

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

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

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION SANTA CRUZ COUNTY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7807 SOQUEL DRIVE City or town, state or province, country, and ZIP or foreign postal code APTOS, CA 95003 F Name and address of principal officer: SABINE DUKES SAME AS C ABOVE	D Employer identification number 94-2808039 E Telephone number 831-662-2000 G Gross receipts \$ 52,106,005. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CFSCC.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1982 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: 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 29 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 29 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 22 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -68,644. 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) Prior Year 34,426,217. Current Year 43,844,243. 9 Program service revenue (Part VIII, line 2g) 278,236. 76,415. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,691,736. 6,995,910. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 239,992. 1,189,437. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 38,636,181. 52,106,005.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 21,064,097. 24,179,944. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,086,777. 2,306,927. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 415,568. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,754,447. 1,858,630. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 24,905,321. 28,345,501. 19 Revenue less expenses. Subtract line 18 from line 12 13,730,860. 23,760,504.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 166,657,786. End of Year 201,628,792. 21 Total liabilities (Part X, line 26) 21,871,114. 4,473,032. 22 Net assets or fund balances. Subtract line 21 from line 20 144,786,672. 197,155,760.	

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 SABINE DUKES, CHIEF FINANCE & OPERATING OFFICER Type or print name and title	Date Nov 15, 2022
Paid Preparer Use Only	Print/Type preparer's name KEVIN T. WILSON Preparer's signature Kevin Wilson (Nov 15, 2022 19:31 PST)	Date Nov 15, 2022 Check if self-employed <input type="checkbox"/> PTIN P01313212 Firm's name ▶ NOVOGRADAC & COMPANY LLP Firm's EIN ▶ 94-3108253 Firm's address ▶ 2033 N. MAIN STREET, SUITE 400 WALNUT CREEK, CA 94596 Phone no. 925-949-4300

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO PROMOTE PHILANTHROPY TO MAKE SANTA CRUZ COUNTY A BETTER PLACE TO LIVE, NOW AND IN THE FUTURE. 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
If "Yes," describe these new services on Schedule O.

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

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

4a (Code: _____) (Expenses \$ 26,889,819. including grants of \$ 24,179,944.) (Revenue \$ 5,107,461.)
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 **26,889,819.**

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> ? See instructions	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 Rev. Proc. 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> See instructions		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	

**COMMUNITY FOUNDATION SANTA CRUZ
COUNTY**

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	29
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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 22		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
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?	14a	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 the 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
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 29		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 29		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
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. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **SABINE DUKES - 831-662-2020**
7807 SOQUEL DRIVE, APTOS, CA 95003

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 CEO	40.00			X			247,400.	0.	23,676.	
(2) SUSAN FARRAR CHIEF OPERATING & FINANCIAL OFFICER	40.00 1.00			X			184,980.	0.	30,928.	
(3) TIM CARSON PROGRAM DIRECTOR - RWMF	0.00 40.00				X		155,458.	0.	21,730.	
(4) SAM LEASK PHILANTHROPIC SERVICES DIRECTOR	40.00				X		146,313.	0.	30,011.	
(5) DAVID DOOLIN PRESIDENT	1.00	X		X			0.	0.	0.	
(6) FRENY COOPER VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(7) JIM WEISENSTEIN TREASURER	1.00	X		X			0.	0.	0.	
(8) JULIE HAFF SECRETARY	1.00	X					0.	0.	0.	
(9) EMILY BUCHBINDER BOARD MEMBER	1.00	X					0.	0.	0.	
(10) GINA CASTANEDA BOARD MEMBER	1.00	X					0.	0.	0.	
(11) LILIANA 'LILI' DIAZ BOARD MEMBER	1.00	X					0.	0.	0.	
(12) LAWRENCE 'LARY' DONATONI BOARD MEMBER	1.00	X					0.	0.	0.	
(13) JUDY FRANICH BOARD MEMBER	1.00	X					0.	0.	0.	
(14) JANET HEIEN BOARD MEMBER	1.00	X					0.	0.	0.	
(15) CHRIS MURPHY BOARD MEMBER	1.00	X					0.	0.	0.	
(16) TONEE PICARD BOARD MEMBER	1.00	X					0.	0.	0.	
(17) ROGELIO PONCE BOARD MEMBER	1.00	X					0.	0.	0.	

**COMMUNITY FOUNDATION SANTA CRUZ
COUNTY**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KIRK SCHMIDT BOARD MEMBER	1.00	X						0.	0.	0.
(19) SANDY SKEES BOARD MEMBER	1.00	X						0.	0.	0.
(20) TREVOR STRUDLEY BOARD MEMBER	1.00	X						0.	0.	0.
(21) DONNA ZIEL CHAIR	1.00	X						0.	0.	0.
(22) JIM BROWN CHAIR	1.00	X						0.	0.	0.
(23) JIM THOMPSON CHAIR	1.00	X						0.	0.	0.
(24) ALEXANDRA URBICK CONTROLLER	1.00	X						0.	0.	0.
1b Subtotal								734,151.	0.	106,345.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								734,151.	0.	106,345.

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>	3	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>	4	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>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

COMMUNITY FOUNDATION SANTA CRUZ
COUNTY

Form 990 (2021)

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	410,922.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	43,433,321.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 16,053,217.				
	h Total. Add lines 1a-1f		43,844,243.				
	Program Service Revenue	2 a INTEREST INCOME - PRI	Business Code	900099	69,504.	69,504.	
b FOUNDATION SERVICES FEES			541900	6,911.	6,911.		
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				76,415.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,154,301.		-68,644.	
	4 Income from investment of tax-exempt bond proceeds					3,222,945.	
	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	3,841,609.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		0.			
	c Gain or (loss)	7c		3,841,609.			
d Net gain or (loss)			3,841,609.	3,841,609.			
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 INCOME	Business Code	900099	1,189,437.	1,189,437.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			1,189,437.			
12 Total revenue. See instructions			52,106,005.	5,107,461.	-68,644.	3,222,945.	

**COMMUNITY FOUNDATION SANTA CRUZ
COUNTY**

Form 990 (2021)

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	23,885,844.	23,885,844.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	294,100.	294,100.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	1,853,292.	1,368,198.	263,143.	221,951.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	102,452.	74,288.	19,974.	8,190.
9 Other employee benefits	215,484.	134,054.	69,133.	12,297.
10 Payroll taxes	135,699.	100,187.	20,819.	14,693.
11 Fees for services (nonemployees):				
a Management				
b Legal	66,449.	48,297.	10,746.	7,406.
c Accounting	370,838.	269,533.	59,971.	41,334.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	437,170.		437,170.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	58,540.	42,548.	9,467.	6,525.
13 Office expenses	23,623.	17,170.	3,820.	2,633.
14 Information technology	287,077.	208,654.	46,425.	31,998.
15 Royalties				
16 Occupancy				
17 Travel	339.	246.	55.	38.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	61,942.	45,021.	10,017.	6,904.
20 Interest	36,315.	26,394.	5,873.	4,048.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	271,849.	197,586.	43,963.	30,300.
23 Insurance				
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 & ADMINISTRATIO	244,488.	177,699.	39,538.	27,251.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	28,345,501.	26,889,819.	1,040,114.	415,568.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**COMMUNITY FOUNDATION SANTA CRUZ
COUNTY**

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	3,617,986.	1	3,995,820.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	127,353.	3	340,136.	
	4 Accounts receivable, net	129,883.	4	1,978.	
	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	33,818.	9	34,402.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	12,796,144.			
	b Less: accumulated depreciation	3,196,506.			
	11 Investments - publicly traded securities	9,866,574.	10c	9,599,638.	
	12 Investments - other securities. See Part IV, line 11	147,125,121.	11	179,524,037.	
	13 Investments - program-related. See Part IV, line 11	184,542.	12	2,960,680.	
	14 Intangible assets	2,766,042.	13	2,674,625.	
	15 Other assets. See Part IV, line 11	0.	14	0.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,806,467.	15	2,497,476.		
	166,657,786.	16	201,628,792.		
Liabilities	17 Accounts payable and accrued expenses	871,711.	17	834,154.	
	18 Grants payable	804,425.	18	1,163,195.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities	930,000.	20	0.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	17,151,922.	21		
	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	328,038.	23	907,529.	
	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	1,785,018.	25	1,568,154.	
	26 Total liabilities. Add lines 17 through 25	21,871,114.	26	4,473,032.	
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	144,786,672.	27	197,155,760.	
	28 Net assets with donor restrictions	0.	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	144,786,672.	32	197,155,760.	
33 Total liabilities and net assets/fund balances	166,657,786.	33	201,628,792.		

Form **990** (2021)

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	52,106,005.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,345,501.
3	Revenue less expenses. Subtract line 2 from line 1	3	23,760,504.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	144,786,672.
5	Net unrealized gains (losses) on investments	5	11,276,606.
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	17,331,978.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	197,155,760.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
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 _____		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,902,905.	18,883,395.	19,201,613.	34,426,217.	43,844,243.	132,258,373.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	15,902,905.	18,883,395.	19,201,613.	34,426,217.	43,844,243.	132,258,373.
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)						22,846,698.
6 Public support. Subtract line 5 from line 4.						109,411,675.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	15,902,905.	18,883,395.	19,201,613.	34,426,217.	43,844,243.	132,258,373.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	2,900,947.	3,337,002.	2,979,407.	2,651,914.	3,222,860.	15,092,130.
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.)	449,512.	24,555.	16,463.	239,992.	1,189,437.	1,919,959.
11 Total support. Add lines 7 through 10						149,270,462.
12 Gross receipts from related activities, etc. (see instructions)					12	

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	14	73.30 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	72.22 %

16a 33 1/3% support test - 2021. 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

b 33 1/3% support test - 2020. 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

17a 10% -facts-and-circumstances test - 2021. 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

b 10% -facts-and-circumstances test - 2020. 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

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

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
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? 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

COMMUNITY FOUNDATION SANTA CRUZ
COUNTY

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		(A) Prior Year	(B) Current Year (optional)
1	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
2	Enter 0.85 of line 1.		
3	Minimum asset amount for prior year (from Section B, line 8, column A)		
4	Enter greater of line 2 or line 3.		
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

COMMUNITY FOUNDATION SANTA CRUZ
COUNTY

Schedule A (Form 990) 2021

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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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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

2021

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION SANTA CRUZ COUNTY

Employer identification number 94-2808039

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

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

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (table with 2a-2d). 3. Number of easements modified. 4. Number of states. 5. Written policy question. 6. Staff and volunteer hours. 7. Expenses incurred. 8. Section 170(h)(4)(B) requirements. 9. Reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a, 1b, and 2. 1a: Reporting requirements for public service. 1b: Reporting requirements for public service with amounts. 2: Reporting requirements for financial gain with amounts.

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	69,330,387.	67,408,446.	60,250,553.	65,952,219.	61,005,398.
b Contributions	6,193,315.	836,636.	326,998.	2,866,395.	1,055,542.
c Net investment earnings, gains, and losses	9,969,586.	3,934,605.	10,321,770.	-5,366,748.	7,730,225.
d Grants or scholarships	3,666,882.	1,902,719.	2,497,740.	2,203,004.	2,854,422.
e Other expenditures for facilities and programs					
f Administrative expenses	1,295,325.	946,581.	993,135.	998,309.	984,524.
g End of year balance	80,531,080.	69,330,387.	67,408,446.	60,250,553.	65,952,219.

- 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 80.2100 %
 - c Term endowment 19.7900 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input checked="" type="checkbox"/> | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	2,785,000.	1,083,604.		3,868,604.
b Buildings		7,343,077.	2,053,259.	5,289,818.
c Leasehold improvements				
d Equipment		1,266,965.	966,016.	300,949.
e Other		317,498.	177,231.	140,267.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,599,638.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITY LIABILITY	697,279.
(3) CHARITABLE TRUST LIABILITIES	870,875.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,568,154.

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	63,382,611.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	11,276,606.
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	11,276,606.
3	Subtract line 2e from line 1	3	52,106,005.
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	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	52,106,005.

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	28,345,501.
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	0.
3	Subtract line 2e from line 1	3	28,345,501.
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	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	28,345,501.

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 SENDING POLICY, TO ANOTHER ENTITY THAT IS SPECIFIED BY THE DONOR. THE FOUNDATION HOLDS SUCH FUNDS AS DESIGNATED FUNDS.

PART X, LINE 2:

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

Part XIII Supplemental Information (continued)

ITS 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'S 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 YEARS OF
TAX RETURNS FILED. CALIFORNIA TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO
EXAMINE AND AUDIT THE PREVIOUS FOUR YEARS OF TAX RETURNS FILED. ANY
INTEREST OR 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.

PART V, LINE 4:

ENDOWMENT 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.

**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

2021

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION SANTA CRUZ COUNTY

Employer identification number
94-2808039

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	HUMAN SERVICES, COMMUNITY DEVELOPMENT		733,383.
3 a Subtotal	0	0			733,383.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			733,383.

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

Schedule F (Form 990) 2021

COMMUNITY FOUNDATION SANTA CRUZ
COUNTY

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	HUMAN SERVICES	540,833.	WIRE	0.		
		NORTH AMERICA	COMMUNITY DEVELOPMENT	165,550.	WIRE	0.		
		NORTH AMERICA	EDUCATION/YOUTH DEVELOPMENT	27,000.	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 ▶ _____

3 Enter total number of other organizations or entities ▶ _____

COMMUNITY FOUNDATION SANTA CRUZ
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94-2808039

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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

PART II, LINE 1 (ACCOUNTING METHOD):

THE FOUNDATION 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

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACTION COUNCIL OF MONTEREY COUNTY 295 MAIN STREET, SUITE 500 SALINAS, CA 93901	77-0357101	501(C)(3)	0.	15,000.			COMMUNITY DEVELOPMENT
ACTION FOR COMMUNITY TRANSFORMATION - 4900 PROVIDENCE RD - CHARLOTTE, NC 28226	26-3282259	501(C)(3)	0.	10,068.			HUMAN SERVICES
ACTIVITIES4ALL 534 CEREZE STREET WATSONVILLE, CA 95076	46-4487567	501(C)(3)	0.	15,000.			ARTS, HISTORY, AND CULTURE
AGRICULTURAL HISTORY PROJECT PO BOX 1181 WATSONVILLE, CA 95077-1181	77-0165945	501(C)(3)	0.	9,146.			ARTS, HISTORY, AND CULTURE
AGRI-CULTURE 141 MONTE VISTA AVENUE WATSONVILLE, CA 95076-3271	77-0212413	501(C)(3)	0.	50,260.			ENVIRONMENT
ALFRED BRAUN HUT SYSTEM P.O. BOX 7937 ASPEN, CO 81612	84-1441504	501(C)(3)	0.	30,000.			HUMAN SERVICES

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

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

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

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION OF NORTHERN CALIFORNIA AND NORTHERN NEVADA - 550 WATER STREET, STE L-2 - SANTA CRUZ, CA 95060	13-3039601	501(C)(3)	0.	10,250.			HEALTH
AMAH MUTSUN LAND TRUST 2460 17TH AVENUE, #1019 SANTA CRUZ, CA 95062	32-0447436	501(C)(3)	0.	49,575.			ENVIRONMENT
AMERICAN CANCER SOCIETY - SILICON VALLEY/CENTRAL COAST REGION - 747 CAMDEN AVENUE, SUITE B - CAMPBELL, CA 95008	131788491	501(C)(3)	0.	5,261.			ENVIRONMENT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION - GIFT PROCESSING DEPARTMENT, 125 BROAD STREET 18TH FL - NEW YORK, NY 10004-2400	13-6213516	501(C)(3)	0.	7,750.			HUMAN SERVICES
AMERICAN ONLINE GIVING FOUNDATION INC - 40 EAST MAIN STREET, SUITE 887 - NEWARK, DE 19711	810739440	501(C)(3)	0.	491,404.			COMMUNITY DEVELOPMENT
AMERICAN RED CROSS OF THE CENTRAL COAST - PO BOX AR - CARMEL, CA 93921	53-0196605	501(C)(3)	0.	9,806.			COMMUNITY DEVELOPMENT
ARTS COUNCIL SANTA CRUZ COUNTY 1070 RIVER STREET SANTA CRUZ, CA 95060	94-2600140	501(C)(3)	0.	24,146.			ARTS, HISTORY, AND CULTURE
ASOCIACION MEXICANA DE BANCOS DE ALIMENTOS AC - AV. MIGUEL NGEL DE QUEVEDO 8, AGRICOLA, CHIMALISTAC, LVARO OBREGN - MEXICO		501(C)(3)	0.	13,000.			HUMAN SERVICES
ASPIRE PUBLIC SCHOOLS 1001 22ND AVE OAKLAND, CA 94606	943311088	501(C)(3)	0.	55,000.			EDUCATION/YOUTH DEVELOPMENT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSIST INTERNATIONAL, INC. 800 S STOCKTON AVE RIPON, CA 95366	77-0243475	501(C)(3)	0.	23,000.			HUMAN SERVICES
AUDUBON CALIFORNIA SOCIETY 220 MONTGOMERY STREET SAN FRANCISCO, CA 94104	13-1624102	501(C)(3)	0.	23,000.			ENVIRONMENT
AZTECAS YOUTH SOCCER ACADEMY PO BOX 1028 WATSONVILLE, CA 95076	77-0269322	501(C)(3)	0.	129,500.			COMMUNITY DEVELOPMENT
BACKSTRETCH EQUINE RESCUE REHABILITATION & RETIREMENT - 18500 REA AVENUE - AROMAS, CA 95004	81-4138273	501(C)(3)	0.	6,300.			HUMAN SERVICES
BELLARMINE COLLEGE PREPARATORY 960 WEST HEDDING STREET SAN JOSE, CA 95126	94-1160938	501(C)(3)	0.	10,000.			EDUCATION/YOUTH DEVELOPMENT
BE THE MATCH FOUNDATION NW 5948 PO BOX 1450 MINNEAPOLIS, MN 55485	41-1704734	501(C)(3)	0.	25,000.			HEALTH
BIG BROTHERS BIG SISTERS OF SANTA CRUZ COUNTY - 1500 41ST AVENUE SUITE 250 - CAPITOLA, CA 95010-2941	94-2826754	501(C)(3)	0.	17,545.			EDUCATION/YOUTH DEVELOPMENT
BONNY DOON COMMUNITY SCHOOL FOUNDATION - PO BOX 8089 - SANTA CRUZ, CA 95061-8089	77-0412170	501(C)(3)	0.	9,178.			EDUCATION/YOUTH DEVELOPMENT
BOULDER CREEK RECREATION AND PARK DISTRICT - PO BOX 325 - BOULDER CREEK, CA 95006	94-1693488	501(C)(3)	0.	20,900.			HUMAN SERVICES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF GREATER OXNARD AND PORT HUENEME - 1900 WEST 5TH STREET - OXNARD, CA 93030	95-1785162	501(C)(3)	0.	115,440.			COMMUNITY DEVELOPMENT
BOYS & GIRLS CLUB OF SANTA CRUZ COUNTY - 543 CENTER STREET - SANTA CRUZ, CA 95060	94-6129075	501(C)(3)	0.	22,850.			EDUCATION/YOUTH DEVELOPMENT
BOYS & GIRLS CLUBS OF MID CENTRAL COAST/SANTA MARIA VALLEY - 901 NORTH RAILROAD AVENUE - SANTA MARIA, CA 93458	95-2468116	501(C)(3)	0.	44,480.			COMMUNITY DEVELOPMENT
BRADY CENTER TO PREVENT GUN VIOLENCE - 840 FIRST ST NE #400 - WASHINGTON, DC 20002	52-1285097	501(C)(3)	0.	10,000.			HUMAN SERVICES
BRIGID ALLIANCE INC PO BOX 58 PLANETARIUM STATION NEW YORK, NY 10024	82-3843989	501(C)(3)	0.	8,000.			HEALTH
BRUCE W. WOOLPERT ALGEBRA ACADEMY 350 TECHNOLOGY DRIVE WATSONVILLE, CA 95076-2488	47-1116673	501(C)(3)	0.	50,000.			EDUCATION/YOUTH DEVELOPMENT
CABRILLO COLLEGE FOUNDATION 6500 SOQUEL DRIVE APTOS, CA 95003-3119	94-6121953	501(C)(3)	0.	187,360.			EDUCATION/YOUTH DEVELOPMENT
CABRILLO FESTIVAL OF CONTEMPORARY MUSIC - 147 SOUTH RIVER STREET - SANTA CRUZ, CA 95060	94-6123298	501(C)(3)	0.	19,905.			ARTS, HISTORY, AND CULTURE
CADRE (COLLABORATING AGENCIES' DISASTER RELIEF EFFORT) - 2731 NORTH FIRST STREET - SAN JOSE, CA 95134	83-1035628	501(C)(3)	0.	35,044.			HUMAN SERVICES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA AGRICULTURAL LEADERSHIP FOUNDATION - PO BOX 479 - SALINAS, CA 93902-0479	94-6069269	501(C)(3)	0.	36,667.			HUMAN SERVICES
CALIFORNIA CERTIFIED ORGANIC FARMERS FOUNDATION - 2155 DELAWARE AVENUE - SANTA CRUZ, CA 95060	30-0106255	501(C)(3)	0.	40,000.			ENVIRONMENT
CALIFORNIA F C BARCELONA SOCCER FOUNDATION - 1 DORIAN - NEWPORT COAST, CA 92657-1104	95-4782413	501(C)(3)	0.	14,027.			EDUCATION/YOUTH DEVELOPMENT
CALIFORNIA FILM & CULTURAL CENTER PO BOX 381 SANTA CRUZ, CA 95061	86-2813940	501(C)(3)	0.	13,000.			COMMUNITY DEVELOPMENT
CALM 1236 CHAPALA STREET SANTA BARBARA, CA 93101	237097910	501(C)(3)	0.	10,000.			HUMAN SERVICES
CASA DE LA CULTURA CENTER 225 SALINAS RD WATSONVILLE, CA 95076	30-0586010	501(C)(3)	0.	19,365.			HUMAN SERVICES
CASA OF SANTA CRUZ COUNTY 813 FREEDOM BLVD WATSONVILLE, CA 95076-3803	77-0305354	501(C)(3)	0.	130,260.			HUMAN SERVICES
CATHOLIC CHARITIES DIOCESE OF MONTEREY - 922 HILBY AVENUE - SEASIDE, CA 93955	77-0042961	501(C)(3)	0.	445,500.			HUMAN SERVICES
CATO INSTITUTE 1000 MASSACHUSETTS AVE NW WASHINGTON, DC 20001	237432162	501(C)(3)	0.	10,000.			EDUCATION/YOUTH DEVELOPMENT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEBUDV NUCLEO SAN FRANCISCO 17 CARLSON AVE SAN ANSELMO, CA 94960	15-0412429	501(C)(3)	0.	10,834.			HUMAN SERVICES
CEDARS-SINAI MEDICAL CENTER GIFT ADMINISTRATION 8700 BEVERLY BL LOS ANGELES, CA 90048	95-1644600	501(C)(3)	0.	12,000.			HEALTH
CEIBA PUBLIC SCHOOLS FOUNDATION 260 WEST RIVERSIDE DRIVE WATSONVILLE, CA 95076	20-5155858	501(C)(3)	0.	75,000.			EDUCATION/YOUTH DEVELOPMENT
CENTER FOR FARMWORKER FAMILIES PO BOX 957 FELTON, CA 95018	90-0800339	501(C)(3)	0.	634,050.			HUMAN SERVICES
CENTER FOR PRODUCE SAFETY 1100 MAIN ST WOODLAND, CA 95695	35-2489134	501(C)(3)	0.	20,000.			ENVIRONMENT
CENTRAL COAST YMCA (WATSONVILLE FAMILY YMCA) - 600 CAMINO EL ESTERO - MONTEREY, CA 93940	77-0202335	501(C)(3)	0.	85,000.			EDUCATION/YOUTH DEVELOPMENT
CENTRO INTERNACIONAL DE MEJORAMIENTO DE MAIZ Y TRIGO INTERNACIONAL - KM 45 CARRETERA MXICO-VERACRUZ EL BATN - TEXCOCO,		501(C)(3)	0.	22,000.			ENVIRONMENT
CERT AUXILIARY OF SANTA CRUZ COUNTY - 308 PARK DR - APTOS, CA 95003	47-3056484	501(C)(3)	0.	5,140.			HUMAN SERVICES
CHALLENGE SUCCESS PO BOX 20053 STANFORD, CA 94309	45-3767621	501(C)(3)	0.	10,000.			EDUCATION/YOUTH DEVELOPMENT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S DISCOVERY MUSEUM OF SAN JOSE - 180 WOZ WAY - SAN JOSE, CA 95110	94-2870828	501(C)(3)	0.	10,000.			ARTS, HISTORY, AND CULTURE
COASTAL COMMUNITY FOUNDATION 162 SOUTH RANCHO SANTA FE ROAD ENCINITAS, CA 92024	330216692	501(C)(3)	0.	10,000.			COMMUNITY DEVELOPMENT
COASTAL KIDS HOME CARE 1172 SOUTH MAIN STREET SALINAS, CA 93901	20-2549984	501(C)(3)	0.	40,000.			HEALTH
COMMUNITIES ORGANIZED FOR RELATIONAL POWER IN ACTION - 95 ALTA VISTA AVENUE - WATSONVILLE, CA 95076	77-0557460	501(C)(3)	0.	95,000.			COMMUNITY DEVELOPMENT
COMMUNITY ACTION BOARD OF SANTA CRUZ COUNTY - 406 MAIN STREET SUITE 207 - WATSONVILLE, CA 95076-4639	94-2523780	501(C)(3)	0.	1,293,278.			HUMAN SERVICES
COMMUNITY AGROECOLOGY NETWORK PO BOX 7653 SANTA CRUZ, CA 95061-7653	75-3003372	501(C)(3)	0.	5,250.			ENVIRONMENT
COMMUNITY ARTS & EMPOWERMENT 240 MAPLE AVENUE WATSONVILLE, CA 95076-4815	83-4528109	501(C)(3)	0.	166,574.			COMMUNITY DEVELOPMENT
COMMUNITY BRIDGES 519 MAIN STREET WATSONVILLE, CA 95076-4356	94-2460211	501(C)(3)	0.	663,113.			HUMAN SERVICES
COMMUNITY FOUNDATION BOULDER COUNTY - 1123 SPRUCE STREET - BOULDER, CO 80302	841171836	501(C)(3)	0.	200,000.			COMMUNITY DEVELOPMENT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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)	0.	41,250.			COMMUNITY DEVELOPMENT
COMMUNITY FOUNDATION SONOMA COUNTY 120 STONY POINT RD SANTA ROSA, CA 95401	68-0003212	501(C)(3)	0.	200,000.			COMMUNITY DEVELOPMENT
COMMUNITY HEALTH TRUST OF THE PAJARO VALLEY - 85 NIELSON STREET - WATSONVILLE, CA 95076	94-1149702	501(C)(3)	0.	12,179.			COMMUNITY DEVELOPMENT
COMMUNITY INITIATIVES 1000 BROADWAY, SUITE 480 OAKLAND, CA 94607	943255070	501(C)(3)	0.	10,000.			ENVIRONMENT
COMUNIDAD UNIVERSITARIA DEL GOLFO CENTRO A.C. - BOULEVARD DEL NIO POBLANO 2901 - PUEBLA, AR 72820		501(C)(3)	0.	11,000.			ENVIRONMENT
CONFLICT RESOLUTION CENTER 614 OCEAN STREET SANTA CRUZ, CA 95060	77-0129553	501(C)(3)	0.	36,250.			HUMAN SERVICES
CONSEJO DE PADRES MIGRANTES PO BOX 1677 FREEDOM, CA 95019	83-4353525	501(C)(3)	0.	6,600.			HUMAN SERVICES
CONSERVATION RESEARCH AND EDUCATION OPPORTUNITIES - 6044 1ST AVENUE NW - SEATTLE, WA 98107-2007	20-3574087	501(C)(3)	0.	100,000.			ENVIRONMENT
CORNELL UNIVERSITY 130 EAST SENECA STREET ITHACA, NY 14850	15-0532082	501(C)(3)	0.	40,500.			EDUCATION/YOUTH DEVELOPMENT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRUZIO 877 CEDAR STREET SUITE 150 SANTA CRUZ, CA 95060-3938	77-0459330	501(C)(3)	0.	366,695.			COMMUNITY DEVELOPMENT
CUPERTINO ROTARY ENDOWMENT FOUNDATION - PO BOX 1101 - CUPERTINO, CA 95015	77-0288042	501(C)(3)	0.	10,000.			EDUCATION/YOUTH DEVELOPMENT
CURIODYSSEY AT COYOTE POINT 1651 COYOTE POINT DR SAN MATEO, CA 94401	94-1262434	501(C)(3)	0.	10,000.			EDUCATION/YOUTH DEVELOPMENT
DAVENPORT COUNTY SANITATION DISTRICT (SCC-DPW) DCSD - 701 OCEAN STREET - SANTA CRUZ, CA 95060		501(C)(3)	0.	63,000.			COMMUNITY DEVELOPMENT
DIAMOND TECHNOLOGY INSTITUTE 112 DIAMOND DRIVE WATSONVILLE, CA 95076		501(C)(3)	0.	10,000.			EDUCATION/YOUTH DEVELOPMENT
DIENTES COMMUNITY DENTAL CARE 5300 SOQUEL AVENUE SUITE 103 SANTA CRUZ, CA 95062-7806	77-0311752	501(C)(3)	0.	84,250.			HEALTH
DIGITAL NEST 1961 MAIN STREET # 221 WATSONVILLE, CA 95076	46-5757256	501(C)(3)	0.	219,550.			EDUCATION/YOUTH DEVELOPMENT
DIVERSITY CENTER PO BOX 8280 SANTA CRUZ, CA 95061-8280	77-0212967	501(C)(3)	0.	73,175.			EDUCATION/YOUTH DEVELOPMENT
DOMINICAN HOSPITAL FOUNDATION 1555 SOQUEL DRIVE SANTA CRUZ, CA 95065-1705	94-2450442	501(C)(3)	0.	261,165.			COMMUNITY DEVELOPMENT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARTHJUSTICE 50 CALIFORNIA STREET SAN FRANCISCO, CA 94111	94-1730465	501(C)(3)	0.	11,500.			ENVIRONMENT
EASTSIDE COLLEGE PREPARATORY SCHOOL - 1041 MYRTLE STREET - EAST PALO ALTO, CA 94303		501(C)(3)	0.	100,000.			ENVIRONMENT
ECOLOGY ACTION 877 CEDAR STREET SANTA CRUZ, CA 95060	94-2584236	501(C)(3)	0.	11,050.			COMMUNITY DEVELOPMENT
ELKHORN SLOUGH FOUNDATION PO BOX 267 MOSS LANDING, CA 95039-0267	94-2823247	501(C)(3)	0.	40,394.			ENVIRONMENT
EL PAJARO COMMUNITY DEVELOPMENT CORPORATION - 23 EAST BEACH ST - WATSONVILLE, CA 95076	94-2656048	501(C)(3)	0.	5,275.			HEALTH
EL SISTEMA SANTA CRUZ 235 SOUTH BRANCIFORTE AVENUE SANTA CRUZ, CA 95062	84-4998415	501(C)(3)	0.	36,423.			EDUCATION/YOUTH DEVELOPMENT
EL SISTEMA USA-SALINAS INC. 820 PARK ROW #672 SALINAS, CA 93901	272306206	501(C)(3)	0.	10,000.			EDUCATION/YOUTH DEVELOPMENT
ENCOMPASS COMMUNITY SERVICES 380 ENCINAL STREET SANTA CRUZ, CA 95060	23-7275290	501(C)(3)	0.	6,250.			HUMAN SERVICES
EPISCOPAL CHURCH OF ST. JOHN THE BAPTIST - 125 CANTERBURY DRIVE - APTOS, CA 95003	94-1629317	501(C)(3)	0.	5,850.			HUMAN SERVICES

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ESCUELAS SUSTENTABLES A.C AV. COYOACN NO. 1622 MEXICO		501(C)(3)	0.	50,000.			COMMUNITY DEVELOPMENT
ESPERANZA COMMUNITY FARMS 800 OHONE PARKWAY APTOS, CA 95003	77-0326685	501(C)(3)	0.	20,000.			ENVIRONMENT
ESPERANZA DEL VALLE 925 46TH AVE CAPITOLA, CA 95010	47-2040811	501(C)(3)	0.	10,000.			ARTS, HISTORY, AND CULTURE
FAMILIES IN TRANSITION, INC. 406 MAIN STREET SUITE 326 WATSONVILLE, CA 95076	77-0327992	501(C)(3)	0.	390,300.			HUMAN SERVICES
FAMILY SERVICE AGENCY OF THE CENTRAL COAST - 104 WALNUT AVENUE SUITE 208 - SANTA CRUZ, CA 95060-3929	94-1716354	501(C)(3)	0.	44,845.			HEALTH
FOOD BANK OF CONTRA COSTA AND SOLANO - 4010 NELSON AVE - CONCORD, CA 94520	94-2418054	501(C)(3)	0.	20,000.			HUMAN SERVICES
FOOD BANK OF SANTA BARBARA COUNTY 490 W FOSTER RD SANTA MARIA, CA 93455	77-0169214	501(C)(3)	0.	10,000.			HUMAN SERVICES
FOOD WHAT?! 1156 HIGH ST SANTA CRUZ, CA 95064	81-2590280	501(C)(3)	0.	49,150.			EDUCATION/YOUTH DEVELOPMENT
FOUNDATION SANADY 9 AVENUE KHALID BNOU LOUALID MEXICO		501(C)(3)	0.	43,300.			HUMAN SERVICES

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FRIENDS OF SANTA CRUZ COUNTY PARKS 870 17TH AVENUE, SUITE 2 SANTA CRUZ, CA 95062-4166	77-0209249	501(C)(3)	0.	11,600.			COMMUNITY DEVELOPMENT
FRIENDS OF SANTA CRUZ STATE PARKS 1543 PACIFIC AVENUE, SUITE 206 SANTA CRUZ, CA 95060-3903	51-0183410	501(C)(3)	0.	20,695.			ENVIRONMENT
FRIENDS OF THE RAIL & TRAIL PO BOX 1652 CAPITOLA, CA 95060-1625	46-1323531	501(C)(3)	0.	73,000.			COMMUNITY DEVELOPMENT
FRIENDS OF THE SANTA CRUZ PUBLIC LIBRARIES - PO BOX 8472 - SANTA CRUZ, CA 95061-8472	94-2612557	501(C)(3)	0.	23,324.			COMMUNITY DEVELOPMENT
FRIENDS OF THE WATSONVILLE PUBLIC LIBRARIES - 275 MAIN STREET SUITE 100 - WATSONVILLE, CA 95076-5133	23-7066840	501(C)(3)	0.	13,681.			HUMAN SERVICES
FUNDACIN DIBUJANDO UN MAANA, A.C CALZADA DE LA NARANJA #138 FRACCIONAMIENTO INDUSTRIAL ALCE BLANCO - MEXICO		501(C)(3)	0.	383,530.			HUMAN SERVICES
FUNDACIN VER BIEN PARA APRENDER MEJOR A.C. - #1425 EDIFICIO ANEXO - MEXICO		501(C)(3)	0.	48,500.			HUMAN SERVICES
GIRL SCOUTS OF CALIFORNIA'S CENTRAL COAST - DEVELOPMENT DEPARTMENT - VENTURA, CA 93003-6451	94-1567162	501(C)(3)	0.	12,600.			HUMAN SERVICES
GIRLS INCORPORATED OF THE CENTRAL COAST - 318 CAYUGA ST - SALINAS, CA 93901	20-5040398	501(C)(3)	0.	40,500.			EDUCATION/YOUTH DEVELOPMENT

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GLOBE INTERNATIONAL MINISTRIES PO BOX 3040 PENSACOLA, FL 32516		501(C)(3)	0.	8,000.			COMMUNITY DEVELOPMENT
GOLDEN GATE SALMON ASSOCIATION PO BOX 320096 SAN FRANCISCO, CA 94132	27-4187163	501(C)(3)	0.	10,000.			ENVIRONMENT
GREEN AMERICA 1612 K STREET NW WASHINGTON, DC 20006	52-1660746	501(C)(3)	0.	5,250.			ENVIRONMENT
GREY BEARS, INC. 2710 CHANTICLEER AVENUE SANTA CRUZ, CA 95065-1812	94-2298681	501(C)(3)	0.	227,000.			HUMAN SERVICES
HABITAT AND WATERSHED CARETAKERS (HAWC) - 320 CAVE GULCH - SANTA CRUZ, CA 95060	52-2381905	501(C)(3)	0.	55,000.			ENVIRONMENT
HABITAT FOR HUMANITY MONTEREY BAY 108 MAGNOLIA STREET SANTA CRUZ, CA 95062	77-0206356	501(C)(3)	0.	11,798.			HEALTH
HAPPY VALLEY ELEMENTARY SCHOOL 3125 BRANCIFORTE DRIVE SANTA CRUZ, CA 95065-9661	94-6002633	501(C)(3)	0.	34,562.			HEALTH
HEALTH CARE FOUNDATION OF VENTURA COUNTY - 3291 LOMA VISTA ROAD - VENTURA, CA 92003	47-1535937	501(C)(3)	0.	16,100.			HEALTH
HEALTH PROJECTS CENTER 9000 SOQUEL AVENUE SUITE 103 SANTA CRUZ, CA 95062-2097	94-2713281	501(C)(3)	0.	25,000.			HEALTH

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HIDDEN VILLA 26870 MOODY ROAD LOS ALTOS HILLS, CA 94022	94-1539836	501(C)(3)	0.	10,000.			COMMUNITY DEVELOPMENT
HOLY CROSS CHURCH FOOD PANTRY 210 HIGH STREET SANTA CRUZ, CA 95060		501(C)(3)	0.	10,500.			HUMAN SERVICES
HOMELESS GARDEN PROJECT PO BOX 617 SANTA CRUZ, CA 95061-0617	77-0475165	501(C)(3)	0.	17,000.			COMMUNITY DEVELOPMENT
HOOVER INSTITUTION - STANFORD UNIVERSITY - OFFICE OF DEVELOPMENT - STANFORD, CA 94305	94-1156365	501(C)(3)	0.	120,000.			EDUCATION/YOUTH DEVELOPMENT
HOSPICE OF SANTA CRUZ COUNTY 940 DISC DRIVE SCOTTS VALLEY, CA 95066-4544	94-2497618	501(C)(3)	0.	119,152.			HEALTH
HOUSING MATTERS 115-B CORAL STREET SANTA CRUZ, CA 95060-2143	77-0126783	501(C)(3)	0.	187,650.			HUMAN SERVICES
IMMIGRANT LEGAL SERVICES OF THE CENTRAL COAST - 15 E BEACH ST - WATSONVILLE, CA 95076	61-1807874	501(C)(3)	0.	33,500.			COMMUNITY DEVELOPMENT
IM-POSSIBLE INC 925 W ARKANSAS ST DURANT, OK 74701-5729	47-5439413	501(C)(3)	0.	25,000.			HUMAN SERVICES
INSIGHT SANTA CRUZ 740 FRONT STREET SUITE 240 SANTA CRUZ, CA 95060	77-0567516	501(C)(3)	0.	5,500.			COMMUNITY DEVELOPMENT

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INSTITUTE FOR POLICY STUDIES DEVELOPMENT DEPARTMENT 1301 CONNECTICUT AV NW - WASHINGTON, DC 20036	52-0788947	501(C)(3)	0.	20,000.			COMMUNITY DEVELOPMENT
INSTITUTE FOR SECURITY AND TECHNOLOGY - 5800 HARBORD DRIVE - OAKLAND, CA 94611-3123	47-5677755	501(C)(3)	0.	10,000.			EDUCATION/YOUTH DEVELOPMENT
INSTITUTO MEXICANO DE INVESTIGACION DE FAMILIA Y POBLACION AC - MALAGA NORTE 25 INSURGENTES MIXCOAC - MEXICO		501(C)(3)	0.	27,000.			EDUCATION/YOUTH DEVELOPMENT
JACOB'S HEART CHILDREN'S CANCER SUPPORT SERVICES - 680 WEST BEACH STREET - WATSONVILLE, CA 95076	68-0413822	501(C)(3)	0.	103,936.			HEALTH
JEWEL THEATRE COMPANY PO BOX 1080 SANTA CRUZ, CA 95061-1080	22-3916870	501(C)(3)	0.	9,346.			ARTS, HISTORY, AND CULTURE
JUNIOR ACHIEVEMENT WORLDWIDE 745 ATLANTIC AVENUE BOSTON, MA 02111	27-3666259	501(C)(3)	0.	10,000.			EDUCATION/YOUTH DEVELOPMENT
KALAMAZOO COLLEGE 1200 ACADEMY STREET KALAMAZOO, MI 49006	38-1358014	501(C)(3)	0.	115,000.			EDUCATION/YOUTH DEVELOPMENT
KANBE'S MARKETS 3119 TERRACE STREET KANSAS CITY, MO 64111	811505292	501(C)(3)	0.	21,764.			COMMUNITY DEVELOPMENT
KARIMU INTERNATIONAL HELP FOUNDATION - PO BOX 38 - IDYLLWILD, CA 92549	32-0227956	501(C)(3)	0.	23,000.			HUMAN SERVICES

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KAZU 90.3 FM 100 CAMPUS CTR SEASIDE, CA 93955	77-0387459	501(C)(3)	0.	10,000.			ARTS, HISTORY, AND CULTURE
KIDPOWER TEENPOWER FULLPOWER PO BOX 1212 SANTA CRUZ, CA 95061-1212	77-0226712	501(C)(3)	0.	11,000.			EDUCATION/YOUTH DEVELOPMENT
KQED - NORTHERN CALIFORNIA PUBLIC BROADCASTING, INC - 2601 MARIPOSA STREET - SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	0.	7,750.			ARTS, HISTORY, AND CULTURE
KUUMBWA JAZZ CENTER 320-2 CEDAR STREET SANTA CRUZ, CA 95060	51-0159252	501(C)(3)	0.	39,891.			ARTS, HISTORY, AND CULTURE
LAND TRUST OF SANTA CRUZ COUNTY 617 WATER STREET SANTA CRUZ, CA 95060-4148	94-2431856	501(C)(3)	0.	601,697.			ENVIRONMENT
LANDWATCH MONTEREY COUNTY PO BOX 1876 SALINAS, CA 93902-1876	91-1862145	501(C)(3)	0.	5,500.			ENVIRONMENT
LAST CHANCE COMMUNITY CENTER PO BOX 127 DAVENPORT, CA 95017		501(C)(3)	0.	40,000.			HUMAN SERVICES
LIFE LAB SCIENCE PROGRAM 1156 HIGH STREET SANTA CRUZ, CA 95064-1077	94-2778848	501(C)(3)	0.	454,090.			ENVIRONMENT
LIVE OAK CRADLE TO CAREER 984-1BOSTWICK LANE SANTA CRUZ, CA 95062	23-7428303	501(C)(3)	0.	30,000.			EDUCATION/YOUTH DEVELOPMENT

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LOMA PRIETA JOINT UNION SCHOOL DISTRICT - 23800 SUMMIT ROAD - LOS GATOS, CA 95033-4054		501(C)(3)	0.	6,674.			EDUCATION/YOUTH DEVELOPMENT
LOS ANGELES BALLET 11755 EXPOSITION BLVD LOS ANGELES, CA 90064	20-1819852	501(C)(3)	0.	10,000.			ARTS, HISTORY, AND CULTURE
LOS ANGELES COUNTY MUSEUM OF ART (LACMA) - 5908 WILSHIRE BLVD - LOS ANGELES, CA 90036	952264067	501(C)(3)	0.	26,000.			ARTS, HISTORY, AND CULTURE
LOS ANGELES LGBT CENTER 1625 N. SCHRADER BOULEVARD LOS ANGELES, CA 90028	95-3567895	501(C)(3)	0.	10,000.			ARTS, HISTORY, AND CULTURE
MAIA FOUNDATION 9055 SOQUEL DRIVE APTOS, CA 95003	94-2624585	501(C)(3)	0.	16,000.			EDUCATION/YOUTH DEVELOPMENT
MENTORS DRIVING CHANGE FOR BOYS, MEN, AND DADS - PO BOX 1585 - FREEDOM, CA 95019-1585	82-2506285	501(C)(3)	0.	12,500.			COMMUNITY DEVELOPMENT
MONARCH SERVICES 233 EAST LAKE AVENUE WATSONVILLE, CA 95076-4716	94-2462783	501(C)(3)	0.	68,131.			HUMAN SERVICES
MONTANA LAND RELIANCE PO BOX 355 HELENA, MT 59624-0355	81-0369262	501(C)(3)	0.	25,000.			ENVIRONMENT
MONTEREY BAY ECONOMIC PARTNERSHIP, INC - 3180 IMJIN ROAD SUITE 104B - MARINA, CA 93933	47-1379810	501(C)(3)	0.	7,000.			COMMUNITY DEVELOPMENT

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MORELAND NOTRE DAME SCHOOL 133 BRENNAN STREET WATSONVILLE, CA 95076	94-1347045	501(C)(3)	0.	13,829.			ENVIRONMENT
MOUNTAIN PARKS FOUNDATION 525 NORTH BIG TREES PARK ROAD FELTON, CA 95018	23-7275572	501(C)(3)	0.	6,250.			ENVIRONMENT
MOUNTAINS 2 SEA 1245 EUREKA CANYON ROAD WATSONVILLE, CA 95076-0151	83-0697842	501(C)(3)	0.	9,904.			OTHER
MUSEUM OF ART AND HISTORY AT THE MCPHERSON CENTER - 705 FRONT STREET - SANTA CRUZ, CA 95060	94-2718861	501(C)(3)	0.	114,266.			COMMUNITY DEVELOPMENT
NAACP-SANTA CRUZ COUNTY BRANCH PO BOX 1433 SANTA CRUZ, CA 95061-1433	13-1084135	501(C)(3)	0.	47,000.			COMMUNITY DEVELOPMENT
NAMI SANTA CRUZ COUNTY 542 OCEAN STREET SANTA CRUZ, CA 95060	77-0002878	501(C)(3)	0.	42,250.			HEALTH
NATIONAL DEVELOPMENT COUNCIL 1 BATTERY PARK PLAZA NEW YORK, NY 10004	13-6532871	501(C)(3)	0.	150,000.			COMMUNITY DEVELOPMENT
NATIONAL PARK FOUNDATION 1500 K STREET NW WASHINGTON, DC 20005	52-1086761	501(C)(3)	0.	10,000.			ENVIRONMENT
NATIVE ANIMAL RESCUE 1855 17TH AVENUE SANTA CRUZ, CA 95062-1861	94-2711748	501(C)(3)	0.	29,215.			ENVIRONMENT

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NATIVIDAD MEDICAL FOUNDATION PO BOX 4427 SALINAS, CA 93912	77-0194989	501(C)(3)	0.	10,000.			COMMUNITY DEVELOPMENT
NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203	53-0242652	501(C)(3)	0.	33,000.			ENVIRONMENT
NEIGHBORS HELPING NEIGHBORS P.O. BOX 126 AROMAS, CA 95004	47-4328517	501(C)(3)	0.	12,500.			COMMUNITY DEVELOPMENT
NEW WAY HOMES 1040 MYSTERY SPOT ROAD SANTA CRUZ, CA 95065	47-4091853	501(C)(3)	0.	23,000.			HUMAN SERVICES
NEXT GENERATION SCHOLARS 1018 E STREET SAN RAFAEL, CA 94901	26-1110584	501(C)(3)	0.	57,750.			EDUCATION/YOUTH DEVELOPMENT
NORTHWESTERN UNIVERSITY ALUMNI RELATIONS AND DEVELOPMENT EVANSTON, IL 60208	36-2167817	501(C)(3)	0.	15,000.			EDUCATION/YOUTH DEVELOPMENT
NUCLEAR THREAT INITIATIVE 1776 EYE STREET, N.W. WASHINGTON, DC 20006	52-2289435	501(C)(3)	0.	30,000.			ENVIRONMENT
OASIS IN BAJA INC 817 GEORGEBORO CT BRENTWOOD, TN 37027	843339981	501(C)(3)	0.	23,500.			COMMUNITY DEVELOPMENT
OHIO BIRD SANCTUARY 3774 ORWEILER ROAD MANSFIELD, OH 44903	341691325	501(C)(3)	0.	250,000.			ENVIRONMENT

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O'NEILL SEA ODYSSEY 2222 EAST CLIFF DRIVE SUITE 222 SANTA CRUZ, CA 95062-4739	77-0464784	501(C)(3)	0.	40,380.			ENVIRONMENT
ORGANIC FARMING RESEARCH FOUNDATION - P.O. BOX 440 - SANTA CRUZ, CA 95061-0440	77-0252545	501(C)(3)	0.	15,000.			ENVIRONMENT
OVEREATERS ANONYMOUS PO BOX 44727 RIO RANCHO, NM 87174-4727	23-7016806	501(C)(3)	0.	6,000.			HEALTH
OXFAM AMERICA 226 CAUSEWAY ST BOSTON, MA 02114	23-7069110	501(C)(3)	0.	12,000.			EDUCATION/YOUTH DEVELOPMENT
OXNARD UNITED SOCCER CLUB 3700 DALLAS DRIVE OXNARD, CA 93033	36-4663382	501(C)(3)	0.	10,900.			EDUCATION/YOUTH DEVELOPMENT
PACIFIC COLLEGIATE SCHOOL 3004 MISSION STREET SANTA CRUZ, CA 95060	77-0485136	501(C)(3)	0.	7,000.			EDUCATION/YOUTH DEVELOPMENT
PAJARO VALLEY ARTS COUNCIL 37 SUDDEN STREET WATSONVILLE, CA 95076-4322	77-0107201	501(C)(3)	0.	8,500.			ARTS, HISTORY, AND CULTURE
PAJARO VALLEY HISTORICAL ASSOCIATION - PO BOX 623 - WATSONVILLE, CA 95077-0623	94-1663161	501(C)(3)	0.	24,790.			HUMAN SERVICES
PAJARO VALLEY LOAVES AND FISHES 150 SECOND STREET WATSONVILLE, CA 95076-4922	77-0319247	501(C)(3)	0.	70,515.			HUMAN SERVICES

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PAJARO VALLEY PREVENTION AND STUDENT ASSISTANCE, INC. - 335 EAST LAKE AVENUE - WATSONVILLE, CA 95076	77-0269322	501(C)(3)	0.	85,250.			COMMUNITY DEVELOPMENT
PAJARO VALLEY SHELTER SERVICES 115 BRENNAN STREET WATSONVILLE, CA 95076-4304	94-1393418	501(C)(3)	0.	96,885.			HUMAN SERVICES
PAJARO VALLEY UNIFIED SCHOOL DISTRICT - 294 GREEN VALLEY ROAD - WATSONVILLE, CA 95076		501(C)(3)	0.	185,844.			EDUCATION/YOUTH DEVELOPMENT
PAJARO VALLEY YOUTH SOCCER CLUB PO BOX 3242 FREEDOM, CA 95019-3242	77-0420362	501(C)(3)	0.	234,678.			EDUCATION/YOUTH DEVELOPMENT
PALO ALTO MEDICAL FOUNDATION - PAMF - 2025 SOQUEL AVENUE - SANTA CRUZ, CA 95062	94-1156581	501(C)(3)	0.	101,500.			HEALTH
PENINSULA OPEN SPACE TRUST 222 HIGH STREET PALO ALTO, CA 94301	94-2392007	501(C)(3)	0.	7,250.			ENVIRONMENT
PLANET WOMEN 9720 COPPERTOP LOOP NE BAINBRIDGE ISLAND, WA 98110-3690	27-0726824	501(C)(3)	0.	250,000.			COMMUNITY DEVELOPMENT
PLANNED PARENTHOOD FEDERATION OF AMERICA - 123 WILLIAM STREET - NEW YORK, NY 10038	13-1644147	501(C)(3)	0.	8,000.			ARTS, HISTORY, AND CULTURE
PLANNED PARENTHOOD MAR MONTE 1691 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501(C)(3)	0.	32,500.			HEALTH

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PU PU O HAWAII OUTRIGGER 355 SHEFFIELD CT. SAN JOSE, CA 95125-5664	77-0123950	501(C)(3)	0.	8,000.			ARTS, HISTORY, AND CULTURE
QUEER YOUTH TASK FORCE PO BOX 8280 SANTA CRUZ, CA 95061-8280	77-0212967	501(C)(3)	0.	10,500.			EDUCATION/YOUTH DEVELOPMENT
RANCHO CIELO YOUTH CAMPUS P.O. BOX 6948 SALINAS, CA 93912	77-0555859	501(C)(3)	0.	15,000.			EDUCATION/YOUTH DEVELOPMENT
RANCHO CORRALITOS LLC 32 MAIN STREET CHATHAM, NY 12037		501(C)(3)	0.	2,000,000.			COMMUNITY DEVELOPMENT
REGENERATION/REGENERACION - PAJARO VALLEY CLIMATE ACTION - 114 LAPIS DRIVE - WATSONVILLE, CA 95076	46-1323531	501(C)(3)	0.	17,250.			ENVIRONMENT
RICE UNIVERSITY OFFICE OF DEVELOPMENT MS-81 HOUSTON, TX 77251-1892	74-1109620	501(C)(3)	0.	160,000.			EDUCATION/YOUTH DEVELOPMENT
ROAD RUNNERS OF AMERICA-TAMPA BAY RUNNERS - PO BOX 290372 - TAMPA BAY, FL 33687	59-2130553	501(C)(3)	0.	10,000.			EDUCATION/YOUTH DEVELOPMENT
ROTARY CLUB OF SANTA CRUZ SUNRISE FOUNDATION - PO BOX 7026 - SANTA CRUZ, CA 95061-7026	81-0619851	501(C)(3)	0.	16,700.			COMMUNITY DEVELOPMENT
SALUD PARA LA GENTE 195 AVIATION WAY WATSONVILLE, CA 95076	94-2705747	501(C)(3)	0.	41,830.			HEALTH

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SALUD Y CARIO 1723 GREY SEAL RD SANTA CRUZ, CA 95062	46-1924115	501(C)(3)	0.	30,000.			EDUCATION/YOUTH DEVELOPMENT
SALVATION ARMY SANTA CRUZ CORPS 721 LAUREL STREET SANTA CRUZ, CA 95060	94-1156347	501(C)(3)	0.	17,960.			EDUCATION/YOUTH DEVELOPMENT
SALVATION ARMY WATSONVILLE 214 UNION ST WATSONVILLE, CA 95076	95-3082788	501(C)(3)	0.	12,396.			EDUCATION/YOUTH DEVELOPMENT
SAN LORENZO VALLEY WATER DISTRICT- FOR GRANTS - 13060 HIGHWAY 9 - BOULDER CREEK, CA 95006		501(C)(3)	0.	6,942.			EDUCATION/YOUTH DEVELOPMENT
SANTA CLARA UNIVERSITY 500 EL CAMINO REAL SANTA CLARA, CA 95053	94-1156617	501(C)(3)	0.	30,000.			EDUCATION/YOUTH DEVELOPMENT
SANTA CRUZ BARRIOS UNIDOS 1817 SOQUEL AVENUE SANTA CRUZ, CA 95060	77-0333450	501(C)(3)	0.	30,750.			HUMAN SERVICES
SANTA CRUZ BREAKERS ACADEMY 1855 PLEASANT VALLEY ROAD APTOS, CA 95003-9573	27-2050160	501(C)(3)	0.	15,000.			ENVIRONMENT
SANTA CRUZ CHILDREN'S MUSEUM OF DISCOVERY - PO BOX 1903 - SOQUEL, CA 95073	46-1699711	501(C)(3)	0.	6,000.			ARTS, HISTORY, AND CULTURE
SANTA CRUZ CITY SCHOOL DISTRICT 133 MISSION STREET SANTA CRUZ, CA 95060		501(C)(3)	0.	400,000.			ENVIRONMENT

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SANTA CRUZ COMMUNITY HEALTH 125 WATER STREET A2 SANTA CRUZ, CA 95060-2786	23-7428303	501(C)(3)	0.	402,500.			HUMAN SERVICES
SANTA CRUZ COUNTY ANIMAL SHELTER 2200 7TH AVENUE SANTA CRUZ, CA 95062	90-0039494	501(C)(3)	0.	32,710.			ENVIRONMENT
SANTA CRUZ COUNTY ANIMAL SHELTER FOUNDATION - 2200 7TH AVENUE - SANTA CRUZ, CA 95060	51-0439604	501(C)(3)	0.	1,559,950.			ENVIRONMENT
SANTA CRUZ COUNTY FAIRGROUNDS FOUNDATION - PO BOX 1806 - FREEDOM, CA 95019-1806	20-0385058	501(C)(3)	0.	7,795.			HEALTH
SANTA CRUZ COUNTY FARM BUREAU 141 MONTE VISTA AVENUE WATSONVILLE, CA 95076	94-0841720	501(C)(3)	0.	117,500.			HUMAN SERVICES
SANTA CRUZ COUNTY SYMPHONY 307 CHURCH STREET SANTA CRUZ, CA 95060	94-2373284	501(C)(3)	0.	6,555.			ARTS, HISTORY, AND CULTURE
SANTA CRUZ COUNTY VETERANS MEMORIAL BUILDING - PO BOX 1303 - SANTA CRUZ, CA 95061-1303	77-0385016	501(C)(3)	0.	180,000.			COMMUNITY DEVELOPMENT
SANTA CRUZ HILLEL 222 CARDIFF PLACE SANTA CRUZ, CA 95060	77-0427628	501(C)(3)	0.	6,400.			EDUCATION/YOUTH DEVELOPMENT
SANTA CRUZ MONTESSORI SCHOOL 6230 SOQUEL DRIVE APTOS, CA 95003	94-1573507	501(C)(3)	0.	8,500.			EDUCATION/YOUTH DEVELOPMENT

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SANTA CRUZ MOUNTAINS TRAIL STEWARDSHIP - PO BOX 331 - SANTA CRUZ, CA 95061-0331	77-0457425	501(C)(3)	0.	72,867.			COMMUNITY DEVELOPMENT
SANTA CRUZ MUSEUM OF NATURAL HISTORY - 1305 EAST CLIFF DRIVE - SANTA CRUZ, CA 95062-3722	94-2427733	501(C)(3)	0.	50,500.			ARTS, HISTORY, AND CULTURE
SANTA CRUZ SAILING FOUNDATION 244 4TH AVENUE SANTA CRUZ, CA 95062-3835	77-0435662	501(C)(3)	0.	6,343.			COMMUNITY DEVELOPMENT
SANTA CRUZ SEASIDE COMPANY 400 BEACH STREET SANTA CRUZ, CA 95060-5416		501(C)(3)	0.	5,113.			HEALTH
SANTA CRUZ SHAKESPEARE 500 CHESTNUT STREET SUITE 250 SANTA CRUZ, CA 95060	46-4635444	501(C)(3)	0.	29,211.			ARTS, HISTORY, AND CULTURE
SANTA CRUZ SPCA 2601 CHANTICLEER AVENUE SANTA CRUZ, CA 95065	94-6171565	501(C)(3)	0.	33,371.			ENVIRONMENT
SANTA CRUZ TODDLER CARE CENTER 1738 16TH AVENUE SANTA CRUZ, CA 95062	94-2457539	501(C)(3)	0.	11,000.			EDUCATION/YOUTH DEVELOPMENT
SANTA CRUZ WALDORF SCHOOL 2190 EMPIRE GRADE SANTA CRUZ, CA 95060-9702		501(C)(3)	0.	12,500.			EDUCATION/YOUTH DEVELOPMENT
SAVE OUR SHORES 345 LAKE AVENUE, SUITE A SANTA CRUZ, CA 95062-4600	94-2745941	501(C)(3)	0.	20,945.			ENVIRONMENT

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SAVE THE CHILDREN FEDERATION INC 501 KINGS HIGHWAY EAST FAIRFIELD, CT 06825	06-0726487	501(C)(3)	0.	57,177.			HUMAN SERVICES
SAVE THE MUSIC FOUNDATION P.O. BOX 2096 NEW YORK, NY 10108		501(C)(3)	0.	30,000.			EDUCATION/YOUTH DEVELOPMENT
SAVE THE REDWOODS LEAGUE 111 SUTTER STREET SAN FRANCISCO, CA 94104-3814	94-0843915	501(C)(3)	0.	101,500.			ENVIRONMENT
SECOND FAMILIES PO BOX 5391 GLENDALE, CA 91221	823930600	501(C)(3)	0.	39,235.			HUMAN SERVICES
SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY - 800 OHLONE PARKWAY - WATSONVILLE, CA 95076-7005	77-0326685	501(C)(3)	0.	352,237.			HUMAN SERVICES
SEMPERVIRENS FUND 951 MARINERS ISLAND BLVD SUITE 300 SAN MATEO, CA 94404-1560	94-2155097	501(C)(3)	0.	8,750.			ENVIRONMENT
SENDEROS 840 NORTH BRANCIFORTE AVE SANTA CRUZ, CA 95062	80-0893412	501(C)(3)	0.	924,791.			HUMAN SERVICES
SENECA FAMILY OF AGENCIES SENECA CENTRAL COAST HEADQUARTERS SALINAS, CA 93908	94-2971761	501(C)(3)	0.	10,000.			HUMAN SERVICES
SENIOR CITIZENS LEGAL SERVICES 501 SOQUEL AVENUE, SUITE F SANTA CRUZ, CA 95062	94-2280258	501(C)(3)	0.	70,300.			HUMAN SERVICES

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SENIOR NETWORK SERVICES 1777-A CAPITOLA ROAD SANTA CRUZ, CA 95062	94-2259716	501(C)(3)	0.	35,500.			HUMAN SERVICES
SENIORS COUNCIL 234 SANTA CRUZ AVE APTOS, CA 95003	94-2662950	501(C)(3)	0.	46,140.			COMMUNITY DEVELOPMENT
SIENA HOUSE 108 HIGH STREET SANTA CRUZ, CA 95060-3711	77-0518866	501(C)(3)	0.	11,837.			HEALTH
SOCIETY OF ST. VINCENT DE PAUL- COUNCIL OF SANTA CRUZ COUNTY - 1146 SOQUEL AVE - SANTA CRUZ, CA 95062	94-2500194	501(C)(3)	0.	10,000.			HUMAN SERVICES
STANFORD UNIVERSITY PO BOX 20466 STANFORD, CA 94309	94-1156365	501(C)(3)	0.	15,000.			HEALTH
STANFORD UNIVERSITY-SCHOOL OF ENGINEERING - DEVELOPMENT SERVICES - STANFORD, CA 94309-0466	94-1156365	501(C)(3)	0.	15,000.			EDUCATION/YOUTH DEVELOPMENT
ST. ANTHONY FOUNDATION 150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102-3899	94-1513140	501(C)(3)	0.	24,226.			EDUCATION/YOUTH DEVELOPMENT
ST. FRANCIS SOUP KITCHEN 205 MORA STREET SANTA CRUZ, CA 95060	94-2880883	501(C)(3)	0.	29,000.			HUMAN SERVICES
STUDENT CONSERVATION ASSOCIATION 689 RIVER ROAD CHARLESTOWN, NH 03603	91-0880684	501(C)(3)	0.	6,500.			ENVIRONMENT

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SUSTAINABLE CONSERVATION 98 BATTERY ST SAN FRANCISCO, CA 94111	94-3232437	501(C)(3)	0.	25,000.			ENVIRONMENT
SUTTER CARE AT HOME - SANTA CRUZ (HOME HEALTH)/VISITING NURSE ASSOCIATION O - SUTTER VISITING NURSE ASSOC. & HOSPICE ATTN:	94-1622036	501(C)(3)	0.	12,590.			ENVIRONMENT
TAHOE EXPEDITION ACADEMY INC 8651 SPECKLED AVENUE KINGS BEACH, CA 96143	275379571	501(C)(3)	0.	100,000.			EDUCATION/YOUTH DEVELOPMENT
TANNERY WORLD DANCE & CULTURAL CENTER - 1060 RIVER ST - SANTA CRUZ, CA 95060	90-0826298	501(C)(3)	0.	77,700.			COMMUNITY DEVELOPMENT
TEACH 4 ALL MXICO, A.C. HAMBURGO 14 PB MEXICO		501(C)(3)	0.	109,000.			COMMUNITY DEVELOPMENT
TEEN KITCHEN PROJECT PO BOX 1853 SOQUEL, CA 95073-1853	27-0524692	501(C)(3)	0.	39,250.			ENVIRONMENT
TEMPLE BETH EL JEWISH COMMUNITY CENTER - 3055 PORTER GULCH ROAD - APTOS, CA 95003-2703	94-6139655	501(C)(3)	0.	51,457.			ENVIRONMENT
TERRA PENINSULAR, A.C N/A N/A, CA 99999		501(C)(3)	0.	52,503.			HUMAN SERVICES
THE SAFINA CENTER AT STONY BROOK UNIVERSITY - 80 NORTH COUNTRY RD - SETAUKET, NY 11733	61-1406022	501(C)(3)	0.	10,000.			ENVIRONMENT

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THE TAFT SCHOOL 110 WOODBURY ROAD WATERTOWN, CT 06795	06-0646921	501(C)(3)	0.	10,000.			EDUCATION/YOUTH DEVELOPMENT
THE TECH MUSEUM OF INNOVATION 201 SOUTH MARKET STREET SAN JOSE, CA 95113-2008	94-2864660	501(C)(3)	0.	10,000.			ARTS, HISTORY, AND CULTURE
THE UC HASTINGS FOUNDATION UC HASTINGS FOUNDATION SAN FRANCISCO, CA 94102	237135898	501(C)(3)	0.	29,071.			ARTS, HISTORY, AND CULTURE
TRUCKEE DONNER LAND TRUST PO BOX 8816 TRUCKEE, CA 96162	68-0245327	501(C)(3)	0.	100,000.			ENVIRONMENT
TRUST FOR PUBLIC LAND 101 MONTGOMERY ST SAN FRANCISCO, CA 94104	23-7222333	501(C)(3)	0.	41,000.			ENVIRONMENT
UC DAVIS FOUNDATION 1477 DREW AVE DAVIS, CA 95616	94-6081352	501(C)(3)	0.	10,000.			EDUCATION/YOUTH DEVELOPMENT
UC REGENTS-UCSC ARBORETUM 1156 HIGH STREET SANTA CRUZ, CA 95064		501(C)(3)	0.	70,657.			EDUCATION/YOUTH DEVELOPMENT
UC SANTA CRUZ FOUNDATION UC SANTA CRUZ OFFICE OF SPONSORED P SANTA CRUZ, CA 95064	23-7394590	501(C)(3)	0.	128,742.			EDUCATION/YOUTH DEVELOPMENT
UK ONLINE GIVING FOUNDATION UC SANTA CRUZ OFFICE OF SPONSORED P SANTA CRUZ, CA 95064		501(C)(3)	0.	6,550.			COMMUNITY DEVELOPMENT

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UNITED FOOD BANK OF PLANT CITY 702 E ALSOBROOK ST PLANT CITY, FL 33563	59-3069728	501(C)(3)	0.	10,000.			COMMUNITY DEVELOPMENT
UNITED POLICYHOLDERS 381 BUSH STREET SAN FRANCISCO, CA 94104	94-3162024	501(C)(3)	0.	123,750.			HUMAN SERVICES
UNITED WAY OF SANTA CRUZ COUNTY PO BOX 1458 CAPITOLA, CA 95010-1458	94-1422471	501(C)(3)	0.	27,250.			COMMUNITY DEVELOPMENT
UPWELL TURTLES 99 PACIFIC STREET MONTEREY, CA 93940	82-1309235	501(C)(3)	0.	20,000.			ENVIRONMENT
UTAH FILM CENTER 50 WEST BROADWAY SALT LAKE CITY, UT 84101	753077559	501(C)(3)	0.	25,000.			ARTS, HISTORY, AND CULTURE
VALLEY CHURCHES UNITED 9400 HIGHWAY 9 BEN LOMOND, CA 95005-0367	77-0163322	501(C)(3)	0.	20,500.			HUMAN SERVICES
VALLEY OF THE SUN JCC 12701 NORTH SCOTTSDALE ROAD SCOTTSDALE, AZ 85254	860622258	501(C)(3)	0.	10,000.			HUMAN SERVICES
VANGUARD CHARITABLE ENDOWMENT PROGRAM - PO BOX 9509 - WARWICK, RI 02889-9509	23-2888152	501(C)(3)	0.	95,737.			COMMUNITY DEVELOPMENT
VENTANA WILDERNESS ALLIANCE PO BOX 506 SANTA CRUZ, CA 95061-0506	77-0532467	501(C)(3)	0.	5,088.			ENVIRONMENT

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VENTANA WILDLIFE SOCIETY 9699 BLUE LARKSPUR LANE MONTEREY, CA 93940	94-2795935	501(C)(3)	0.	51,500.			ENVIRONMENT
VIVALON 930 TAMALPAIS AVE SAN RAFAEL, CA 94901	94-1422463	501(C)(3)	0.	25,000.			HUMAN SERVICES
VOLUNTEER CENTER OF SANTA CRUZ COUNTY - 1740 17TH AVENUE - SANTA CRUZ, CA 95062	94-1702678	501(C)(3)	0.	178,558.			COMMUNITY DEVELOPMENT
WALNUT AVENUE FAMILY & WOMEN'S CENTER - 303 WALNUT AVENUE - SANTA CRUZ, CA 95060	94-1186197	501(C)(3)	0.	46,750.			HUMAN SERVICES
WATSONVILLE FILM FESTIVAL PO BOX 172 WATSONVILLE, CA 95077-0172	81-3138376	501(C)(3)	0.	50,700.			COMMUNITY DEVELOPMENT
WATSONVILLE HIGH SCHOOL FOUNDATION 17 HAWTHORNE AVENUE WATSONVILLE, CA 95076	77-0008389	501(C)(3)	0.	11,404.			COMMUNITY DEVELOPMENT
WATSONVILLE JR. WILDCATZ PO BOX 2711 WATSONVILLE, CA 95077	820907428	501(C)(3)	0.	12,500.			COMMUNITY DEVELOPMENT
WATSONVILLE LAW CENTER 315 MAIN STREET WATSONVILLE, CA 95076	20-8157214	501(C)(3)	0.	31,000.			ENVIRONMENT
WATSONVILLE ROTARY FOUNDATION PO BOX 282 WATSONVILLE, CA 95077-0282	94-2577900	501(C)(3)	0.	22,250.			EDUCATION/YOUTH DEVELOPMENT

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WATSONVILLE WETLANDS WATCH 500 HARKINS SLOUGH ROAD WATSONVILLE, CA 95019-9453	77-0519882	501(C)(3)	0.	49,673.			EDUCATION/YOUTH DEVELOPMENT
WHARF TO WHARF RACE PO BOX 307 CAPITOLA, CA 95010-0307	77-0061106	501(C)(3)	0.	360,000.			COMMUNITY DEVELOPMENT
WILDAID, INC 333 PINE STREET SAN FRANCISCO, CA 94104	20-3644441	501(C)(3)	0.	50,000.			ENVIRONMENT
WILD FOUNDATION 717 POPLAR AVE BOULDER, CO 80304	23-7389749	501(C)(3)	0.	50,000.			ENVIRONMENT
WINGS HOMELESS ADVOCACY PO BOX 1509 FELTON, CA 95018-1509	47-2483270	501(C)(3)	0.	9,500.			HUMAN SERVICES
WORLD WILDLIFE FUND 1250 24TH ST NW WASHINGTON, DC 20090-7180	52-1693387	501(C)(3)	0.	50,000.			ENVIRONMENT
Y360 PO BOX 26479 COLORADO SPRINGS, CO 80936	841300954	501(C)(3)	0.	16,000.			HUMAN SERVICES
YOUNG LADIES GRAND INSTITUTE - SANTA CRUZ #95 - 222 HIGHLAND AVE - SANTA CRUZ, CA 95060		501(C)(3)	0.	10,000.			HUMAN SERVICES
YOUR FUTURE IS OUR BUSINESS 399 ENCINAL STREET SANTA CRUZ, CA 95060-2132	77-0563559	501(C)(3)	0.	9,000.			EDUCATION/YOUTH DEVELOPMENT

Schedule I (Form 990)

COMMUNITY FOUNDATION SANTA CRUZ
 COUNTY

Schedule I (Form 990)

94-2808039

Page 1

Part II Continuation of Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH N.O.W. 124 EAST LAKE AVENUE WATSONVILLE, CA 95076	270741964	501(C)(3)	0.	32,000.			EDUCATION/YOUTH DEVELOPMENT
YWCA OF WATSONVILLE 340 EAST BEACH STREET WATSONVILLE, CA 95076	94-1212142	501(C)(3)	0.	51,645.			EDUCATION/YOUTH DEVELOPMENT

COMMUNITY FOUNDATION SANTA CRUZ
COUNTY

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

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

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

PART I, LINE 2:

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

Part IV Supplemental Information

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

**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

2021

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

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

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

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? **5a** **X**
- b** Any related organization? **5b** **X**
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? **6a** **X**
- b** Any related organization? **6b** **X**
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** **X**
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** **X**
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

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

Schedule J (Form 990) 2021

COMMUNITY FOUNDATION SANTA CRUZ
COUNTY

94-2808039

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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 CEO	(i)	247,400.	0.	0.	14,844.	8,832.	271,076.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSAN FARRAR CHIEF OPERATING & FINANCIAL OFFICER	(i)	184,980.	0.	0.	11,099.	19,829.	215,908.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TIM CARSON PROGRAM DIRECTOR - RWMF	(i)	155,458.	0.	0.	9,328.	12,402.	177,188.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SAM LEASK PHILANTHROPIC SERVICES DIRECTOR	(i)	146,313.	0.	0.	8,779.	21,232.	176,324.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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	6	10,560,708.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	1	2,833,333.	FMV
12 Securities - Miscellaneous	X	2	5,492,509.	FMV
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**

	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) 2021

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

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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 FOUNDATION'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 KEY ELEMENTS INCLUDE:

ALL BOARD MEMBER, 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) 2021

Name of the organization	COMMUNITY FOUNDATION SANTA CRUZ COUNTY	Employer identification number	94-2808039
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REQUIRED TO PROVIDE A LIST OF NONPROFIT AND PROFESSIONAL PHILANTHROPIC ORGANIZATIONS WITH WHICH THEY HAVE RELATIONSHIPS, AS WELL AS ANY RELATIONSHIPS OF IMMEDIATE FAMILY MEMBERS. THEY MUST DISCLOSE ANY MATERIAL OWNERSHIP OR INVESTMENT INTEREST WITH ANY ENTITY THAT HAS NEGOTIATED A TRANSACTION WITH THE FOUNDATION WITHIN THE PAST YEAR OR OF ANY TRANSACTIONS KNOWN TO BE CURRENTLY PENDING OR PROPOSED. THIS INFORMATION IS COLLECTED BY THE CEO AND REPORTED BACK TO THE BOARD.

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

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 RESCUE THEMSELVES FROM THE MEETING WHILE THE IMPLICATION OF THE AFFILIATION ARE CONSIDERED.

FOR ALL MATTERS BEFORE THE BOAD 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.

THE FOUNDATION IS COMMITTED TO ATTRACTING AND RETAINING A QUALIFIED, DIVERSE WORKFORCE THROUGH A COMPETITIVE COMPENSATION PROGRAM WITHIN THE

Name of the organization COMMUNITY FOUNDATION SANTA CRUZ
COUNTY

Employer identification number
94-2808039

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 ADDRESSED 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 RESULTS 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 OVERAL ASSESSMENT AND GOAL SETTING, AS WELL AS DISCUSSION OF SALARY COMPENSATION BASED ON A REVIEW OF COMPARABLE SALARIES FOR OTHER COMMUNITY FOUNDATIONS OF OUR SIZE; AND

Name of the organization COMMUNITY FOUNDATION SANTA CRUZ
COUNTY

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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 B, LINE 15:

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

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

EMPLOYEES RECEIVE AN ANNUAL SALARY REVIEW BY THEIR SUPERVISORS (OR BY THE

Name of the organization COMMUNITY FOUNDATION SANTA CRUZ
COUNTY

Employer identification number
94-2808039

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

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

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

ADJUSTMENTS TO AGENCY FUNDS	17,331,978.
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FORM 990, PART XI, LINE 2C:

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2021

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	159,228.	2,787,500.	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 COUNTRY	CALIFORNIA	501(C)(3)	LINE 12A, I	COMMUNITY FOUNDATION SANTA CRUZ	X	

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

Schedule R (Form 990) 2021

COMMUNITY FOUNDATION SANTA CRUZ
 COUNTY

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE LEAD TRUST (1)	CHARITABLE GIVING	CA	CFSCC					X	
CHARITABLE REMAINDER TRUST (4)	CHARITABLE GIVING	CA	CFSCC					X	

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.

	Yes	No
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?		
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	410,923.	BOOK VALUE
(2) REGIONAL WATER MANAGEMENT FOUNDATION	D	440,580.	BOOK VALUE
(3)			
(4)			
(5)			
(6)			

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

2021

For calendar year 2021 or other tax year beginning _____, and ending _____

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury
Internal Revenue Service

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) COMMUNITY FOUNDATION SANTA CRUZ COUNTY</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 7807 SOQUEL DRIVE</p> <p>City or town, state or province, country, and ZIP or foreign postal code APTOS, CA 95003</p> <p>C Book value of all assets at end of year ▶ 202,776,480.</p>	<p>D Employer identification number 94-2808039</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
---	------------------------------	---	--

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **SABINE DUKES** Telephone number ▶ **831-662-2020**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-68,644.
2 Reserved	2	
3 Add lines 1 and 2	3	-68,644.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-68,644.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-68,644.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

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 amounts due. 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 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		5		0.
6a Payments: A 2020 overpayment credited to 2021	6a			
b 2021 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	6g			
<input type="checkbox"/> Form 4136				
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 2022 estimated tax		11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2021 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
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
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			
4 Enter available pre-2018 NOL carryovers here			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
	\$		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a 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 6b. 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.								
	<i>SDukes</i> Signature of officer	Nov 15, 2022 Date							
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN				
	KEVIN T. WILSON	<i>KW</i> Kevin Wilson (Nov 15, 2022 19:31 PST)	Nov 15, 2022		P01313212				
	Firm's name ▶ NOVOGRADAC & COMPANY LLP	Firm's EIN ▶ 94-3108253							
Firm's address ▶ 2033 N. MAIN STREET, SUITE 400 WALNUT CREEK, CA 94596				Phone no. 925-949-4300					

**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).

1
OMB No. 1545-0047

2021

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) ▶ 532000	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **RENTAL AND LEASING SERVICES**

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 ▶			
2 Cost of goods sold (Part III, line 8)	1c			
3 Gross profit. Subtract line 2 from line 1c	2			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	3			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4a			
c Capital loss deduction for trusts	4b			
5 Income (loss) from a partnership or an S corporation (attach statement)	4c			
6 Rent income (Part IV)	5	-68,644.		-68,644.
7 Unrelated debt-financed income (Part V)	6			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	7			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	8			
10 Exploited exempt activity income (Part VIII)	9			
11 Advertising income (Part IX)	10			
12 Other income (see instructions; attach statement)	11			
13 Total. Combine lines 3 through 12	12	-68,644.		-68,644.
	13			

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	15			0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			-68,644.
17 Deduction for net operating loss. See instructions	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			-68,644.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

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

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A **ORBIS FINANCIAL, LLC**

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property	0.			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)	0.			
b Other deductions (attach statement)	0.			
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	0.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement)	0.			
6 Divide line 4 by line 500%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 ..	0.			
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶	0.			
9 Allocable deductions. Multiply line 3c by line 6	0.			
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶	0.			
11 Total dividends-received deductions included in line 10 ▶	0.			

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

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			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	
(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	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a

3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

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

Part XI Supplemental Information (see instructions)
