |
| SAVE THE REDWOODS LEAGUE 111 SUTTER STREET SAN FRANCISCO, CA 94104-3814 | 94-0843915 | 501(C)(3) | 6,500. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| SAVE THE WAVES COALITION PO BOX 183 DAVENPORT, CA 95017-0183 | 36-4515216 | 501(C)(3) | 16,720. | 0. | | | FOR GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

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| SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY - 800 OHLONE PARKWAY - WATSONVILLE, CA 95076-7005 | 77-0326685 | 501(C)(3) | 246,497. | 0. | | | FOR GENERAL SUPPORT, THE HOLIDAY FOOD DRIVE, PARTNER & PROGRAMS LOCATIONS |
| SEMPERVIRENS FUND 419 S SAN ANTONIO RD LOS ALTOS HILLS, CA 94022-3640 | 94-2155097 | 501(C)(3) | 5,250. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| SENDEROS 840 NORTH BRANCIFORTE AVE SANTA CRUZ, CA 95062 | 80-0893412 | 501(C)(3) | 12,650. | 0. | | | FOR GENERAL SUPPORT AND THE LATINO ROLE MODELS CONFERENCE |
| SENIOR NETWORK SERVICES 1777-A CAPITOLA RD SANTA CRUZ, CA 95062 | 94-2259716 | 501(C)(3) | 6,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| SHARED ADVENTURES PO BOX 396 SANTA CRUZ, CA 95061 | 77-0366565 | 501(C)(3) | 11,000. | 0. | | | FOR GENERAL OPERATING SUPPORT AND DAY ON THE BEACH |
| SHARSHERET 1086 TEANECK RD TEANECK, NJ 07666 | 13-4198529 | 501(C)(3) | 5,500. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| ST. ANTHONY FOUNDATION 150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102-3899 | 94-1513140 | 501(C)(3) | 26,872. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| STANFORD UNIVERSITY-SCHOOL OF ENGINEERING - PO BOX 20466 - STANFORD, CA 94309-0466 | 94-1156365 | 501(C)(3) | 10,000. | 0. | | | FOR THE DEAN OF ENGINEERING DISCRETIONARY FUND |
| STUDENT CONSERVATION ASSOCIATION 4601 N FAIRFAX DR ARLINGTON, VA 22203 | 91-0880684 | 501(C)(3) | 6,500. | 0. | | | FOR GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

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| TEEN KITCHEN PROJECT PO BOX 1853 SOQUEL, CA 95073-1853 | 27-0524692 | 501(C)(3) | 25,500. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| TEMPLE BETH EL JEWISH COMMUNITY CENTER - 3055 PORTER GULCH ROAD - APTOS, CA 95003-2703 | 94-6139655 | 501(C)(3) | 47,819. | 0. | | | FOR GENERAL SUPPORT, THE FILM FESTIVAL, SECURITY FUND, PIANO FUND, AND CEMETERY FUND |
| THE CHILDREN'S HOME SOCIETY OF NEW JERSEY - 635 SOUTH CLINTON AVENUE - TRENTON, NJ 08611 | 21-0634966 | 501(C)(3) | 20,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| 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 TEACHER'S DESK, INC. 22 NORTHAMPTON STREET BUFFALO, NY 14209 | 47-2033964 | 501(C)(3) | 7,500. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| THE UC HASTINGS FOUNDATION 200 MCALLISTER STREET SAN FRANCISCO, CA 94102 | 23-7135898 | 501(C)(3) | 32,246. | 0. | | | TO SUPPORT THE JUDGE ROBERT H. SCHNACKE AWARD PROGRAM |
| TLC FOUNDATION FOR BODY-FOCUSED REPETITIVE BEHAVIORS - 716 SOQUEL AVE - SANTA CRUZ, CA 95062 | 77-0266587 | 501(C)(3) | 44,100. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| TRUCKEE TRAILS FOUNDATION PO BOX 1751 TRUCKEE, CA 96106 | 01-0601303 | 501(C)(3) | 25,000. | 0. | | | FOR A YEAR ROUND TRAILS MANAGER |
| TRUST FOR PUBLIC LAND 101 MONTGOMERY ST SAN FRANCISCO, CA 94104 | 23-7222333 | 501(C)(3) | 16,000. | 0. | | | FOR GENERAL OPERATING SUPPORT AND CALIFORNIA AND NORTHERN ROCKIES PROGRAMS |

Schedule I (Form 990)

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| UC REGENTS-UCSC ARBORETUM 1156 HIGH ST SANTA CRUZ, CA 95064 | | STATE OF CA | 71,343. | 0. | | | FOR GENERAL OPERATING SUPPORT BUT MAY NOT BE USED TO RETIRE DEBT, NOR REPLACE FUNDING FROM UCSC |
| UC SAN FRANCISCO FOUNDATION UCSF BOX 0248 SAN FRANCISCO, CA 94143 | 94-2829914 | 501(C)(3) | 15,250. | 0. | | | FOR SCHOOL OF DENTISTRY ANNUAL FUND, BENIOFF CHILDREN'S HOSPITAL, AND OTHER CAMPAIGNS |
| UC SANTA CRUZ FOUNDATION 1156 HIGH STREET, MS: OSP SANTA CRUZ, CA 95064 | 23-7394590 | 501(C)(3) | 33,900. | 0. | | | FOR CENTER FOR NATURAL HISTORY, STEM DIVERSITY, ACE, NATURALIST PROGRAM, QUEER CENTER |
| UNITED WAY OF SAN BENITO COUNTY 829 SAN BENITO STREET SUTIE 200 HOLLISTER, CA 95023 | 94-1422471 | 501(C)(3) | 20,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| UNITED WAY OF SANTA CRUZ COUNTY PO BOX 1458 CAPITOLA, CA 95010-1458 | 94-1422471 | 501(C)(3) | 7,000. | 0. | | | FOR WOMEN IN PHILANTHROPY, 2-1-1, AND CENSUS OUTREACH |
| UNITED WAY WORLDWIDE 701 N FAIRFAX STREET ALEXANDRIA, VA 22314 | 13-1635294 | 501(C)(3) | 22,100. | 0. | | | FOR PROPOSED DONATIONS TO INTERNATIONAL CHARITIES: RURAL AID AUSTRALIA, PATHWAYS TO EDUCATION |
| UNTERMYER GARDENS CONSERVANCY 945 N. BROADWAY YONKERS, NY 10701 | 27-4323490 | 501(C)(3) | 58,800. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| UPWELL TURTLES 99 PACIFIC STREET MONTEREY, CA 93940 | 82-1309235 | 501(C)(3) | 20,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| US FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038 | 13-1760110 | 501(C)(3) | 7,500. | 0. | | | FOR GENERAL OPERATING SUPPORT |

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| VANGUARD CHARITABLE ENDOWMENT PROGRAM - PO BOX 9509 - WARWICK,, RI 02889-9509 | 23-2888152 | 501(C)(3) | 106,593. | 0. | | | FOR THE BURKE BORINA VANGUARD CHARITABLE FUND |
| VENTANA WILDERNESS ALLIANCE PO BOX 506 SANTA CRUZ, CA 95061-0506 | 77-0532467 | 501(C)(3) | 7,310. | 0. | | | FOR GENERAL OPERATING SUPPORT AND THE YOUTH IN WILDERNESS PROGRAM |
| VENTANA WILDLIFE SOCIETY 9699 BLUE LARKSPUR LANE MONTEREY, CA 93940 | 94-2795935 | 501(C)(3) | 21,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| VISITING NURSE ASSOCIATION OF SANTA CRUZ COUNTY - 2880 SOQUEL AVENUE - SANTA CRUZ, CA 95062 | 94-1622036 | 501(C)(3) | 13,949. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| VISTA CENTER FOR THE BLIND AND VISUALLY IMPAIRED - 3315 MISSION DRIVE - SANTA CRUZ, CA 95065 | 94-1196206 | 501(C)(3) | 13,000. | 0. | | | FOR GENERAL OPERATING SUPPORT AND SANTA CRUZ PROGRAMS |
| VOLUNTEER CENTER OF SANTA CRUZ COUNTY - 1740 17TH AVENUE - SANTA CRUZ, CA 95062 | 94-1702678 | 501(C)(3) | 71,199. | 0. | | | FOR SANTA CRUZ GIVES, HUMAN RACE, PEI AND LITERACY PROGRAMS |
| WADDELL CREEK ASSOCIATION 3600 HIGHWAY 1 DAVENPORT, CA 95017 | 77-0115302 | 501(C)(3) | 12,000. | 0. | | | FOR THE RANCHO DEL OSO VISITOR CENTER |
| WALNUT AVENUE FAMILY & WOMEN'S CENTER - 303 WALNUT AVE - SANTA CRUZ, CA 95060 | 94-1186197 | 501(C)(3) | 28,020. | 0. | | | FOR GENERAL OPERATING SUPPORT AND CENSUS OUTREACH |
| WATSONVILLE CHARTER SCHOOL OF THE ARTS - 75 WHITING ROAD - WATSONVILLE, CA 95076 | | PVUSD | 7,000. | 0. | | | FOR COMPUTER SCIENCE EDUCATION AND GSA CLUB |

Schedule I (Form 990)

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| WATSONVILLE FILM FESTIVAL PO BOX 172 WATSONVILLE, CA 95077-0172 | 81-3138376 | 501(C)(3) | 8,500. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| WATSONVILLE HIGH SCHOOL FOUNDATION 17 HAWTHORNE AVE WATSONVILLE, CA 95076 | 77-0008389 | 501(C)(3) | 10,305. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| WATSONVILLE LAW CENTER 315 MAIN STREET WATSONVILLE, CA 95076 | 20-8157214 | 501(C)(3) | 25,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| WATSONVILLE ROTARY FOUNDATION PO BOX 282 WATSONVILLE, CA 95077-0282 | 94-2577900 | 501(C)(3) | 6,500. | 0. | | | FOR YOUTH PROGRAMS, MINE AND MARTY INTERNATIONAL FUND, AND THE LOBSTER FEST |
| WATSONVILLE WETLANDS WATCH 500 HARKINS SLOUGH ROAD WATSONVILLE, CA 95019 | 77-0519882 | 501(C)(3) | 32,943. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| WATSONVILLE WOMEN'S CLUB FOUNDATION - PO BOX 1084 - FREEDOM, CA 95019-1084 | 77-0327817 | 501(C)(3) | 55,700. | 0. | | | FOR GENERAL OPERATING SUPPORT AND CAPITAL IMPROVEMENTS |
| WHARF TO WHARF RACE PO BOX 307 CAPITOLA, CA 95010-0307 | 77-0061106 | 501(C)(3) | 6,000. | 0. | | | TO SUPPORT THE OTIS CHANDLER SCHOLARSHIP |
| WHOLE KIDS FOUNDATION 550 BOWIE ST AUSTIN, TX 78703 | 45-1761682 | 501(C)(3) | 10,000. | 0. | | | FOR THE LIFELAB'S BLOOMING CLASSROOM PROGRAM IN THE PAJARO VALLEY |
| WILDAID, INC 333 PINE STREET SAN FRANCISCO, CA 94104 | 20-3644441 | 501(C)(3) | 50,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

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| WORLD WILDLIFE FUND 1250 24TH ST NW WASHINGTON, DC 20090-7180 | 52-1693387 | 501(C)(3) | 50,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| YORK SCHOOL 9501 YORK ROAD MONTEREY, CA 93940-6530 | 94-1461062 | 501(C)(3) | 7,500. | 0. | | | FOR THE CHUCK HARMON AND ELIZABETH MILES FINANCIAL AID ENDOWMENT AND ANNUAL FUND |
| YWCA OF WATSONVILLE 340 EAST BEACH STREET WATSONVILLE, CA 95076 | 94-1212142 | 501(C)(3) | 12,358. | 0. | | | FOR GENERAL OPERATING SUPPORT |
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| | | | | | | | |

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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |

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

Part IV Supplemental Information

BOARD-APPOINTED 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:

MUSEUM OF ART AND HISTORY AT THE MCPHERSON CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, EVERGREEN CEMETERY, HISTORY AWARDS, SPACEMAKER FUND AND EXHIBITS

NAME OF ORGANIZATION OR GOVERNMENT:

SANTA CRUZ COUNTY ANIMAL SHELTER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, UPGRADES TO THE

Part IV Supplemental Information

WATSONVILLE SITE, AND IMPROVED COMPUTER SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY WORLDWIDE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PROPOSED DONATIONS TO

INTERNATIONAL CHARITIES: RURAL AID AUSTRALIA, PATHWAYS TO EDUCATION

CANADA AND STROKE ASSOCIATION UK

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION SANTA CRUZ COUNTY

Employer identification number

94-2808039

Part I Questions Regarding Compensation

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

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

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?

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

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

| | Yes | No |
|----|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2019

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 TRUE CHIEF EXECUTIVE OFFICER | (i) | 218,500. | 0. | 0. | 13,230. | 10,002. | 241,732. | 10,002. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) SUSAN FARRAR CHIEF OPERATING & FINANCIAL OFFICER | (i) | 156,695. | 0. | 0. | 9,760. | 20,659. | 187,114. | 20,659. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) SAM LEASK PHILANTHROPIC SERVICES DIRECTOR | (i) | 133,333. | 0. | 0. | 8,000. | 17,488. | 158,821. | 17,488. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (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 COLUMNS (A) AND (F) 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. | REFINANCE BANK LOAN DATED 9/2/20 | | X | | X | | | | X |
| | B | | | | | | | | | | | | | | |
| | C | | | | | | | | | | | | | | |
| | D | | | | | | | | | | | | | | |

| Part II | Proceeds | | | | | | | | | |
|---------|-----------|--|------------|----|-----|----|-----|----|-----|----|
| | | A | | B | | C | | D | | |
| | 1 | Amount of bonds retired | 1,570,000. | | | | | | | |
| | 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 | 2,500,000. | | | | | | | |
| | 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 refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | | X | | | | | | |
| | 15 | Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, 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 | | | | | | | |

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

Schedule K (Form 990) 2019

Part III Private Business Use

| | A | | B | | C | | D | |
|---|-----|-------|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | | | | | |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | | | | | |
| 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 | | .00 % | | % | | % | | % |
| 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 | | .00 % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | .00 % | | % | | % | | % |
| 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 | | | | | | |

Part IV Arbitrage (continued)

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 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? | | | | | | | | |
| 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

(F) DESCRIPTION OF PURPOSE: REFINANCE BANK LOAN DATED 9/2/2009

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY

DATE THE REBATE COMPUTATION WAS PERFORMED: 04/15/2016

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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 instructions and 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 | 46 | 6,018,503. | FMV |
| 10 Securities - Closely held stock | X | 1 | 1,037,729. | FMV |
| 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** **0**

| | 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) 2019

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS CONTRIBUTED (DEFINED AS EACH SEPARATE GIFT) IN SCHEDULE M, PART I, COLUMN (B).

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

2019

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION SANTA CRUZ COUNTY

Employer identification number

94-2808039

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT TAX ACCOUNTANT IN CONJUNCTION WITH THE ORGANIZATION'S FINANCE AND ACCOUNTING STAFF. A DRAFT FORM 990 IS THEN REVIEWED BY THE CHIEF OPERATING & FINANCIAL OFFICER AND CHIEF EXECUTIVE OFFICER; ADJUSTMENTS ARE MADE, AS NECESSARY. A COMPLETE COPY OF THE FORM 990 WAS PROVIDED TO THE VOTING MEMBER OF THE GOVERNING BODY AFTER FILING WITH THE INTERNAL REVENUE SERVICE.

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 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 UPON REQUEST. A SUMMARY OF THE KEY ELEMENTS INCLUDES:

ALL BOARD MEMBERS, VOLUNTEER COMMITTEE MEMBERS, AND STAFF ARE ANNUALLY

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

Schedule O (Form 990 or 990-EZ) (2019)

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

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 KNOW TO BE CURRENTLY PENDING OR PROPOSED. THIS INFORMATION IS COLLECTED BY THE CEO AND REPORTED BACK TO 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 GRANTS 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.

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 MEMBERS OR COMMITTEE MEMBERS, THE BOARD PRESIDENT OR COMMITTEE CHAIR SHALL MAKE THAT DETERMINATION. WHEN A CONFLICT EXISTS, THE COMMITTEE MEMBER SHALL RECUSE 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:

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

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.

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 ASSESSMENT AND GOAL

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

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 THE 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 SERVE AS A BASIS FOR SALARY COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:
THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION AT ITS OFFICE. FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE FOUNDATION'S WEBSITE (WWW.CFSCC.ORG) IN ADDITIONAL TO BEING PUBLISHED WITHIN ITS ANNUAL REPORT.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

| | |
|---|--------------|
| CHANGE IN SPLIT-INTEREST AGREEMENTS | 176,615. |
| ADJUSTMENT TO INCLUDE AGENCY FUND LIABILITIES IN FORM 990 | -13,661,503. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -13,484,888. |

**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

2019

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 | 164,798. | 2,787,500. | COMMUNITY FOUNDATION SANTA CRUZ COUNTY |
| | | | | | |
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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 MGMT PROGRAM-SANTA CRUZ COUNTY | CALIFORNIA | 501(C)(3) | LINE 12A, I | COMMUNITY FOUNDATION SANTA CRUZ COUNTY | X | |
| | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

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 | 500,541. | BOOK VALUE |
| (2) REGIONAL WATER MANAGEMENT FOUNDATION | D | 341,366. | BOOK VALUE |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

Part I: Name of organization (COMMUNITY FOUNDATION SANTA CRUZ COUNTY), Employer identification number (94-2808039), Address (7807 SOQUEL DRIVE, APTOS, CA 95003), and Unrelated business activity code (523000).

Part II: Book value of all assets at end of year (147,953,324), Group exemption number, and Check organization type (501(c) corporation).

Part III: Enter the number of the organization's unrelated trades or businesses (1) and describe the only (or first) unrelated trade or business here (SEE STATEMENT 1).

Part IV: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (No).

Part V: The books are in care of (SUSAN FARRAR) Telephone number (831) 662-2020

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), and Total. Total Income: -2,293. Total Net: -2,293.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

Table with 3 columns: Line number, Description, Amount. Rows include Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; Bad debts; Interest; Taxes and licenses; Depreciation; Depletion; Contributions to deferred compensation plans; Employee benefit programs; Excess exempt expenses; Excess readership costs; Other deductions; Total deductions (0); Unrelated business taxable income before net operating loss deduction (-2,293); Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (0); Unrelated business taxable income (-2,293).

Part III Total Unrelated Business Taxable Income

| | | | |
|----|---|----|----------|
| 32 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 32 | - 2,293. |
| 33 | Amounts paid for disallowed fringes | 33 | |
| 34 | Charitable contributions (see instructions for limitation rules) | 34 | 0. |
| 35 | Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33 | 35 | - 2,293. |
| 36 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | 36 | |
| 37 | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 | 37 | - 2,293. |
| 38 | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) | 38 | 1,000. |
| 39 | Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 | 39 | - 2,293. |

Part IV Tax Computation

| | | | |
|----|--|----|----|
| 40 | Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) | 40 | 0. |
| 41 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 41 | |
| 42 | Proxy tax. See instructions | 42 | |
| 43 | Alternative minimum tax (trusts only) | 43 | |
| 44 | Tax on Noncompliant Facility Income. See instructions | 44 | |
| 45 | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies | 45 | 0. |

Part V Tax and Payments

| | | | |
|-----|--|-----|----|
| 46a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 46a | |
| b | Other credits (see instructions) | 46b | |
| c | General business credit. Attach Form 3800 | 46c | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 46d | |
| e | Total credits. Add lines 46a through 46d | 46e | |
| 47 | Subtract line 46e from line 45 | 47 | 0. |
| 48 | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 48 | |
| 49 | Total tax. Add lines 47 and 48 (see instructions) | 49 | 0. |
| 50 | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 | 50 | 0. |
| 51a | Payments: A 2018 overpayment credited to 2019 | 51a | |
| b | 2019 estimated tax payments | 51b | |
| c | Tax deposited with Form 8868 | 51c | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 51d | |
| e | Backup withholding (see instructions) | 51e | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 51f | |
| g | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total | 51g | |
| 52 | Total payments. Add lines 51a through 51g | 52 | |
| 53 | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 53 | |
| 54 | Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed | 54 | |
| 55 | Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid | 55 | |
| 56 | Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 56 | |

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

| | | | |
|----|--|-----|----|
| 57 | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | Yes | No |
| 58 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. | | X |
| 59 | Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | |

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 _____ Date _____ **COO/CFO** Title _____
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
 Print/Type preparer's name: TRACY S. PAGLIA
 Preparer's signature: TRACY S. PAGLIA
 Date: 12/15/20
 Check if self-employed
 PTIN: P00366884
 Firm's name: MOSS ADAMS LLP
 Firm's EIN: 91-0189318
 Firm's address: 101 SECOND STREET SUITE 900
 SAN FRANCISCO, CA 94105
 Phone no.: 415-956-1500

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

| | | | | | | | | | |
|----|---|----|--|---|--|---|-----|----|--|
| 1 | Inventory at beginning of year | 1 | | 6 | Inventory at end of year | 6 | | | |
| 2 | Purchases | 2 | | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | | | |
| 3 | Cost of labor | 3 | | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | Yes | No | |
| 4a | Additional section 263A costs (attach schedule) | 4a | | | | | | | |
| b | Other costs (attach schedule) | 4b | | | | | | | |
| 5 | Total. Add lines 1 through 4b | 5 | | | | | | | |

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

| | |
|-----|--|
| (1) | |
| (2) | |
| (3) | |
| (4) | |

2. Rent received or accrued

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | 0. | Total 0. |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

| 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | | |
|---|---|--|--|---|
| | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals | | | Enter here and on page 1, Part I, line 7, column (A) 0. | Enter here and on page 1, Part I, line 7, column (B) 0. |
| Total dividends-received deductions included in column 8 | | | 0. | 0. |

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|---------------------|---|-------------------------------------|--|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |
| Totals | | | 0. | 0. |

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|---|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Enter here and on page 1, Part I, line 9, column (A). | | Enter here and on page 1, Part I, line 9, column (B). |
| Totals | | 0. | | 0. |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). | | | Enter here and on page 1, Part II, line 25. |
| Totals | | 0. | 0. | | | 0. |

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | | 0. | 0. | | | 0. |

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|--|--|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | 0. | 0. | | | | 0. |
| Totals, Part II (lines 1-5) | Enter here and on page 1, Part I, line 11, col. (A). 0. | Enter here and on page 1, Part I, line 11, col. (B). 0. | | | | Enter here and on page 1, Part II, line 26. 0. |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | | 0. |

Form **990-T** (2019)

