

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2020** 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 \$ 38,636,181.
	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 2020 (Part V, line 2a)	5	27
	6 Total number of volunteers (estimate if necessary)	6	25
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-2,099.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	19,201,613.	34,426,217.
	9 Program service revenue (Part VIII, line 2g)	280,407.	278,236.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,652,853.	3,691,736.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,463.	239,992.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,151,336.	38,636,181.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,053,916.	21,064,097.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,999,500.	2,086,777.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 235,207.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,334,928.	1,754,447.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,388,344.	24,905,321.	
19 Revenue less expenses. Subtract line 18 from line 12	8,762,992.	13,730,860.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 147,953,324.	End of Year 166,657,786.
	21 Total liabilities (Part X, line 26)	20,204,882.	21,871,114.
	22 Net assets or fund balances. Subtract line 21 from line 20	127,748,442.	144,786,672.

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 MICHAEL LUMSDEN	Preparer's signature MICHAEL LUMSDEN	Date 11/15/21	Check if self-employed <input type="checkbox"/>	PTIN P01262236
	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 \$ 23,483,350. including grants of \$ 21,064,097.) (Revenue \$ 278,236.) 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 23,483,350.

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)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		27
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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 (17), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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

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) SUSAN TRUE CHIEF EXECUTIVE OFFICER	40.00 0.00			X				232,950.	0.	21,328.
(2) SUSAN FARRAR CHIEF OPERATING & FINANCIAL OFFICER	40.00 1.00			X				166,306.	0.	32,333.
(3) TIM CARSON PROGRAM DIRECTOR - RWMF	0.00 40.00					X		138,000.	0.	26,749.
(4) SAM LEASK PHILANTHRPIC SERVICES DIRECTOR	40.00 0.00					X		142,867.	0.	18,856.
(5) DAVID DOOLIN PRESIDENT	1.00 0.00	X		X				0.	0.	0.
(6) FRENY COOPER VICE PRESIDENT	1.00 0.00	X		X				0.	0.	0.
(7) JULIE HAFF SECRETARY	1.00 0.00	X		X				0.	0.	0.
(8) JIM WEISENSTEIN TREASURER	1.00 0.00	X		X				0.	0.	0.
(9) MARILYN CALCIANO IMMEDIATE PAST PRESIDENT	1.00 0.00	X						0.	0.	0.
(10) EMILY J. BUCHBINDER, ESQ. DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) LILIANA S. DIAZ, ESQ. DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) LARRY DONATONI DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) JUDY FRANICH DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) JANET HEIEN DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) FRED KEELEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) CHRIS MURPHY DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) TONEE PICARD 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) ROGELIO PONCE, JR. DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) KIRK SCHMIDT, ESQ. DIRECTOR	1.00 1.00	X						0.	0.	0.
(20) SANDY SKEES DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) TREVOR STRUDLEY, CFP DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								680,123.	0.	99,266.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								680,123.	0.	99,266.

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 **4**

	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
MARGARET LAPIZ 21 KEMP COURT, ALAMO, CA 94507	CONSULTING SERVICES - COVID RESPONSE	120,000.

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	376,479.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	34,049,738.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 9,933,537.				
	h Total. Add lines 1a-1f			34,426,217.			
Program Service Revenue	2 a FOUNDATION SERVICE FEES	Business Code	541900	225,444.	225,444.		
	b INTEREST INCOME - PRI		900099	52,792.	52,792.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			278,236.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,649,815.		-2,099.	2,651,914.
	4 Income from investment of tax-exempt bond proceeds						
	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	1,041,921.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.				
c Gain or (loss)	7c	1,041,921.					
d Net gain or (loss)			1,041,921.			1,041,921.	
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	239,992.		239,992.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			239,992.			
12 Total revenue. See instructions			38,636,181.	278,236.	-2,099.	3,933,827.	

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	20,511,727.	20,511,727.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	80,000.	80,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	472,370.	472,370.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	452,917.	326,100.	95,113.	31,704.
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	1,196,586.	861,542.	251,283.	83,761.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	68,770.	49,514.	14,442.	4,814.
9 Other employee benefits	249,599.	179,711.	52,416.	17,472.
10 Payroll taxes	118,905.	85,612.	24,970.	8,323.
11 Fees for services (nonemployees):				
a Management				
b Legal	34,658.		34,658.	
c Accounting	58,034.		58,034.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	338,661.		338,661.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	433,510.	312,127.	91,037.	30,346.
12 Advertising and promotion	23,223.	15,255.	6,485.	1,483.
13 Office expenses	21,456.	15,448.	4,506.	1,502.
14 Information technology	213,752.	153,901.	44,888.	14,963.
15 Royalties				
16 Occupancy	75,966.	54,695.	15,953.	5,318.
17 Travel	882.	635.	185.	62.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,656.	5,430.	12,698.	528.
20 Interest	38,484.	27,708.	8,082.	2,694.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	327,166.	235,559.	68,705.	22,902.
23 Insurance	36,654.		36,654.	
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	133,345.	96,016.	27,994.	9,335.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	24,905,321.	23,483,350.	1,186,764.	235,207.
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	1,248,566.	1	3,617,986.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	161,381.	3	127,353.
	4 Accounts receivable, net	11,181.	4	129,883.
	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	34,138.	9	33,818.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,791,231.		
	b Less: accumulated depreciation	10b 2,924,657.	10c	9,866,574.
	11 Investments - publicly traded securities	132,136,171.	11	147,125,121.
	12 Investments - other securities. See Part IV, line 11	171,060.	12	184,542.
	13 Investments - program-related. See Part IV, line 11	1,485,237.	13	2,766,042.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,645,845.	15	2,806,467.
16 Total assets. Add lines 1 through 15 (must equal line 33)	147,953,324.	16	166,657,786.	
Liabilities	17 Accounts payable and accrued expenses	245,746.	17	871,711.
	18 Grants payable	1,441,177.	18	804,425.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	915,728.	20	930,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	15,918,440.	21	17,151,922.
	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	0.	23	328,038.
	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	1,683,791.	25	1,785,018.
	26 Total liabilities. Add lines 17 through 25	20,204,882.	26	21,871,114.
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	7,736,471.	27	144,786,672.
	28 Net assets with donor restrictions	120,011,971.	28	0.
	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	127,748,442.	32	144,786,672.
33 Total liabilities and net assets/fund balances	147,953,324.	33	166,657,786.	

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	38,636,181.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,905,321.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,730,860.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	127,748,442.
5	Net unrealized gains (losses) on investments	5	3,199,008.
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	108,362.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	144,786,672.

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
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2020)

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12999130.	15902905.	18883395.	19201613.	34426217.	101413260
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	12999130.	15902905.	18883395.	19201613.	34426217.	101413260
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)						17192651.
6 Public support. Subtract line 5 from line 4.						84220609.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	12999130.	15902905.	18883395.	19201613.	34426217.	101413260
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2592469.	2900947.	3337002.	2979407.	2651914.	14461739.
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.)	17,689.	449,512.	24,555.	16,463.	239,992.	748,211.
11 Total support. Add lines 7 through 10						116623210
12 Gross receipts from related activities, etc. (see instructions)					12	660,901.
13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f))	14	72.22 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	64.43 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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>	Yes	No
2a		
b Did the activities described in line 2a, above, 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>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No" provide details in Part VI.</i>		
3a		
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>		
3b		

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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

2020

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 (entering "N/A" in column (b) instead of the contributor name and address), 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
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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
1	_____ _____ _____	\$ <u>6,982,407.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,135,003.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>3,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>1,352,797.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>1,390,498.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>861,277.</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
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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>1,500,023.</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>3,000,000.</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>1,892,034.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<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
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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
5	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>1,390,498.</u>	<u>12/31/20</u>
7	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>1,500,023.</u>	<u>12/31/20</u>
9	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>1,892,034.</u>	<u>12/31/20</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization COMMUNITY FOUNDATION SANTA CRUZ COUNTY	Employer identification number 94-2808039
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(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

2020

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	160	343
2 Aggregate value of contributions to (during year)	21,357,369.	13,212,751.
3 Aggregate value of grants from (during year)	11,801,311.	9,485,741.
4 Aggregate value at end of year	58,730,000.	103,158,593.
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 ▶ \$ _____

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

Schedule D (Form 990) 2020

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	67,408,446.	60,250,553.	65,952,219.	61,005,398.	55,797,613.
b Contributions	836,636.	326,998.	2,866,395.	1,055,542.	3,115,151.
c Net investment earnings, gains, and losses	3,934,605.	10,321,770.	-5,366,748.	7,730,225.	4,155,663.
d Grants or scholarships	1,902,719.	2,497,740.	2,203,004.	2,854,422.	1,168,961.
e Other expenditures for facilities and programs					
f Administrative expenses	946,581.	993,135.	998,309.	984,524.	894,068.
g End of year balance	69,330,387.	67,408,446.	60,250,553.	65,952,219.	61,005,398.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 84.3900 %
 - c Term endowment 15.6100 %
- 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? <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
- 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.	1,865,912.	5,477,165.
c Leasehold improvements				
d Equipment		1,262,052.	897,389.	364,663.
e Other		317,498.	161,356.	156,142.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,866,574.

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	595,387.
(4) CHARITABLE TRUST LIABILITIES	1,189,631.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,785,018.

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 V, LINE 4:

ENDOWMENTS FUNDS ARE INTENDED TO SUPPORT GRANTMAKING AND SCHOLARSHIPS FOR ORGANIZATIONS AND INDIVIDUALS TO CREATE A LASTING IMPACT AND MAKE SANTA CRUZ COUNTY THRIVE FOR ALL WHO CALL IT HOME, NOW AND IN THE FUTURE.

Part XIII Supplemental Information (continued)

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 THEIR EXPOSURE TO VARIOUS TAX POSITIONS TAKEN BY THE FOUNDATION AND SUBSIDIARIES. MANAGEMENT HAS DETERMINED WHETHER ANY TAX POSITIONS HAVE MET THE RECOGNITION THRESHOLD AND HAS MEASURED THE FOUNDATION AND SUBSIDIARIES' EXPOSURE TO THOSE TAX POSITIONS. MANAGEMENT BELIEVES THAT THE FOUNDATION AND SUBSIDIARIES HAVE ADEQUATELY ADDRESSED ALL RELEVANT TAX POSITIONS AND THAT THERE ARE NO UNRECORDED TAX LIABILITIES. FEDERAL TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE AND AUDIT THE PREVIOUS THREE YEAR OF TAX RETURNS FILED. CALIFORNIA TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE AND AUDIT THE PREVIOUS FOUR YEARS OF TAX RETURNS FILED. ANY INTEREST AND PENALTIES ASSESSED TO THE FOUNDATION ARE RECORDED IN OPERATING EXPENSES. NO INTEREST OR PENALTIES FROM FEDERAL OR STATE TAX AUTHORITIES WERE RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization COMMUNITY FOUNDATION SANTA CRUZ COUNTY	Employer identification number 94-2808039
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	0	0	GRANTMAKING		472,370.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		354,782.
3 a Subtotal	0	0			827,152.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			827,152.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	GENERAL SUPPORT	447,520.	WIRE	0.		
		NORTH AMERICA	GENERAL SUPPORT	20,100.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **2**

3 Enter total number of other organizations or entities **0**

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

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

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SIGNIFICANT CHANGES OR ISSUES DURING THE GRANT PERIOD.

PART I, LINE 3:

THE ORGANIZAITON IS UTILIZING THE ACCRUAL METHOD TO ACCOUNT FOR EXPENDITURES ON SCHEDULE F, PART I.

PART II, LINE 1 (ACCOUNTING METHOD):

THE ORGANIZATION IS UTILIZING THE ACCRUAL METHOD TO ACCOUNT FOR GRANT EXPENDITURES ON SCHEDULE F, PART II.

**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

2020

**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
ACTION FOR COMMUNITY TRANSFORMATION - 4900 PROVIDENCE RD - CHARLOTTE, NC 28226	26-3282259	501(C)(3)	43,923.	0.			COMMUNITY DEVELOPMENT
AGRICULTURAL HISTORY PROJECT PO BOX 1181 WATSONVILLE, CA 95077-1181	77-0165945	501(C)(3)	9,165.	0.			COMMUNITY DEVELOPMENT
AGRI-CULTURE 141 MONTE VISTA AVENUE WATSONVILLE, CA 95076-3271	77-0212413	501(C)(3)	48,091.	0.			COMMUNITY DEVELOPMENT
AIKIDO OF SANTA CRUZ 306 MISSION STREET SANTA CRUZ, CA 95060	94-2796262	501(C)(3)	10,000.	0.			ARTS, HISTORY, AND CULTURE
AMAH MUTSUN LAND TRUST PO BOX 6915 ALBANY, CA 94706	32-0447436	501(C)(3)	27,200.	0.			HUMAN SERVICES
AMERICAN CANCER SOCIETY - SILICON VALLEY/CENTRAL COAST REGION - 747 CAMDEN AVENUE - CAMPBELL, CA 95008	13-1788491	501(C)(3)	5,982.	0.			HEALTH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **265.**

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

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004-2400	13-6213516	501(C)(3)	16,750.	0.			COMMUNITY DEVELOPMENT
AMERICAN ONLINE GIVING FOUNDATION INC - 200 MAIN STREET - SAFETY HARBOR, FL 34695	81-0739440	501(C)(3)	167,544.	0.			COMMUNITY DEVELOPMENT
AMERICAN RED CROSS OF THE CENTRAL COAST - PO BOX AR - CARMEL, CA 93921	53-0196605	501(C)(3)	11,269.	0.			HUMAN SERVICES
APTOS SPORTS FOUNDATION PO BOX 2405 APTOS, CA 95003	77-0345205	501(C)(3)	35,000.	0.			EDUCATION/YOUTH DEVELOPMENT
ARTS COUNCIL SANTA CRUZ COUNTY 1070 RIVER STREET SANTA CRUZ, CA 95060	94-2600140	501(C)(3)	394,748.	0.			ARTS, HISTORY, AND CULTURE
ASPIRE PUBLIC SCHOOLS 1001 22ND AVE OAKLAND, CA 94606	94-3311088	501(C)(3)	235,000.	0.			EDUCATION/YOUTH DEVELOPMENT
ASSOCIATION OF FAITH COMMUNITIES OF SANTA CRUZ COUNTY - 532 CENTER STREET - SANTA CRUZ, CA 95060	81-3652622	501(C)(3)	8,366.	0.			HUMAN SERVICES
AUDUBON CALIFORNIA SOCIETY 220 MONTGOMERY STREET SAN FRANCISCO, CA 94104	13-1624102	501(C)(3)	18,000.	0.			ENVIRONMENT
AZTECAS YOUTH SOCCER ACADEMY PO BOX 1028 WATSONVILLE, CA 95077-1028	77-0269322	501(C)(3)	36,725.	0.			EDUCATION/YOUTH DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BEAR YUBA LAND TRUST PO BOX 1004 GRASS VALLEY, CA 95945	68-0256981	501(C)(3)	26,000.	0.			ENVIRONMENT
BELLARMINE COLLEGE PREPARATORY 960 WEST HEDDING STREET SAN JOSE, CA 95126	94-1160938	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BELLINGHAM FOOD BANK 1824 ELLIS STREET BELLINGHAM, WA 98225	91-0918619	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BIG SUR LAND TRUST PO BOX 4071 MONTEREY, CA 93942	94-2473415	501(C)(3)	5,250.	0.			ENVIRONMENT
BIKE SANTA CRUZ COUNTY EDUCATION FUND - 333 SOQUEL AVE - SANTA CRUZ, CA 95062	82-1434326	501(C)(3)	27,000.	0.			GENERAL SUPPORT
BIRCHBARK FOUNDATION 101 COOPER STREET SANTA CRUZ, CA 95060-4526	81-2531220	501(C)(3)	25,000.	0.			ENVIRONMENT
BONNY DOON COMMUNITY SCHOOL FOUNDATION - PO BOX 8089 - SANTA CRUZ, CA 95061-8089	77-0412170	501(C)(3)	28,215.	0.			EDUCATION/YOUTH DEVELOPMENT
BOULDER CREEK RECREATION AND PARK DISTRICT - PO BOX 325 - BOULDER CREEK, CA 95006	94-1693488	501(C)(3)	22,500.	0.			HUMAN SERVICES
BOULDER CREEK VOLUNTEER FIRE DEPARTMENT - PO BOX 826 - BOULDER CREEK, CA 95006	94-6106801	501(C)(3)	19,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 CLUB OF SANTA CRUZ COUNTY - 543 CENTER STREET - SANTA CRUZ, CA 95060	94-6129075	501(C)(3)	41,100.	0.			GENERAL SUPPORT
BRENNAN CENTER FOR JUSTICE 120 BROADWAY NEW YORK, NY 10271	13-3839293	501(C)(3)	9,000.	0.			COMMUNITY DEVELOPMENT
BRUCE W. WOOLPERT ALGEBRA ACADEMY 350 TECHNOLOGY DRIVE WATSONVILLE, CA 95076-2488	47-1116673	501(C)(3)	100,000.	0.			EDUCATION/YOUTH DEVELOPMENT
CABRILLO COLLEGE FOUNDATION 6500 SOQUEL DRIVE APTOS, CA 95003-3119	94-6121953	501(C)(3)	225,582.	0.			EDUCATION/YOUTH DEVELOPMENT
CALIFORNIA AGRICULTURAL LEADERSHIP FOUNDATION - PO BOX 479 - SALINAS, CA 93902-0479	94-6069269	501(C)(3)	36,667.	0.			COMMUNITY DEVELOPMENT
CALIFORNIA FARM LINK 335 SPRECKELS DRIVE APTOS, CA 95003	94-3332630	501(C)(3)	175,000.	0.			ENVIRONMENT
CALIFORNIA STRAWBERRY GROWERS SCHOLARSHIP FUND - PO BOX 269 - WATSONVILLE, CA 95077-0269	77-0411386	501(C)(3)	10,000.	0.			EDUCATION/YOUTH DEVELOPMENT
CALM 1236 CHAPALA STREET SANTA BARBARA, CA 93101	23-7097910	501(C)(3)	10,000.	0.			HEALTH
CASA DE LA CULTURA CENTER 225 SALINAS RD WATSONVILLE, CA 95076	30-0586010	501(C)(3)	76,420.	0.			HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CATHOLIC CHARITIES DIOCESE OF MONTEREY - 922 HILBY AVENUE - SEASIDE, CA 93955	77-0042961	501(C)(3)	291,500.	0.			HUMAN SERVICES
CATO INSTITUTE 1000 MASSACHUSETTS AVE NW WASHINGTON, DC 20001	23-7432162	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048	95-1644600	501(C)(3)	13,000.	0.			GENERAL SUPPORT
CEIBA PUBLIC SCHOOLS FOUNDATION 260 WEST RIVERSIDE DRIVE WATSONVILLE, CA 95076	20-5155858	501(C)(3)	68,500.	0.			GENERAL SUPPORT
CENTER FOR BIOLOGICAL DIVERSITY, INC. - 378 N MAIN AVE - TUCSON, AZ 85702-0710	27-3943866	501(C)(3)	101,000.	0.			ENVIRONMENT
CENTER FOR FARMWORKER FAMILIES PO BOX 957 FELTON, CA 95018	90-0800339	501(C)(3)	805,800.	0.			HUMAN SERVICES
CENTRAL COAST YMCA 500 LINCOLN AVE SALINAS, CA 93901	77-0202335	501(C)(3)	55,000.	0.			GENERAL SUPPORT
CHALLENGE SUCCESS PO BOX 20053 STANFORD, CA 94309	45-3767621	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CHILDREN'S DISCOVERY MUSEUM OF SAN JOSE - 180 WOZ WAY - SAN JOSE, CA 95110	94-2870828	501(C)(3)	10,000.	0.			ARTS, HISTORY, AND CULTURE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CHURCH DIVINITY SCHOOL OF THE PACIFIC - 2451 RIDGE ROAD - BERKELEY, CA 94709-1211	94-1156508	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CITY OF CAPITOLA LIBRARY FUND 420 CAPITOLA AVENUE CAPITOLA, CA 95010		CITY OF CAPITOLA	32,259.	0.			COMMUNITY DEVELOPMENT
CLINICA DE SALUD DEL VALLE DE SALINAS - 40 AIRPORT BLVD - SALINAS, CA 93905	94-2652757	501(C)(3)	250,000.	0.			HEALTH
CLINICAS DEL CAMINO REAL, INC. 200 S WELLS ROAD VENTURA, CA 93004	95-2977147	501(C)(3)	250,000.	0.			HEALTH
COASTAL COMMUNITY FOUNDATION 162 SOUTH RANCHO SANTA FE ROAD ENCINITAS, CA 92024	33-0216692	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
COASTAL KIDS HOME CARE 1172 SOUTH MAIN STREET SALINAS, CA 93901	20-2549984	501(C)(3)	35,000.	0.			HEALTH
COMMUNITY ACTION BOARD OF SANTA CRUZ COUNTY - 406 MAIN STREET - WATSONVILLE, CA 95076	94-2523780	501(C)(3)	976,622.	0.			GENERAL SUPPORT
COMMUNITY ARTS & EMPOWERMENT 240 MAPLE AVENUE WATSONVILLE, CA 95076-4815	83-4528109	501(C)(3)	20,000.	0.			ARTS, HISTORY, AND CULTURE
COMMUNITY BRIDGES 519 MAIN STREET WATSONVILLE, CA 95076-4356	94-2460211	501(C)(3)	599,052.	0.			HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
COMMUNITY FOUNDATION FOR MONTEREY COUNTY - 2354 GARDEN ROAD - MONTEREY, CA 93940-2453	94-1615897	501(C)(3)	30,250.	0.			HUMAN SERVICES
COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST - 150 TEJAS PLACE - NIPOMO, CA 93444	95-3253302	501(C)(3)	250,000.	0.			HEALTH
COMMUNITY HEALTH TRUST OF THE PAJARO VALLEY - 85 NIELSON STREET - WATSONVILLE, CA 95076	94-1149702	501(C)(3)	6,500.	0.			GENERAL SUPPORT
COMMUNITY INITIATIVES 1000 BROADWAY OAKLAND, CA 94607	94-3255070	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
COMPUTER HISTORY MUSEUM 1401 N SHORELINE BLVD MOUNTAIN VIEW, CA 94043	77-0507525	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CORNELL UNIVERSITY 130 EAST SENECA STREET ITHACA, NY 14850	15-0532082	501(C)(3)	15,500.	0.			EDUCATION/YOUTH DEVELOPMENT
COUNTY OF SANTA CRUZ HUMAN SERVICES DEPARTMENT - 1000 EMELINE AVENUE - SANTA CRUZ, CA 95060		SANTA CRUZ COUNT	56,062.	0.			HUMAN SERVICES
COURT APPOINTED SPECIAL ADVOCATES OF SANTA CRUZ COUNTY - CASA - 813 FREEDOM BLVD - WATSONVILLE, CA 95076-3803	77-0305354	501(C)(3)	97,159.	0.			HEALTH
CRISIS INTERVENTION SERVICES DBA SIERRA COMMUNITY HOUSE - 948 INCLINE WAY - INCLINE VILLAGE, NV 89451	94-2985554	501(C)(3)	72,196.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CSUMB FOUNDATION 100 CAMPUS CENTER SEASIDE, CA 93955	80-0494808	501(C)(3)	50,000.	0.			GENERAL SUPPORT
CURIOSITY FOUNDATION 450 SUTARAJA DAI HALL BERKELEY, CA 94720		501(C)(3)	49,124.	0.			GENERAL SUPPORT
DIENTES COMMUNITY DENTAL CARE 5300 SOQUEL AVENUE SUITE 103 SANTA CRUZ, CA 95062-7806	77-0311752	501(C)(3)	143,750.	0.			HEALTH
DIGITAL NEST 1961 MAIN STREET WATSONVILLE, CA 95076	46-5757256	501(C)(3)	86,300.	0.			EDUCATION/YOUTH DEVELOPMENT
DIVERSITY CENTER PO BOX 8280 SANTA CRUZ, CA 95061-8280	77-0212967	501(C)(3)	104,800.	0.			HUMAN SERVICES
DOMINICAN HOSPITAL FOUNDATION 1555 SOQUEL DRIVE SANTA CRUZ, CA 95065-1705	94-2450442	501(C)(3)	7,000.	0.			GENERAL SUPPORT
EAST MEADOW ACTION COMMITTEE 217 DICKENS WAY SANTA CRUZ, CA 95064	52-2381905	501(C)(3)	10,000.	0.			ENVIRONMENT
ECOLOGY ACTION 877 CEDAR STREET SANTA CRUZ, CA 95060	94-2584236	501(C)(3)	21,050.	0.			ENVIRONMENT
ELKHORN SLOUGH FOUNDATION PO BOX 267 MOSS LANDING, CA 95039-0267	94-2823247	501(C)(3)	81,228.	0.			ENVIRONMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
EL SISTEMA SANTA CRUZ 235 SOUTH BRANCIFORTE AVE SANTA CRUZ, CA 95062	84-4998415	501(C)(3)	8,505.	0.			ARTS, HISTORY, AND CULTURE
EL SISTEMA USA-SALINAS INC. 820 PARK ROW SALINAS, CA 93901	27-2306206	501(C)(3)	15,000.	0.			COMMUNITY DEVELOPMENT
EMERGENCY ASSISTANCE FOUNDATION, INC - PO BOX 850001 - ORLANDO, FL 32885-9884	45-1813056	501(C)(3)	25,000.	0.			GENERAL SUPPORT
ENCOMPASS COMMUNITY SERVICES 380 ENCINAL STREET SANTA CRUZ, CA 95060	23-7275290	501(C)(3)	18,840.	0.			HEALTH
FAMILIES IN TRANSITION, INC. 406 MAIN ST WATSONVILLE, CA 95076	77-0327992	501(C)(3)	144,500.	0.			HUMAN SERVICES
FAMILY SERVICE AGENCY OF THE CENTRAL COAST - 104 WALNUT AVENUE, SUITE 208 - SANTA CRUZ, CA 95060-3929	94-1716354	501(C)(3)	52,176.	0.			HUMAN SERVICES
FARM DISCOVERY AT LIVE EARTH P.O. BOX 3490 FREEDOM, CA 95019	26-3728160	501(C)(3)	20,500.	0.			GENERAL SUPPORT
FOOD BANK FOR MONTEREY COUNTY 353 W ROSSI STREET SALINAS, CA 93907	77-0270228	501(C)(3)	30,000.	0.			HUMAN SERVICES
FOOD BANK OF CONTRA COSTA AND SOLANO - 4010 NELSON AVE - CONCORD, CA 94520	94-2418054	501(C)(3)	75,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
FOOD BANK OF SANTA BARBARA COUNTY 490 W FOSTER RD SANTA MARIA, CA 93455	77-0169214	501(C)(3)	100,000.	0.			HUMAN SERVICES
FOOD SHARE, INC. 4156 SOUTHBANK RD OXNARD, CA 93036	77-0018162	501(C)(3)	150,000.	0.			HUMAN SERVICES
FOOD WHAT?! 1156 HIGH ST SANTA CRUZ, CA 95064	81-2590280	501(C)(3)	58,600.	0.			EDUCATION/YOUTH DEVELOPMENT
FREE TO LIVE INC P.O. BOX 5884 EDMOND, OK 73083-5884	73-1199662	501(C)(3)	10,000.	0.			ENVIRONMENT
FRIENDS OF LONG MARINE LAB - SEYMOUR CENTER - 100 MCALLISTER WAY - SANTA CRUZ, CA 95060-5794	23-7394590	501(C)(3)	5,700.	0.			GENERAL SUPPORT
FRIENDS OF SANTA CRUZ COUNTY PARKS 870 17TH AVENUE SUITE 2 SANTA CRUZ, CA 95062-4166	77-0209249	501(C)(3)	11,498.	0.			EDUCATION/YOUTH DEVELOPMENT
FRIENDS OF SANTA CRUZ STATE PARKS 1543 PACIFIC AVENUE SUITE 206 SANTA CRUZ, CA 95060-3903	51-0183410	501(C)(3)	36,128.	0.			ENVIRONMENT
FRIENDS OF THE RAIL & TRAIL PO BOX 1652 CAPITOLA, CA 95060-1625	46-1323531	501(C)(3)	49,000.	0.			ENVIRONMENT
FRIENDS OF THE SANTA CRUZ PUBLIC LIBRARIES - PO BOX 8472 - SANTA CRUZ, CA 95061-8472	94-2612557	501(C)(3)	27,732.	0.			ARTS, HISTORY, AND CULTURE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
FRIENDS OF THE WATSONVILLE PUBLIC LIBRARIES - 275 MAIN STREET SUITE 100 - WATSONVILLE, CA 95076-5133	23-7066840	501(C)(3)	13,803.	0.			ARTS, HISTORY, AND CULTURE
GIRL SCOUTS OF CALIFORNIA'S CENTRAL COAST - 1500 PALMA DRIVE #110 - VENTURA, CA 93003-6451	94-1567162	501(C)(3)	13,131.	0.			HUMAN SERVICES
GIRLS INC. OF THE CENTRAL COAST 318 CAYUGA ST SALINAS, CA 93901	20-5040398	501(C)(3)	35,750.	0.			EDUCATION/YOUTH DEVELOPMENT
GLOBE INTERNATIONAL MINISTRIES PO BOX 3040 PENSACOLA, FL 32516	23-7453583	501(C)(3)	10,500.	0.			HUMAN SERVICES
GREY BEARS 2710 CHANTICLEER AVENUE SANTA CRUZ, CA 95065-1812	94-2298681	501(C)(3)	203,700.	0.			HUMAN SERVICES
GROUNDWORKS COLLABORATIVE PO BOX 370 BRATTLEBORO, VT 05302	03-0267404	501(C)(3)	10,000.	0.			HUMAN SERVICES
HABITAT AND WATERSHED CARETAKERS (HAWC) - 320 CAVE GULCH - SANTA CRUZ, CA 95060	52-2381905	501(C)(3)	20,000.	0.			ENVIRONMENT
HABITAT FOR HUMANITY MONTEREY BAY 108 MAGNOLIA STREET SANTA CRUZ, CA 95062	77-0206356	501(C)(3)	6,502.	0.			COMMUNITY DEVELOPMENT
HAPPY VALLEY ELEMENTARY SCHOOL 3125 BRANCIFORTE DRIVE SANTA CRUZ, CA 95065-9661	94-6002633	501(C)(3)	28,202.	0.			EDUCATION/YOUTH DEVELOPMENT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
HEALTH IMPROVEMENT PARTNERSHIP OF SANTA CRUZ COUNTY - 1800 GREEN HILLS ROAD SUITE 100 - SCOTTS VALLEY, CA 95066-4984	01-0826156	501(C)(3)	10,751.	0.			HEALTH
HEALTH PROJECTS CENTER 1537 PACIFIC AVE SANTA CRUZ, CA 95060	94-2713281	501(C)(3)	25,300.	0.			HEALTH
HOLY CROSS CHURCH FOOD PANTRY 210 HIGH STREET SANTA CRUZ, CA 95060		501(C)(3)	34,000.	0.			HUMAN SERVICES
HOLY EUCHARIST CATHOLIC CHURCH 527 CORRALITOS ROAD CORRALITOS, CA 95076	94-1658203	501(C)(3)	5,500.	0.			HUMAN SERVICES
HOMELESS GARDEN PROJECT PO BOX 617 SANTA CRUZ, CA 95061-0617	77-0475165	501(C)(3)	11,700.	0.			GENERAL SUPPORT
HOOVER INSTITUTION - STANFORD UNIVERSITY - 434 GALVEZ MALL - STANFORD, CA 94305	94-1156365	501(C)(3)	150,000.	0.			EDUCATION/YOUTH DEVELOPMENT
HOSPICE OF SANTA CRUZ COUNTY 940 DISC DRIVE SCOTTS VALLEY, CA 95066-4544	94-2497618	501(C)(3)	162,691.	0.			HEALTH
HOUSING MATTERS 115-B CORAL STREET SANTA CRUZ, CA 95060-2143	77-0126783	501(C)(3)	537,200.	0.			HUMAN SERVICES
IANGEL - INTERNATIONAL ACTION NETWORK FOR GENDER EQUITY AND LAW - 1724 SANTA CLARA AVE - ALAMEDA, CA 94501-2515	46-2316068	501(C)(3)	5,100.	0.			COMMUNITY DEVELOPMENT

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IMMIGRANT LEGAL SERVICES OF THE CENTRAL COAST - 15 E BEACH ST - WATSONVILLE, CA 95076	61-1807874	501(C)(3)	22,000.	0.			COMMUNITY DEVELOPMENT
INSIGHT SANTA CRUZ 740 FRONT STREET SANTA CRUZ, CA 95060	77-0567516	501(C)(3)	8,000.	0.			HEALTH
INSTITUTE FOR SECURITY AND TECHNOLOGY - 5800 HARBORD DRIVE - OAKLAND, CA 94611	47-5677755	501(C)(3)	10,000.	0.			GENERAL SUPPORT
INTERNATIONAL COMMUNITY FOUNDATION 2505 N AVENUE NATIONAL CITY, CA 91950	33-0457858	501(C)(3)	433,657.	0.			GENERAL SUPPORT
ISTS 1321 MURFEESBORO PIKE #800 NASHVILLE, TN 37217-2698	62-1247492		84,450.	0.			GENERAL SUPPORT
JACOB'S HEART CHILDREN'S CANCER SUPPORT SERVICES - 680 WEST BEACH STREET - WATSONVILLE, CA 95076	68-0413822	501(C)(3)	94,350.	0.			HEALTH
JEWEL THEATRE COMPANY PO BOX 1080 SANTA CRUZ, CA 95061-1080	22-3916870	501(C)(3)	14,500.	0.			ARTS, HISTORY, AND CULTURE
JEWISH COMMUNITY FEDERATION 121 STEUART STREET SAN FRANCISCO, CA 94105	94-1156533	501(C)(3)	25,830.	0.			COMMUNITY DEVELOPMENT
JUNIOR ACHIEVEMENT OF NORTHERN CALIFORNIA - 3003 OAK ROAD - WALNUT CREEK, CA 94597	94-1322179	501(C)(3)	6,000.	0.			GENERAL SUPPORT

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JUNIOR ACHIEVEMENT WORLDWIDE 745 ATLANTIC AVENUE BOSTON, MA 02111	27-3666259	501(C)(3)	10,000.	0.			EDUCATION/YOUTH DEVELOPMENT
KALAMAZOO COLLEGE 1200 ACADEMY STREET KALAMAZOO, MI 49006	38-1358014	501(C)(3)	30,000.	0.			EDUCATION/YOUTH DEVELOPMENT
KAZU 90.3 FM 100 CAMPUS CTR SEASIDE, CA 93955	77-0387459	501(C)(3)	17,840.	0.			ARTS, HISTORY, AND CULTURE
KIDPOWER TEENPOWER FULLPOWER PO BOX 1212 SANTA CRUZ, CA 95061-1212	77-0226712	501(C)(3)	13,000.	0.			HEALTH
KQED - NORTHERN CALIFORNIA PUBLIC BROADCASTING, INC - 2601 MARIPOSA STREET - SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	8,050.	0.			GENERAL SUPPORT
KUUMBWA JAZZ CENTER 320-2 CEDAR STREET SANTA CRUZ, CA 95060	51-0159252	501(C)(3)	11,298.	0.			GENERAL SUPPORT
LAND TRUST OF SANTA CRUZ COUNTY 617 WATER STREET SANTA CRUZ, CA 95060-4148	94-2431856	501(C)(3)	341,026.	0.			ENVIRONMENT
LANDWATCH MONTEREY COUNTY PO BOX 1876 SALINAS, CA 93902-1876	91-1862145	501(C)(3)	5,500.	0.			ENVIRONMENT
LAST CHANCE COMMUNITY CENTER PO BOX 127 DAVENPORT, CA 95017		501(C)(3)	30,000.	0.			HUMAN SERVICES

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LIFE LAB SCIENCE PROGRAM 1156 HIGH STREET SANTA CRUZ, CA 95064-1077	94-2778848	501(C)(3)	9,000.	0.			GENERAL SUPPORT
LIVE OAK SCHOOL DISTRICT 984-1 BOSTWICK LANE SANTA CRUZ, CA 95062	94-6002632	501(C)(3)	1,231,313.	0.			EDUCATION/YOUTH DEVELOPMENT
LOS ANGELES BALLET 11755 EXPOSITION BLVD LOS ANGELES, CA 90064	20-1819852	501(C)(3)	15,000.	0.			ARTS, HISTORY, AND CULTURE
LOS ANGELES LGBT CENTER 1625 N. SCHRADER BOULEVARD LOS ANGELES, CA 90028	95-3567895	501(C)(3)	10,000.	0.			HEALTH
LOYOLA UNIVERSITY OF CHICAGO 820 N. MICHIGAN AVENUE CHICAGO, IL 60611	36-1408475	501(C)(3)	7,000.	0.			GENERAL SUPPORT
MAIA FOUNDATION 9055 SOQUEL DRIVE APTOS, CA 95003	94-2624585	501(C)(3)	9,318.	0.			EDUCATION/YOUTH DEVELOPMENT
MENTORS DRIVING CHANGE FOR BOYS, MEN, AND DADS - PO BOX 1585 - FREEDOM, CA 95019-1585	82-2506285	501(C)(3)	21,500.	0.			HUMAN SERVICES
MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH - PO BOX 5014 - HAGERSTOWN, MD 21741-5014	13-4141945	501(C)(3)	12,909.	0.			HEALTH
MONARCH SERVICES 233 EAST LAKE AVENUE WATSONVILLE, CA 95076-4716	94-2462783	501(C)(3)	150,091.	0.			HEALTH

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MONTANA LAND RELIANCE PO BOX 355 HELENA, MT 59624-0355	81-0369262	501(C)(3)	25,000.	0.			ENVIRONMENT
MONTEREY BAY AQUARIUM FOUNDATION 886 CANNERY ROW MONTEREY, CA 93940	94-2487469	501(C)(3)	58,500.	0.			GENERAL SUPPORT
MONTEREY BAY FISHERIES TRUST 256 FIGUEROA ST MONTEREY, CA 93940	47-1978379	501(C)(3)	32,500.	0.			GENERAL SUPPORT
MONTEREY BAY SALMON AND TROUT PROJECT - 101 COOPER STREET UNIT 246 - SANTA CRUZ, CA 95060-4526	94-2401308	501(C)(3)	10,000.	0.			ENVIRONMENT
MORELAND NOTRE DAME SCHOOL 133 BRENNAN STREET WATSONVILLE, CA 95076	94-1347045	501(C)(3)	19,180.	0.			EDUCATION/YOUTH DEVELOPMENT
MUSEUM OF ART AND HISTORY AT THE MCPHERSON CENTER - 705 FRONT STREET - SANTA CRUZ, CA 95060	94-2718861	501(C)(3)	113,666.	0.			ARTS, HISTORY, AND CULTURE
MUSIC ACADEMY OF THE WEST 1070 FAIRWAY ROAD SANTA BARBARA, CA 93108	95-1525814	501(C)(3)	20,000.	0.			ARTS, HISTORY, AND CULTURE
NATIONAL PARK FOUNDATION 1500 K STREET NW WASHINGTON, DC 20005	52-1086761	501(C)(3)	10,000.	0.			ENVIRONMENT
NATIVE ANIMAL RESCUE 1855 17TH AVENUE SANTA CRUZ, CA 95062-1861	94-2711748	501(C)(3)	27,250.	0.			GENERAL SUPPORT

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NATURE CONSERVANCY 4245 N FAIRFAX DR ARLINGTON, VA 22203	53-0242652	501(C)(3)	25,250.	0.			ENVIRONMENT
NEIGHBORS HELPING NEIGHBORS P.O. BOX 126 AROMAS, CA 95004	47-4328517	501(C)(3)	18,250.	0.			HUMAN SERVICES
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	15,000.	0.			GENERAL SUPPORT
NUCLEAR THREAT INITIATIVE 1776 EYE STREET, N.W. WASHINGTON, DC 20006	52-2289435	501(C)(3)	10,000.	0.			GENERAL SUPPORT
OHIO BIRD SANCTUARY 3774 ORWEILER ROAD MANSFIELD, OH 44903	34-1691325	501(C)(3)	50,000.	0.			ENVIRONMENT
O'NEILL SEA ODYSSEY 2222 EAST CLIFF DRIVE SANTA CRUZ, CA 95062	77-0464784	501(C)(3)	50,447.	0.			ENVIRONMENT
OXFAM AMERICA 226 CAUSEWAY ST BOSTON, MA 02114	23-7069110	501(C)(3)	12,000.	0.			HUMAN SERVICES
PACHAMAMA ALLIANCE P.O. BOX 29191 SAN FRANCISCO, CA 94129	94-3249793	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
PAJARO VALLEY FIRE PROTECTION DISTRICT - 562 CASSERLY ROAD - WATSONVILLE, CA 95076		GOV'T AGENCY	25,000.	0.			ENVIRONMENT

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PAJARO VALLEY HISTORICAL ASSOCIATION - PO BOX 623 - WATSONVILLE, CA 95077-0623	94-1663161	501(C)(3)	41,471.	0.			ARTS, HISTORY, AND CULTURE
PAJARO VALLEY LOAVES AND FISHES 150 SECOND STREET WATSONVILLE, CA 95076-4922	77-0319247	501(C)(3)	194,225.	0.			HUMAN SERVICES
PAJARO VALLEY PREVENTION AND STUDENT ASSISTANCE, INC. - 335 EAST LAKE AVENUE - WATSONVILLE, CA 95076	77-0269322	501(C)(3)	82,569.	0.			HEALTH
PAJARO VALLEY SHELTER SERVICES 115 BRENNAN STREET WATSONVILLE, CA 95076	94-1393418	501(C)(3)	141,330.	0.			HUMAN SERVICES
PAJARO VALLEY UNIFIED SCHOOL DISTRICT - 294 GREEN VALLEY ROAD - WATSONVILLE, CA 95076		GOV'T AGENCY	122,700.	0.			EDUCATION/YOUTH DEVELOPMENT
PLANET WOMEN 9720 COPPERTOP LOOP NE BAINBRIDGE ISLAND, WA 98110-3690	27-0726824	501(C)(3)	150,000.	0.			COMMUNITY DEVELOPMENT
PLANNED PARENTHOOD FEDERATION OF AMERICA - 123 WILLIAM STREET - NEW YORK, NY 10038	13-1644147	501(C)(3)	11,500.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD MAR MONTE 1691 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501(C)(3)	15,300.	0.			HEALTH
PROACT FOUNDATION 40 RAGSDALE MONTEREY, CA 93940	41-2184519	501(C)(3)	500,000.	0.			GENERAL SUPPORT

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PROJECT OPEN HAND 730 POLK ST SAN FRANCISCO, CA 94109	94-3023551	501(C)(3)	9,800.	0.			HUMAN SERVICES
QUEER YOUTH TASK FORCE PO BOX 8280 SANTA CRUZ, CA 95061	77-0212967	501(C)(3)	13,800.	0.			EDUCATION/YOUTH DEVELOPMENT
RANCHO CIELO YOUTH CAMPUS P.O. BOX 6948 SALINAS, CA 93912	77-0555859	501(C)(3)	13,000.	0.			EDUCATION/YOUTH DEVELOPMENT
RANCHO MIRAGE PUBLIC LIBRARY FOUNDATION - 71-100 HWY 111 - RANCHO MIRAGE, CA 92270	27-3559025	501(C)(3)	10,000.	0.			EDUCATION/YOUTH DEVELOPMENT
REDLANDS CHRISTIAN MIGRANT ASSOCIATION - 402 WEST MAIN STREET - IMMOKALEE, FL 34142	59-1221966	501(C)(3)	20,000.	0.			EDUCATION/YOUTH DEVELOPMENT
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BOULEVARD SANTA ROSA, CA 95403	68-0121855	501(C)(3)	25,000.	0.			GENERAL SUPPORT
RESOURCE CONSERVATION DISTRICT OF SANTA CRUZ COUNTY - 820 BAY AVENUE - CAPITOLA, CA 95010	94-6000534	501(C)(3)	70,000.	0.			ENVIRONMENT
RICE UNIVERSITY 6100 MAIN STREET HOUSTON, TX 77005	74-1109620	501(C)(3)	155,000.	0.			GENERAL SUPPORT
ROAD RUNNERS OF AMERICA-TAMPA BAY RUNNERS - PO BOX 290372 - TAMPA BAY, FL 33687	59-2130553	501(C)(3)	8,000.	0.			GENERAL SUPPORT

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SALUD PARA LA GENTE 195 AVIATION WAY WATSONVILLE, CA 95076	94-2705747	501(C)(3)	315,500.	0.			HEALTH
SALUD Y CARINO 1723 GREY SEAL RD SANTA CRUZ, CA 95062	46-1924115	501(C)(3)	28,000.	0.			EDUCATION/YOUTH DEVELOPMENT
SALVATION ARMY SANTA CRUZ 721 LAUREL STREET SANTA CRUZ, CA 95060	94-1156347	501(C)(3)	123,732.	0.			HUMAN SERVICES
SALVATION ARMY WATSONVILLE 214 UNION ST WATSONVILLE, CA 95076	95-3082788	501(C)(3)	159,000.	0.			HUMAN SERVICES
SAN LORENZO VALLEY HISTORICAL SOCIETY - PO BOX 576 - BOULDER CREEK, CA 95006-0576	94-3240597	501(C)(3)	6,000.	0.			ARTS, HISTORY, AND CULTURE
SANTA BARBARA EDUCATION FOUNDATION 1330 STATE ST SANTA BARBARA, CA 93101	77-0071544	501(C)(3)	25,000.	0.			GENERAL SUPPORT
SANTA CLARA UNIVERSITY 500 EL CAMINO REAL SANTA CLARA, CA 95053	94-1156617	501(C)(3)	35,000.	0.			EDUCATION/YOUTH DEVELOPMENT
SANTA CRUZ BARRIOS UNIDOS 1817 SOQUEL AVENUE SANTA CRUZ, CA 95060	77-0333450	501(C)(3)	56,500.	0.			HUMAN SERVICES
SANTA CRUZ BREAKERS ACADEMY 1855 PLEASANT VALLEY ROAD APTOS, CA 95003-9573	27-2050160	501(C)(3)	15,000.	0.			GENERAL SUPPORT

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SANTA CRUZ CHILDREN'S MUSEUM OF DISCOVERY - PO BOX 1903 - SOQUEL, CA 95073	46-1699711	501(C)(3)	10,000.	0.			ARTS, HISTORY, AND CULTURE
SANTA CRUZ CITY SCHOOL DISTRICT 133 MISSION STREET SANTA CRUZ, CA 95060		SANTA CRUZ CITY	23,000.	0.			EDUCATION/YOUTH DEVELOPMENT
SANTA CRUZ COMMUNITY HEALTH CENTERS - 125 WATER STREET A2 - SANTA CRUZ, CA 95060-2786	23-7428303	501(C)(3)	280,825.	0.			HUMAN SERVICES
SANTA CRUZ COMMUNITY VENTURES PO BOX 7808 SANTA CRUZ, CA 95061-7808	77-0247648	501(C)(3)	107,000.	0.			COMMUNITY DEVELOPMENT
SANTA CRUZ COUNTY ANIMAL SHELTER 2200 7TH AVENUE SANTA CRUZ, CA 95062	90-0039494	501(C)(3)	7,231.	0.			ENVIRONMENT
SANTA CRUZ COUNTY ANIMAL SHELTER FOUNDATION - 2200 7TH AVENUE - SANTA CRUZ, CA 95060	51-0439604	501(C)(3)	70,500.	0.			ENVIRONMENT
SANTA CRUZ COUNTY FAIRGROUNDS FOUNDATION - PO BOX 1806 - FREEDOM, CA 95019-1806	20-0385058	501(C)(3)	36,876.	0.			ARTS, HISTORY, AND CULTURE
SANTA CRUZ COUNTY FARM BUREAU 141 MONTE VISTA AVENUE WATSONVILLE, CA 95076	94-0841720	501(C)(3)	65,000.	0.			COMMUNITY DEVELOPMENT
SANTA CRUZ COUNTY OFFICE OF EDUCATION - 400 ENCINAL STREET - SANTA CRUZ, CA 95060		SANTA CRUZ COUNT	140,000.	0.			EDUCATION/YOUTH DEVELOPMENT

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SANTA CRUZ COUNTY SYMPHONY 307 CHURCH STREET SANTA CRUZ, CA 95060	94-2373284	501(C)(3)	345,214.	0.			ARTS, HISTORY, AND CULTURE
SANTA CRUZ HILLEL 222 CARDIFF PLACE SANTA CRUZ, CA 95060	77-0427628	501(C)(3)	7,000.	0.			COMMUNITY DEVELOPMENT
SANTA CRUZ HOPE FOURSQUARE CHURCH PO BOX 1715 CAPITOLA, CA 95010	90-0652012	501(C)(3)	5,350.	0.			HUMAN SERVICES
SANTA CRUZ MONTESSORI SCHOOL 6230 SOQUEL DRIVE APTOS, CA 95003	94-1573507	501(C)(3)	9,000.	0.			EDUCATION/YOUTH DEVELOPMENT
SANTA CRUZ MOUNTAINS TRAIL STEWARDSHIP - PO BOX 331 - SANTA CRUZ, CA 95061-0331	77-0457425	501(C)(3)	25,000.	0.			ENVIRONMENT
SANTA CRUZ MUSEUM OF NATURAL HISTORY - 1305 EAST CLIFF DRIVE - SANTA CRUZ, CA 95062-3722	94-2427733	501(C)(3)	45,500.	0.			ARTS, HISTORY, AND CULTURE
SANTA CRUZ SHAKESPEARE 500 CHESTNUT STREET SANTA CRUZ, CA 95060	46-4635444	501(C)(3)	21,555.	0.			ARTS, HISTORY, AND CULTURE
SANTA CRUZ SPCA 2685 CHANTICLEER AVENUE SANTA CRUZ, CA 95065-1809	94-6171565	501(C)(3)	63,020.	0.			ENVIRONMENT
SANTA CRUZ TODDLER CARE CENTER 1738 16TH AVENUE SANTA CRUZ, CA 95062	94-2457539	501(C)(3)	11,000.	0.			EDUCATION/YOUTH DEVELOPMENT

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SANTA CRUZ WALDORF SCHOOL 2190 EMPIRE GRADE SANTA CRUZ, CA 95060-9702	94-2365874	SANTA CRUZ COUNT	102,500.	0.			GENERAL SUPPORT
SAVE OUR SHORES 345 LAKE AVENUE, SUITE A SANTA CRUZ, CA 95062-4600	94-2745941	501(C)(3)	74,447.	0.			GENERAL SUPPORT
SAVE THE CHILDREN FEDERATION INC 501 KINGS HIGHWAY EAST FAIRFIELD, CT 06825	06-0726487	501(C)(3)	35,000.	0.			HUMAN SERVICES
SAVE THE REDWOODS LEAGUE 111 SUTTER STREET SAN FRANCISCO, CA 94104-3814	94-0843915	501(C)(3)	6,500.	0.			ENVIRONMENT
SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY - 800 OHLONE PARKWAY - WATSONVILLE, CA 95076-7005	77-0326685	501(C)(3)	1,092,083.	0.			HUMAN SERVICES
SEMPERVIRENS FUND 419 S SAN ANTONIO RD LOS ALTOS HILLS, CA 94022-3640	94-2155097	501(C)(3)	5,250.	0.			ENVIRONMENT
SENDEROS 840 NORTH BRANCIFORTE AVE SANTA CRUZ, CA 95062	80-0893412	501(C)(3)	572,760.	0.			HUMAN SERVICES
SENECA FAMILY OF AGENCIES 124 RIVER ROAD SALINAS, CA 93908	94-2971761	501(C)(3)	10,000.	0.			HEALTH
SENIOR NETWORK SERVICES 1777-A CAPITOLA RD SANTA CRUZ, CA 95062	94-2259716	501(C)(3)	40,500.	0.			HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SENIORS COUNCIL 234 SANTA CRUZ AVE APTOS, CA 95003	94-2662950	501(C)(3)	25,000.	0.			HUMAN SERVICES
SERVE OUR WILLING WARRIORS (SOWW) 16013 WATERFALL ROAD HAYMARKET, VA 20169-2126	46-0683036	501(C)(3)	10,000.	0.			HEALTH
SHEPHERD SCHOOL OF MUSIC-RICE UNIVERSITY - PO BOX 1892 - HOUSTON, TX 77251	74-1109620	501(C)(3)	6,000.	0.			GENERAL SUPPORT
SIENA HOUSE 108 HIGH STREET SANTA CRUZ, CA 95060-3711	77-0518866	501(C)(3)	12,904.	0.			HUMAN SERVICES
SIERRA SENIOR SERVICES PO BOX 4152 TRUCKEE, CA 96161	68-0484075	501(C)(3)	10,000.	0.			HUMAN SERVICES
STANFORD UNIVERSITY-SCHOOL OF ENGINEERING - 505 ESCONDIDO MALL #40 - STANFORD, CA 94309-0466	94-1156365	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ST. ANTHONY FOUNDATION 150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102-3899	94-1513140	501(C)(3)	25,245.	0.			HUMAN SERVICES
STEM SCHOOL HIGHLANDS RANCH 8773 S RIDGELINE BLVD HIGHLANDS RANCH, CO 80129		501(C)(3)	10,000.	0.			EDUCATION/YOUTH DEVELOPMENT
ST. FRANCIS SOUP KITCHEN 205 MORA STREET SANTA CRUZ, CA 95060	94-2880883	501(C)(3)	49,900.	0.			HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
STUDENT CONSERVATION ASSOCIATION 4601 N FAIRFAX DR ARLINGTON, VA 22203	91-0880684	501(C)(3)	6,500.	0.			ENVIRONMENT
SUTTER CARE AT HOME - SANTA CRUZ (HOME HEALTH)/VISITING NURSE ASSOCIATION OF SAN - 2880 SOQUEL AVE #10 - SANTA CRUZ, CA 95062	94-1622036	501(C)(3)	13,130.	0.			GENERAL SUPPORT
TAHOE EXPEDITION ACADEMY INC 8651 SPECKLED AVENUE KINGS BEACH, CA 96143	27-5379571	501(C)(3)	25,000.	0.			EDUCATION/YOUTH DEVELOPMENT
TANNERY WORLD DANCE AND CULTURAL CENTER - 1060 RIVER ST - SANTA CRUZ, CA 95060	90-0826298	501(C)(3)	26,025.	0.			HUMAN SERVICES
TEEN KITCHEN PROJECT PO BOX 1853 SOQUEL, CA 95073-1853	27-0524692	501(C)(3)	76,867.	0.			HEALTH
TEMPLE BETH EL JEWISH COMMUNITY CENTER - 3055 PORTER GULCH ROAD - APTOS, CA 95003-2703	94-6139655	501(C)(3)	96,826.	0.			COMMUNITY DEVELOPMENT
THE ANIMAL PAD 1526 MYRTLE AVE SAN DIEGO, CA 92103	45-4902841	501(C)(3)	6,000.	0.			GENERAL SUPPORT
THE CHILDREN'S HOME SOCIETY OF NEW JERSEY - 635 SOUTH CLINTON AVENUE - TRENTON, NJ 08611	21-0634966	501(C)(3)	10,000.	0.			HUMAN SERVICES
THE SAFINA CENTER AT STONY BROOK UNIVERSITY - 80 NORTH COUNTRY RD - SETAUKET, NY 11733	61-1406022	501(C)(3)	10,000.	0.			ENVIRONMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UC HASTINGS FOUNDATION 200 MCALLISTER STREET SAN FRANCISCO, CA 94102	23-7135898	501(C)(3)	30,294.	0.			ENVIRONMENT
THE VAIL JAZZ FOUNDATION PO BOX 3035 VAIL, CO 81658	84-1305072	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TOWER FOUNDATION - SAN JOSE STATE UNIVERSITY - ONE WASHINGTON SQUARE - SAN JOSE, CA 95192	83-0403915	501(C)(3)	10,000.	0.			EDUCATION/YOUTH DEVELOPMENT
TRUCKEE DONNER LAND TRUST PO BOX 8816 TRUCKEE, CA 96162	68-0245327	501(C)(3)	250,000.	0.			ENVIRONMENT
TRUCKEE TRAILS FOUNDATION PO BOX 1751 TRUCKEE, CA 96106	01-0601303	501(C)(3)	46,000.	0.			ENVIRONMENT
TRUST FOR PUBLIC LAND 101 MONTGOMERY ST SAN FRANCISCO, CA 94104	23-7222333	501(C)(3)	526,000.	0.			ENVIRONMENT
UC DAVIS FOUNDATION 1477 DREW AVE DAVIS, CA 95616	94-6081352	501(C)(3)	10,000.	0.			ENVIRONMENT
UC REGENTS-UCSC ARBORETUM 1156 HIGH ST SANTA CRUZ, CA 95064		STATE OF CA	70,827.	0.			EDUCATION/YOUTH DEVELOPMENT
UC SAN FRANCISCO FOUNDATION UCSF BOX 0248 SAN FRANCISCO, CA 94143	94-2829914	501(C)(3)	10,000.	0.			EDUCATION/YOUTH DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
UC SANTA CRUZ FOUNDATION 1156 HIGH STREET SANTA CRUZ, CA 95064	23-7394590	501(C)(3)	58,740.	0.			ENVIRONMENT
UNITED FOOD BANK OF PLANT CITY 702 E ALSOBROOK ST PLANT CITY, FL 33563	59-3069728	501(C)(3)	22,500.	0.			HUMAN SERVICES
UNITED POLICYHOLDERS 381 BUSH STREET SAN FRANCISCO, CA 94104	94-3162024	501(C)(3)	100,000.	0.			GENERAL SUPPORT
UNITED WAY OF SAN BENITO COUNTY 829 SAN BENITO STREET SUTIE 200 HOLLISTER, CA 95023	94-1422471	501(C)(3)	50,000.	0.			GENERAL SUPPORT
UNITED WAY WORLDWIDE 701 N FAIRFAX STREET ALEXANDRIA, VA 22314	13-1635294	501(C)(3)	31,200.	0.			HUMAN SERVICES
UPWELL TURTLES 99 PACIFIC STREET MONTEREY, CA 93940	82-1309235	501(C)(3)	20,000.	0.			ENVIRONMENT
UTAH FILM CENTER 50 WEST BROADWAY SALT LAKE CITY, UT 84101	75-3077559	501(C)(3)	30,000.	0.			GENERAL SUPPORT
VALLEY CHURCHES UNITED 9400 HIGHWAY 9 BEN LOMOND, CA 95005-0367	77-0163322	501(C)(3)	64,250.	0.			HUMAN SERVICES
VALLEY OF THE SUN JCC 12701 NORTH SCOTTSDALE ROAD SCOTTSDALE, AZ 85254	86-0622258	501(C)(3)	10,000.	0.			EDUCATION/YOUTH DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
VANGUARD CHARITABLE ENDOWMENT PROGRAM - PO BOX 9509 - WARWICK,, RI 02889-9509	23-2888152	501(C)(3)	100,014.	0.			GENERAL SUPPORT
VENTANA WILDERNESS ALLIANCE PO BOX 506 SANTA CRUZ, CA 95061-0506	77-0532467	501(C)(3)	7,509.	0.			ENVIRONMENT
VENTANA WILDLIFE SOCIETY 9699 BLUE LARKSPUR LANE MONTEREY, CA 93940	94-2795935	501(C)(3)	81,000.	0.			GENERAL SUPPORT
VETS 4 VETS SANTA CRUZ 842 FRONT ST. SANTA CRUZ, CA 95060	45-3697584	501(C)(3)	21,833.	0.			HUMAN SERVICES
VISTA CENTER FOR THE BLIND AND VISUALLY IMPAIRED - 3315 MISSION DRIVE - SANTA CRUZ, CA 95065	94-1196206	501(C)(3)	6,000.	0.			GENERAL SUPPORT
VOLUNTEER CENTER OF SANTA CRUZ COUNTY - 1740 17TH AVENUE - SANTA CRUZ, CA 95062	94-1702678	501(C)(3)	124,253.	0.			HUMAN SERVICES
WADDELL CREEK ASSOCIATION 3600 HIGHWAY 1 DAVENPORT, CA 95017	77-0115302	501(C)(3)	5,500.	0.			ENVIRONMENT
WALLIS ANNENBERG CENTER FOR THE PERFORMING ARTS - 9390 N SANTA MONICA BLVD - BEVERLY HILLS, CA 90210	95-4467830	501(C)(3)	8,500.	0.			ARTS, HISTORY, AND CULTURE
WALNUT AVENUE FAMILY & WOMEN'S CENTER - 303 WALNUT AVE - SANTA CRUZ, CA 95060	94-1186197	501(C)(3)	51,750.	0.			HEALTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
WARMING CENTER PROGRAM PO BOX 462 SANTA CRUZ, CA 95061	82-2706806	501(C)(3)	5,500.	0.			HUMAN SERVICES
WATSONVILLE FILM FESTIVAL PO BOX 172 WATSONVILLE, CA 95077-0172	81-3138376	501(C)(3)	22,960.	0.			ARTS, HISTORY, AND CULTURE
WATSONVILLE HIGH SCHOOL FOUNDATION 17 HAWTHORNE AVE WATSONVILLE, CA 95076	77-0008389	501(C)(3)	9,758.	0.			EDUCATION/YOUTH DEVELOPMENT
WATSONVILLE LAW CENTER 315 MAIN STREET WATSONVILLE, CA 95076	20-8157214	501(C)(3)	35,900.	0.			HUMAN SERVICES
WATSONVILLE ROTARY FOUNDATION PO BOX 282 WATSONVILLE, CA 95077-0282	94-2577900	501(C)(3)	5,500.	0.			COMMUNITY DEVELOPMENT
WATSONVILLE WETLANDS WATCH 500 HARKINS SLOUGH ROAD WATSONVILLE, CA 95019-9453	77-0519882	501(C)(3)	32,929.	0.			ENVIRONMENT
WEST VALLEY COMMUNITY SERVICES OF SANTA CLARA COUNTY INC - 10104 VISTA DRIVE - CUPERTINO, CA 95014	94-2211685	501(C)(3)	65,000.	0.			GENERAL SUPPORT
WHARF TO WHARF RACE PO BOX 307 CAPITOLA, CA 95010-0307	77-0061106	501(C)(3)	9,000.	0.			EDUCATION/YOUTH DEVELOPMENT
WILDAID, INC 333 PINE STREET SAN FRANCISCO, CA 94104	20-3644441	501(C)(3)	50,000.	0.			ENVIRONMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
WORLD CENTRAL KITCHEN 1342 FLORIDA AVE NW WASHINGTON, DC 20009	27-3521132	501(C)(3)	6,100.	0.			GENERAL SUPPORT
WORLD WILDLIFE FUND 1250 24TH ST NW WASHINGTON, DC 20090-7180	52-1693387	501(C)(3)	51,000.	0.			ENVIRONMENT
XERCES SOCIETY INC PO BOX 97387 WASHINGTON, DC 20090	51-0175253	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
Y360 PO BOX 26479 COLORADO SPRINGS, CO 80936	84-1300954	501(C)(3)	13,750.	0.			HUMAN SERVICES
YMCA OF THE REDWOODS CAMP CAMPBELL 16275 HWY 9 BOULDER CREEK, CA 95006	94-1156318	501(C)(3)	20,000.	0.			EDUCATION/YOUTH DEVELOPMENT
YOUR FUTURE IS OUR BUSINESS 400 ENCINAL STREET SANTA CRUZ, CA 95060	77-0563559	501(C)(3)	11,000.	0.			EDUCATION/YOUTH DEVELOPMENT
YOUTH N.O.W. 124 EAST LAKE AVENUE WATSONVILLE, CA 95076	27-0741964	501(C)(3)	47,900.	0.			EDUCATION/YOUTH DEVELOPMENT
YWCA OF WATSONVILLE 340 EAST BEACH STREET WATSONVILLE, CA 95076	94-1212142	501(C)(3)	10,426.	0.			HEALTH

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
FELLOWSHIPS	4	80,000.	0.		

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.

**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

2020

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) 2020

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)	232,950.	0.	0.	14,100.	7,228.	254,278.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSAN FARRAR CHIEF OPERATING & FINANCIAL OFFICER	(i)	166,306.	0.	0.	10,394.	21,939.	198,639.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TIM CARSON PROGRAM DIRECTOR - RWMF	(i)	138,000.	0.	0.	8,280.	18,469.	164,749.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SAM LEASK PHILANTHRPIC SERVICES DIRECTOR	(i)	142,867.	0.	0.	8,572.	10,284.	161,723.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Supplemental Information on Tax-Exempt Bonds

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

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 government00 %		%		%		%
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 government00 %		%		%		%
6 Total of lines 4 and 500 %		%		%		%
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

2020

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	82	9,228,248.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, 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) 2020

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

2020

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) 2020

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
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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	82,212.
REFUND OF PRIOR YEAR GRANT EXPENSE	26,150.
TOTAL TO FORM 990, PART XI, LINE 9	108,362.

**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

2020

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	155,306.	2,786,665.	COMMUNITY FOUNDATION SANTA CRUZ COUNTY

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
REGIONAL WATER MANAGEMENT FOUNDATION - 38-3763365, 7807 SOQUEL DRIVE, APTOS, CA 95003	MANAGE THE INTEGRATED REGIONAL WATER MGMT PROGRAM-SANTA CRUZ COUNTY	CALIFORNIA	501(C)(3)	LINE 12A, I	COMMUNITY FOUNDATION SANTA CRUZ COUNTY	X	

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

Schedule R (Form 990) 2020

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	376,479.	BOOK VALUE
(2) REGIONAL WATER MANAGEMENT FOUNDATION	D	232,463.	BOOK VALUE
(3)			
(4)			
(5)			
(6)			

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. COMMUNITY FOUNDATION SANTA CRUZ COUNTY	Taxpayer identification number (TIN) 94-2808039
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 7807 SOQUEL DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. APTOS, CA 95003	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SUSAN FARRAR

- The books are in the care of ▶ **7807 SOQUEL DRIVE - APTOS, CA 95003**
Telephone No. ▶ **(831) 662-2020** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

2020

Department of the Treasury Internal Revenue Service

For calendar year 2020 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).

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

Form header section containing: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 183,823,719, D Employer identification number 94-2808039, E Group exemption number, F Check box if an amended return.

Form header section containing: G Check organization type, H Check if filing only to, I Check if a 501(c)(3) organization filing a consolidated return, J Enter the number of attached Schedules A (Form 990-T) 1, K During the tax year, was the corporation a subsidiary, L The books are in care of SUSAN FARRAR Telephone number (831) 662-2020

Table with 3 columns: Line number, Description, and Amount. Part I Total Unrelated Business Taxable Income. Rows 1-11 showing calculations for unrelated business taxable income, resulting in 0.

Table with 3 columns: Line number, Description, and Amount. Part II Tax Computation. Rows 1-7 showing tax calculations, resulting in 0.

LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2020)

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	0.
3 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 statement)		3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		5	0.
6a Payments: A 2019 overpayment credited to 2020	6a		
b 2020 estimated tax payments. Check if section 643(g) election applies	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439			
<input type="checkbox"/> Form 4136			
<input type="checkbox"/> Other			
Total	6g		
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax		11	
			Refunded

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2020 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
		X	X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X	X
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year			
4a Did the organization change its method of accounting? (see instructions)		X	X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	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.			
	Signature of officer	Date	COO/CFO	Title
				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	MICHAEL LUMSDEN	MICHAEL LUMSDEN	11/15/21	PTIN P01262236
	Firm's name ▶ MOSS ADAMS LLP	Firm's address ▶ 101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105		Firm's EIN ▶ 91-0189318
			Phone no. 415-956-1500	

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ 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).

ENTITY 1

OMB No. 1545-0047

2020

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

A Name of the organization COMMUNITY FOUNDATION SANTA CRUZ COUNTY	B Employer identification number 94-2808039
C Unrelated business activity code (see instructions) ▶ 523000	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ UBI FROM QUALIFYING PARTNERSHIP INTERESTS

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____			
b Less returns and allowances _____ c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1	5	- 2,099.	- 2,099.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13	- 2,099.	- 2,099.

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

1 Compensation of officers, directors, and trustees (Part X)							
2 Salaries and wages							
3 Repairs and maintenance							
4 Bad debts							
5 Interest (attach statement) (see instructions)							
6 Taxes and licenses							
7 Depreciation (attach Form 4562) (see instructions)		7					
8 Less depreciation claimed in Part III and elsewhere on return		8a					
9 Depletion							
10 Contributions to deferred compensation plans							
11 Employee benefit programs							
12 Excess exempt expenses (Part VIII)							
13 Excess readership costs (Part IX)							
14 Other deductions (attach statement)							
15 Total deductions. Add lines 1 through 14							0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)							- 2,099.
17 Deduction for net operating loss (see instructions)							0.
18 Unrelated business taxable income. Subtract line 17 from line 16							- 2,099.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes checkboxes for Yes/No at the end.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued from personal/real property and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions. Includes a total line with 0.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income from or allocable to debt-financed property, deductions, and total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions. Includes a total line with 0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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 Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
ORBIS FINANCIAL, LLC - ORDINARY BUSINESS INCOME (LOSS)	-2,099.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-2,099.