Department of the

Internal Revenue Service

Treasury

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.

OMB No. 1545-0047

DLN: 93493134037691

2019

Open to Public Inspection

A F	or the	e 2019 c	alendar year, or tax year begir	ning 07-01-2019 , and ending 06-3	30-2020			_
B Che	ck if ap	pplicable:	C Name of organization LEONARD & BERYL BUCK FOUNDAT:	ON		D Employer	r identification number	
		change	C/O WELLS FARGO BANK	Oliv		94-64856	668	
	me cha tial ret	-	Doing business as					
		.urri n/terminated						
		l return	Number and street (or P.O. box if m	ail is not delivered to street address) Room/s	uite	E Telephone	number	
□ Ар	plicatio	on pending	333 MARKET ST 8TH FL			(628) 26	0-3590	
			City or town, state or province, cour SAN FRANCISCO, CA 94105	ntry, and ZIP or foreign postal code				
			SANTRANCISCO, CA 94103			G Gross rece	eipts \$ 276,898,622	
			F Name and address of principa	l officer:	H(a) I	s this a group retu	ırn for	_
			WELLS FARGO BANK NA PO BOX 63954			ubordinates?	□Yes 🗹 No	
			SAN FRANCISCO, CA 94163			are all subordinate ncluded?	s ☐ Yes ☐No	
I Tax	k-exen	npt status:	✓ 501(c)(3) ☐ 501(c)() ◀	(insert no.) \Box 4947(a)(1) or \Box 527			st. (see instructions)	
J W	ebsit	e:▶ N/A	4		H(c) (Group exemption r	number 🕨	
					l v c		Maria di ili ca	—
K Forn	n of or	ganization	: Corporation Trust Asso	ciation L Other >	L Year or	formation: 1979	M State of legal domicile: CA	
Pa	ırt I	Sum	mary					—
			scribe the organization's mission o	r most significant activities:				_
ψ	9	GRANT M	AKING TO NON-PROFIT CHARITAB	LE, RELIGIOUS OR EDUCATIONAL ORGS	5. IN MARI	N COUNTY, CA.		
<u>=</u>	_							_
Ĕ	_							
Governance				scontinued its operations or disposed of			sets.	
<u> </u>	3	Number	of voting members of the governir	ng body (Part VI, line 1a)			3	2
20 დე	4	Number	of independent voting members of	the governing body (Part VI, line 1b)			4	0
#£	5	Total nur	mber of individuals employed in ca	lendar year 2019 (Part V, line 2a) .			5	0
Activities &	6	Total nur	mber of volunteers (estimate if ne	cessary)			6	0
ď	l			: VIII, column (C), line 12			7a -956,67	78
	b	Net unre	lated business taxable income from	n Form 990-T, line 39	<u> </u>		7b -1,009,17	78
			Prior Year	Current Year				
<u>9</u> :	8	Contribut	tions and grants (Part VIII, line 1h)				0	0
Ravenue	9	Program	service revenue (Part VIII, line 2g)			0	0	
Αş∢	10	Investme	ent income (Part VIII, column (A), l	53,504,59	92 56,088,2	99		
_	11	Other rev	venue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			0	0
	12	Total rev	renue—add lines 8 through 11 (mu	st equal Part VIII, column (A), line 12)		53,504,59	92 56,088,2	99 —
	13	Grants a	nd similar amounts paid (Part IX, o	column (A), lines 1–3)		24,974,38	36,460,5	17
	14	Benefits	paid to or for members (Part IX, co	olumn (A), line 4)			0	0
æ	15	Salaries,	other compensation, employee be	enefits (Part IX, column (A), lines 5–10)			0	0
Expenses	16 a	Profession	onal fundraising fees (Part IX, colu	mn (A), line 11e)			0	0
Š	ь	Total fund	raising expenses (Part IX, column (D),	line 25) ▶0				
ш	17	Other ex	penses (Part IX, column (A), lines	11a-11d, 11f-24e)		11,590,68	30 12,256,6	21
	18	Total exp	penses. Add lines 13–17 (must equ	ıal Part IX, column (A), line 25)		36,565,06	54 48,717,1	38
	19	Revenue	less expenses. Subtract line 18 fr	om line 12		16,939,52	7,371,1	61
୯୫.୪					Begin	ning of Current Ye	ar End of Year	
Net Assets or Fund Balances	20	Total aca	sets (Part X, line 16)		<u> </u>	959,513,37	73 012 247 7	<u></u>
Age 1	l		, , ,				- ' '	_
žŠ.	l		oilities (Part X, line 26) ts or fund balances. Subtract line	21 from line 20		32,717,26		_
	rt II		ature Block	21 110111 1111e 20		926,796,11	10 891,517,5	-
				ined this return, including accompanying	a schedule:	s and statements.	and to the best of my	—
knowl	edge	and belie		. Declaration of preparer (other than off				ŝ
any k	nowie	eage.						—
		****	*			2021-05-14		_
Sign		Signat	ure of officer			Date		
Here	;	WELLS	FARGO BANK NA FIDUCIARY					_
		Туре с	or print name and title					
		F	Print/Type preparer's name		Date 2021-04- 1 2		TIN 00650274	
Paid	t	L			_021 04-12	self-employed		
Pre		;1	Firm's name ARMANINO LLP	Firm's EIN ► 94-6.	214841			
Use	On	ly 🎏	Firm's address ► 12657 ALCOSTA BLVD	Phone no. (925) 790-2600				
			SAN RAMON, CA 9458	34600				
May +	he ID	S discuss	this return with the preparer show			1	✓ Yes □ No	—
			duction Act Notice, see the ser	•	Cat	No. 11282Y	Form 990 (201	[9]
			, oop		-ui.			

Form	990 (2019)					Page 2
Pa	rt III Stateme	ent of Program Service	e Accomplis	hments		
	Check if S	Schedule O contains a respo	nse or note to	any line in this Part III .		🗹
1	Briefly describe th	he organization's mission:				
		RYL BUCK FOUNDATION IS US OR EDUCATIONAL ACTIV			BLISHED IN 1979 TO DISTRIBUTE 	FUNDS FOR NON-PROFIT
2	Did the organizat	ion undertake any significa	nt program ser	vices during the year wh	ich were not listed on	
	the prior Form 99	90 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe	these new services on Sch	edule O.			
3	Did the organizat	tion cease conducting, or m	ake significant	changes in how it condu	cts, any program	
		these changes on Schedul				☐ Yes ☑ No
4	Describe the orga Section 501(c)(3)	anization's program service	accomplishmer	to report the amount of	argest program services, as measu f grants and allocations to others, t	
4a	(Code:) (Expenses \$	47,429,262	including grants of \$	36,460,517) (Revenue \$)
	See Additional Data		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	, , , , , , , , , , , , , , , , , , , ,	,
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program se	ervices (Describe in Schedu	ıle O.)			
	(Expenses \$	incl	uding grants of	\$) (Revenue \$)
4e	Total program s	service expenses >	47,429,2	62		

Form	990 (2019)			Page 3
Par	t IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes Yes	No
2	Schedule A	2	 '	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates		 '	No
٥	for public office? If "Yes," complete Schedule C, Part I	3	<u> </u> '	
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? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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,</i> Part	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D,</i> Part VI.	11a		No
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? If "Yes," complete Schedule D, Part VII	11b	Yes	
	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? If "Yes," complete Schedule D, Part VIII 2	11c		No
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? If "Yes," complete Schedule D, Part IX 🕏	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	<u>_</u> '	No
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)? If "Yes," complete Schedule D, Part X	11f	,	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	· · · · · · · · · · · · · · · · · · ·	1 '	1 '	1

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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? If "Yes," complete Schedule I, Parts I and II

foreign organization? If "Yes," complete Schedule F, Parts II and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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14b

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20a

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Yes

Form **990** (2019)

Yes

Nο

Nο

Nο

Nο

Nο

Nο

	990 (2019)			Pag
ar	Checklist of Required Schedules (continued)			
			Yes	No
	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? If "Yes," complete Schedule I, Parts I and III	22		No
	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		No
	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part I	25a		N ₁
	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? If "Yes," complete Schedule L, Part I	25b		N
	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? If "Yes," complete Schedule L, Part II	26		N
	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? If "Yes," complete Schedule L, Part III	27		N
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		N
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		N
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		N
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		N
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		N
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N
	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? If "Yes," complete Schedule R, Part VI	37		N
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
ļ	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	-

1a

1b

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

0

0

1c

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
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)						
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)	2b						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes					
	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)? • • •	4a		No				
D	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?	5a		No				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
	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?	6a		No				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b						
7	Organizations that may receive deductible contributions under section 170(c).							
	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?			No				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	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?							
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b] Section FO(4)(12) approximations. Fators	-						
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders							
	Gross income from other sources (Do not net amounts due or paid to other sources	1						
	against amounts due or received from them.)							
	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.							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	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							
	Enter the amount of reserves on hand]						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
	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?	15		No				
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		No				

01111	556 (2015)			rage
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines V
Se	ction 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 2			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	-	
10-	Did the every institut have least shoutour burnshap an effiliates?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		NO
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
IIA	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
b	taxable entity during the year?	16a		No
	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		
	ction 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website 🗹 Upon request 🗆 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: •WELLS FARGO BANK PO BOX 63954 SAN FRANCISCO, CA 94163 (415) 396-3737			
		F	orm 99	0.(201)

(A)

Name and title

(F)

Estimated

amount of other

(E)

Reportable

compensation

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

and Independent Contractors

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations. • List all of the organization's former officers, key employees, or 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.

(C)

Position (do not check more

than one box, unless person

(D)

Reportable

compensation

See instructions for the order in which to list the persons above.

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

(B)

Average hours per

from the from related compensation	0 0 0	0 0 0		Form 990 (2019)
organization (W-2/1099-	0	0		
Former				
and a				
ficer rust				
n of or/t				
oth a ct Institutional Trustee	х	х		
individual trustee or director				
week (list any hours for related organizations below dotted line)	10.00	10.00		
	(1) WELLS FARGO BANK NA INVESTMENT TRUSTEE	(2) MARIN COMMUNITY FOUNDATION DISTRIBUTION TRUSTEE		

Par	Section A. Officers, Direct	tors, Trustees	, Key I	Empl	loye	es,	and	High	nest Compens	ated Employees	(cont	inued)	
	(A) Name and title	(B) Average hours per week (list any hours for related	than o	ne b	n off	t cho inles ficer rust	and a	son	(D) Reportable compensatior from the organization (W-2/1099-	from related	,	(F Estima amount of compen from organizat	ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)		relat organiz	ted
сТ	ub-Total		Α.				>		0		0		0
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove		rece	eived more than	\$100,000			
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>						oyee,	or hi	ghest compensal	ted employee on		Yes	No
4	For any individual listed on line 1a, is organization and related organization individual	the sum of repo	ortable (- comp	• ensa	- itior	n and c				3		No No
5	Did any person listed on line 1a receiv services rendered to the organization									ndividual for	5		No
S e	ction B. Independent Contract Complete this table for your five high from the organization. Report comper	est compensate									npen	sation	
		(A) and business addre		,		9			T	(B) escription of services		(C	
	S ADVISORY TH AVE 3900	ma business addre							CONSUL	•		Сотпре	325,000
ARMA	'LE, WA 98104 NINO LLP ' ALCOSTA BLVD SUITE 500								ACCOUN	TING			199,358
VULCA	AMON, CA 94583 N VALUE PARTNERS LLC HIGHWAY 280 SOUTH SUITE 300								INVESTM	MENT MANAGEMENT			197,387
BIRMI PGIM	NGHAM, AL 35223 REAL ESTATE US DEBT FUND							140,902					
NEW Y	BROADWAY FL 36 YORK, NY 10036 .LA BRAUN & MARTEL LLP								LEGAL S	ERVICES			102,959
235 M SAN F	ONTGOMERY ST RANCISCO, CA 94104												·
່າ T	otal number of independent contractor	s (including but	not lim	ited t	o th	nse	listed	abov	(e) who received	more than \$100.00	വെപ്		

orm 9- Part		(2019) Statement	of F	Revenue						Page 9
			dule	O contains a	respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	12	a Federated campa	aians	I	1 a			revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	ו	b Membership due:		Ļ	1b					
Gra mot	١,	c Fundraising even	nts .		1c					
ifts, ir A	۱,	d Related organiza	tions	s [1 d					
r, Gi mila	١,	e Government grants	(con	tributions)	1e					
ions r Sil	1	f All other contribution and similar amounts			1f					
but	١,	above g Noncash contribution	ons in	L cluded in		<u> </u>				
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a - 1f:\$			1 g					
ة ت		h Total. Add lines	1a-1	f	•	>				
	2a					Business Code				
Program Service Revenue	b	,								
e Re	_	-								
ervic	С									
E &	d	· <u></u>								
ogra	e									
Ğ		All other program	cory	ico rovenue						
		Total. Add lines 2								
	3	Investment income	(inc	luding divide	ends, i			1	-1,738,221	25,247,012
		similar amounts) . Income from invest		 nt of tax-exe		ond proceeds	1	1	-1,750,221	23,247,012
	l	Royalties			•		•			
				(i) Rea	al	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income	6c							
	d	or (loss) Net rental income				<u> </u>	_			
	(i) Securit				ities	(ii) Other				
	7a	7a Gross amount from sales of 7a 253				1				
		assets other than inventory								
	b	Less: cost or other basis and	7b	220,8	310,323	3				
		sales expenses					_			
	l	Gain or (loss)	7 c		579,508				704 540	24 707 065
	l	I Net gain or (loss) Gross income from fu				· · · •	32,579,50	8	781,543	31,797,965
3ne		(not including \$ contributions reporte		of						
Other Revenue		See Part IV, line 18			8a					
r R	l	Less: direct expen			8b					
Othe	C	: Net income or (los	ss) fr	om fundrais	ing ev	ents •				
	9a	Gross income from See Part IV, line 19	gam	ing activities.	1					
	b	Less: direct expen			9a 9b					
	ı	: Net income or (los			activit	ies 🕨				
	102	aGross sales of inve	entoi	rv. less						
		returns and allowa	ances	s	10a					
		Less: cost of good			10b					
		Net income or (los Miscellaneo			invent	Business Code				
	11						1			
	b)								
	 c	<u> </u>					1			
	"	•								
	d	All other revenue								
	e	Total. Add lines 1	1a-:	11d		>				
	12	Total revenue. S	ee ir	nstructions			56,088,29	9	-956,678	57,044,977
	_						. ,==	•		Form 000 (2010)

	n 990 (2019)				Page 10
Pa	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must co		_		
	Check if Schedule O contains a response or note to any	y line in this Part IX			🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	36,460,517	36,460,517		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
	Fees for services (non-employees):				
	Management				
	Degal	164,774	82,387	82,387	
	, · ⊢	169,790	84,895	84,895	
		103,730	01,033	01,055	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	1 000 170	0.45.006	- 45.006	
	Investment management fees	1,890,172	945,086	945,086	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,031,885	9,856,377	175,508	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a				
	b				
-	<u>c</u>				
-	d				
•	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	48,717,138	47,429,262	1,287,876	0
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).				

Form 990 (2019)

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Assets

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12

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21

23

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33

Liabilities 22

Fund Balances

٥ 29

Assets 30 65,812,753

1.669.379

2.922.172

308,020,443

534,923,027

913,347,774

1,754,450

20.075.816

21.830.266

891,517,508

891,517,508

913,347,774

Form 990 (2019)

(B) End of year

Page 11

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

Cash-non-interest-bearing										
Savings and temporary cash	inv	estr	neni	ts	•	•				

	Savings and temporary cash investments	
,	Pledges and grants receivable, net	
	Accounts receivable, net	
;	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled	

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net

Inventories for sale or use . . Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

10a

10b

Beginning of year

62,538,944

9,552,567

3.924.059

362,207,729

521.290.074

959,513,373

10,142,957

22,574,306

32.717.263

926,796,110

926,796,110

959,513,373

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If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

3b No

1c If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2019)

Additional Data

Software ID:

Software Version:

EIN: 94-6485668

Name: LEONARD & BERYL BUCK FOUNDATION

C/O WELLS FARGO BANK

Form 990 (2019)

COMMUNITY ARTS, SOCIAL JUSTICE, AND ACCESS TO PARKS AND OPEN SPACE.

Form 990, Part III, Line 4a:

WELLS FARGO BANK ("WFB"). AS INVESTMENT TRUSTEE. ADMINISTERS THE TRUST AND MANAGES THE TRUST'S INVESTMENTS. MARIN COMMUNITY FOUNDATION ("MCF"), AS DISBURSEMENT TRUSTEE, DISBURSES TRUST FUNDS TO CHARITABLE RECIPIENTS. DURING FISCAL YEAR 2020, NEW GRANTS AWARDED FROM THE BUCK TRUST IN SUPPORT OF MCF'S STRATEGIC PLAN TOTALED OVER \$36 MILLION. GRANTS WERE MADE THROUGHOUT MARIN COUNTY TO SUPPORT FOUR STRATEGIC INITIATIVES AS WELL AS NINE COMMUNITY GRANTS AREAS. THE STRATEGIC INITIATIVES ARE: CLOSING THE EDUCATIONAL ACHIEVEMENT GAP. DEVELOPING AFFORDABLE HOUSING, INCREASING THE ECONOMIC SECURITY AND UPWARD MOBILITY OF POOR AND LOW-INCOME INDIVIDUALS AND FAMILIES, AND ACTING AS A CATALYST FOR CHANGE IN EFFORTS TO REDUCE THE ENVIRONMENTAL IMPACTS OF CLIMATE CHANGE. (CONTINUED ON SCHEDULE O)ISSUE AREAS BEING SUPPORTED UNDER THE COMMUNITY GRANTS AREAS ARE IMMIGRANT INTEGRATION, SERVICES FOR OLDER ADULTS, COMMUNITY HEALTH, LEGAL SERVICES, ARTS EDUCATION AND

efil	e GR	APHIC prir	t - DO N	OT PROCESS	As Filed Data -			DLN: 93	3493134037691		
SCI (For	HED m 99	ULE A		Public C	harity Status	on 501 (c)(3) o	rganization or	ort 📙	2019		
990E	EZ)				4947(a)(1) nonexeı ▶ Attach to Form 9						
Depart	ment of	f the Treasury	•		gov/Form990 for in			rmation.	Open to Public Inspection		
Nam	e of tl	nue Service L he organizat						Employer identifica	<u> </u>		
		BERYL BUCK FO ARGO BANK	UNDATION					94-6485668			
	rt I				s (All organizations			ee instructions.			
The o	rganiz		•		t is: (For lines 1 throu	- '	. ,				
1		A church, c	onvention o	f churches, or ass	ociation of churches d	escribed in sect	ion 170(b)(1)	(A)(i).			
2		A school de	scribed in s	ection 170(b)(1)(A)(ii). (Attach Sch	edule E (Form 99	90 or 990-EZ).)				
3		A hospital o	r a coopera	tive hospital servi	ce organization descri	bed in section 1	170(b)(1)(A)(i	iii).			
4		A medical range name, city,		anization operated	d in conjunction with a	a hospital describ	oed in section 1	. 70(b)(1)(A)(iii). Er	nter the hospital's		
5		(b)(1)(A)(iv). (Comp	lete Part II.)	of a college or univers	,			ped in section 170		
6		A federal, s	tate, or loca	al government or o	governmental unit des	cribed in sectio	n 170(b)(1)(A)(v).			
7		section 17	0(b)(1)(A))(vi). (Complete I	•			nit or from the genera	I public described in		
8		A communi	y trust des	cribed in section	170(b)(1)(A)(vi). (Complete Part II	(.)				
9					scribed in 170(b)(1)(e instructions. Enter t				ege or university or a		
10		from activit investment	ies related t income and	to its exempt func	tions—subject to certa ss taxable income (les	ain exceptions, a	ınd (2) no more	ons, membership fees, and gross receipts re than 331/3% of its support from gross lesses acquired by the organization after June			
11		An organiza	tion organiz	zed and operated	exclusively to test for	public safety. Se	ee section 509)9(a)(4).			
12	✓	more public	ly supporte	d organizations de	exclusively for the be escribed in section 50 he type of supporting	09(a)(1) or sec	tion 509(a)(2)	. See section 509(a			
а		organizatio	n(s) the pov		ted, supervised, or co ppoint or elect a major						
b	✓	Type II. A managemen	supporting nt of the sup	organization supe	rvised or controlled in tion vested in the sam						
С		Type III fu	ınctionally	integrated. A su	upporting organization ns). You must com p				ted with, its		
d		functionally	integrated.	The organization	A supporting organiz generally must satisf IV, Sections A and	y a distribution r					
е		Check this I	oox if the or	rganization receive	ed a written determina ntegrated supporting	ation from the IR	RS that it is a Ty	pe I, Type II, Type III	functionally		
f	Enter		, ,	,		-		<u>1</u>			
g	Provi	ide the follow	ing informat	tion about the sup	ported organization(s).					
	(i) N	lame of suppo organization	orted	(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				
(A) M	IARIN C	COMMUNITY FO	JNDATION	943007979	8	Yes		48,672,402	C		
Tota	ı		1					48,672,402			
		work Reduct	ion Act No	tice, see the Ins	structions for	Cat. No. 11285	F S	Schedule A (Form 99			

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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).						
6	Public support. Subtract line 5 from						
	line 4.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					▶ [
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	33 1/3% support test—2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
17 a	10%-facts-and-circumstances tes	t— 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	r-and-circumstanci cumstances" test.	es test, check thi The organization	s box and stop n e qualifies as a publ	e re. Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— 2018. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization			-		• •	. \Box
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 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						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of

Schedule A (Form 990 or 990-EZ) 2019

5a

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10a

supervised by or in connection with its supported organizations.

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations

Page 4

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

No

No

No

No

No

No

No

No

			res	NO
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			

	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.	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	in section 509(a)(1) or (2).	2		No
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below.	22		No

2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	in section 509(a)(1) or (2).	2	No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below.	3a	No
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)? If "Yes," describe in Part VI when and how the organization made the		
	determination.	- 1.	

	below.	3a		No
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)? If "Yes," describe in Part VI when and how the organization made the			
	determination.			
С	the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			

D	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below.			No
b	The time of game and the time a			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b		

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)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

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)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

Sche	edule A (Form 990 or 990-EZ) 2019		F	age 5
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
11	, , , , , , , , , , , , , , , , , , , ,			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
h	A family member of a person described in (a) above?	11a		No
b				
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		No
50	ection B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		res	NO
2	Did the expanisation energia for the honefit of any connected expanisation other than the connected expanisation(e) that	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	2		
	organization.	-		
S	ection 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		No
30	ection D. All Type III Supporting Organizations		Yes	No
1	Did the every leading appried to each of the every lead appropriate by the last day of the fifth mouth of the every leading.		165	NO
_	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? 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				
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection 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 instruction)	ons):		
4	The organization satisfied the Activities Test. Complete line 2 below.			
1	b			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		,	
	- Did substantially all of the agenciation's activities during the tay your disastly from the agency to your activities of the		Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
1	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the			
	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	21		
3		2b		
	Parent of Supported Organizations. Answer (a) and (b) below. 2. Did the erganization have the power to regularly appoint or elect a majority of the efficers, directors, or trustees of each of	2~		
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization everying a substantial degree of direction every the policies, programs and activities of each of its. 	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to who details in Part VI). See instructions	nich the organization is respons	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions if any for years prior to 2019			

7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to who details in Part VI). See instructions	nich the organization is respons	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
 Carryover from 2014 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The state of the s	·	

c From 2016		
d From 2017		
e From 2018		
Total of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		

C Remainder, Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7 Excess distributions carryover to 2020. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
b Excess from 2016		
c Excess from 2017		

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

d Excess from 2018.

e Excess from 2019.

Schedule A (Form 990 or 990-EZ) 2019 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D. lines 5, 6, and 8; and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). **Facts And Circumstances Test** 990 Schedule A, Supplemental Information Return Reference Explanation PART IV, SECTION C, LINE 1: THE LEONARD AND BERYL BUCK FOUNDATION ("FOUNDATION") IS A SUPPORTING ORGANIZATION OF MCF. THE FOUNDATION IS A CHARITABLE TRUST. PURSUANT TO THE TERMS OF THE FOUNDATION'S FORMATION DOCUMENTS AND COURT ORDER, MCF IS THE DISTRIBUTION TRUSTEE OF THE FOUNDATION. AS DISTRIBUT ION TRUSTEE. MCF HAS THE AUTHORITY TO DIRECT THE DISTRIBUTION OF THE FOUNDATION'S ASSETS F OR CHARITABLE PURPOSES. THUS, MCF CONTROLS THE DISTRIBUTION DECISIONS OF THE FOUNDATION AN D IS ABLE TO ENSURE THAT THE FOUNDATION'S ASSETS ARE USED EXCLUSIVELY FOR CHARITABLE PURPO

SES.

DLN: 93493134037691

OMB No. 1545-0047

SCHEDULE D

(Form 990)

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.

Department of the Treasury

Intern	al Revenue Service	► Go to <u>www.irs.gov/Forn</u>	<u>n990</u> for instructio	ns a	nd the latest info	rmatic	on. I	nspection
	me of the organ					Emp	ployer identificatio	n number
) WELLS FARGO BAN					94-6	5485668	
Pa		zations Maintaining Donor Advi				or Acc	ounts.	
	Comple	ete if the organization answered "Ye	(a) Donor		· ·		(b) Funds and othe	r accounts
1	Total number at	end of year	(a) Bollot	auv	Sca ranas		(b) Tanas and othe	- accounts
2		of contributions to (during year)						
3	Aggregate value	of grants from (during year)						
4	Aggregate value	at end of year						
5	Did the organiza	ation inform all donors and donor advisc	ors in writing that the	ass	ets held in donor ac	dvised (funds are the	
	organization's p	property, subject to the organization's ex	clusive legal control	?				☐ Yes ☐ No
6	charitable purpo	ation inform all grantees, donors, and do oses and not for the benefit of the donor	r or donor advisor, or	for	any other purpose	be use conferr	ed only for ring impermissible	
_		· · · · · · · · · · · · · · · · · · ·		• •				」Yes □ No
Рa		r vation Easements. ete if the organization answered "Ye	es" on Form 990. F	art	IV. line 7.			
1		onservation easements held by the orga						
	☐ Preservation	on of land for public use (e.g., recreatio	n or education)		Preservation of an	histor	rically important land	l area
	☐ Protection	of natural habitat	·		Preservation of a	certifie	d historic structure	
	☐ Preservation	on of open space						
2		2a through 2d if the organization held a	qualified conservation	n co	ontribution in the fo	rm of a	a conservation	
		e last day of the tax year.	4				Held at the End	of the Year
а	Total number of	conservation easements				2a		
b	-	estricted by conservation easements				2b		
С		ervation easements on a certified histori		•	•	2c		
d		ervation easements included in (c) acqu in the National Register	ired after 7/25/06, a	nd n	ot on a historic	2d		
3	Number of cons tax year ►	servation easements modified, transferre	ed, released, extingu	she	d, or terminated by	the or	ganization during the	3
4	Number of state	es where property subject to conservation	on easement is locate	ed ►				
5		ization have a written policy regarding t nt of the conservation easements it hold				of viola	ations,	□ No
6	Staff and volunt	teer hours devoted to monitoring, inspec	cting, handling of vio	latio	ns, and enforcing co	onserv	ation easements dur	ing the year
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violation	ıs, a	nd enforcing conser	vation	easements during th	ne year
8		ervation easement reported on line 2(d) 0(h)(4)(B)(ii)?				70(h)((4)(B)(i)	□ No
9	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easemer	footnote to the orga					
Par	Comple	zations Maintaining Collections te if the organization answered "Ye	es" on Form 990, P	art	IV, line 8.			
1a	art, historical tr	ion elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finar	public exhibition, ed	ucat	tion, or research in f			
b	historical treasu	ion elected, as permitted under SFAS 11 Ires, or other similar assets held for pub nts relating to these items:						
((i) Revenue includ	ded on Form 990, Part VIII, line 1					▶ \$	
		l in Form 990, Part X						
2	If the organizati	ion received or held works of art, histori nts required to be reported under SFAS	cal treasures, or oth	er si	milar assets for fina			
а	Revenue include	ed on Form 990, Part VIII, line 1					. • \$	
h	Acceta included	in Form 990 Part Y						

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2019

Par	t III	Organizations M	aintaining Col	lections of Ar	t, Histori	ical Tı	reasure	es, or Other	· Similar As	ssets (con	tinued)
3		g the organization's acq s (check all that apply):		n, and other reco	rds, check	any of	the follo	wing that are	a significant ι	use of its co	llection
а		Public exhibition			d		Loan or	exchange pro	grams		
b		Scholarly research			е		Other				
C		Preservation for future	e generations								
4		ide a description of the XIII.	organization's col	ections and expl	ain how th	ey furtl	ner the o	rganization's	exempt purpo	se in	
5		ng the year, did the org ts to be sold to raise fur								☐ Yes	□ No
Pa	rt IV										
		Complete if the or X, line 21.	ganization answ	ered "Yes" on	Form 990), Part	IV, line	9, or report	ed an amou	ınt on Fori	m 990, Part
1a		e organization an agent ded on Form 990, Part								☐ Yes	□ No
b	If "Y	es," explain the arrange	ement in Part XIII	and complete th	ne following	table:			А	mount	
C	Begii	nning balance						1c			
d	Addi	tions during the year .						. 1d			
е	Distr	ibutions during the year	r					1e			
f	Endi	ng balance						1f			
2a	Did t	the organization include	an amount on Fo	rm 990, Part X,	line 21, for	escrow	or custo	odial account l	iability?	☐ Yes	□ No
b	If "Y	es," explain the arrange	ement in Part XIII	Check here if th	ne explanat	ion has	been pr	ovided in Part	XIII		
Pa	art V						<u> </u>				
		Complete if the or	ganization ansv								
	Di	-if halanaa		(a) Current yea	r (b) F	Prior yea	r (c)	Two years back	(d) Three yea	ars back (e)	Four years back
	-	ning of year balance .									
		butions									
		vestment earnings, gair	•								
		s or scholarships									
е		expenditures for facilition	es								
f	Admin	nistrative expenses .									
g	End of	f year balance									
2	Prov	ide the estimated perce	ntage of the curre	ent year end bala	nce (line 1	g, colu	mn (a)) l	held as:			
а	Boar	d designated or quasi-e	ndowment ►								
b	Perm	nanent endowment ►									
c	Tem	porarily restricted endov									
	The	percentages on lines 2a	, 2b, and 2c shou	ld equal 100%.							
3a		there endowment funds nization by:	not in the posses	sion of the orgar	nization tha	it are h	eld and a	administered f	or the		Yes No
	-	inrelated organizations								3a(i)	
		related organizations .								3a(ii)
b		es" on 3a(ii), are the re					?			3b	
4		cribe in Part XIII the inte			ndowment	funds.					
Pa	rt VI	, ,			Form 000) Dov	T\/ line	112 522 5	orm 000 D-	rt V line :	10
	Descr	Complete if the or-	ganization answ (a) Cost or oth		Cost or other	<u> </u>		c) Accumulated			IO. Book value
	_ 2221		(investme				<i>[</i>]		·	. 7	
1a	Land										
		ngs									
		hold improvements									
		ment					-+				
							+				
E Tak	- I A-1-1		Salvena (d) maves a		Dank V z-li	(7	\ /in = 10	1/-1 1			

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on F	form 990 Part IV lie	no 11h	See Form 990 I	Dart V	line 1	2
	(a) Description of security or category (including name of security)	(b) Book value	ie iir	(c) Metho Cost or end-of	d of va	luation:	}
(1) Financia	I derivatives			Cost of Cha of	year n	idi Ket Y	, dide
(3) Other _	held equity interests				_		
	ATIVE INVESTMENTS	430,879,441			F		
(B) COLLECT	TIVE BOND FUNDS	59,716,824			F		
(C) COLLECT	TIVE EQUITY FUND	44,325,381			F		
(D) REAL ES (E)	TATE / MINERAL INTEREST	1,381			F		
(F)							
(G)							
(H)							
	n (b) must equal Form 990, Part X, col. (B) line 12.)	534,923,027					
Part VIII	Investments—Program Related.			C F 000	D \	11	2
	Complete if the organization answered 'Yes' on F (a) Description of investment	orm 990, Part IV, III	ne IIC	(b) Book value	(c)	Method	d of valuation:
					Cost		-of-year market ralue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col.(B) line 13.)		•				
Part IX	Other Assets. Complete if the organization answered 'Yes' on Fo		e 11d.	See Form 990, Par	t X, lin	e 15.	
(1)	(a) Description	1				(b)	Book value
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	mn (b) must equal Form 990, Part X, col.(B) line 15.)				•		
Part X	Other Liabilities.	arm 000 Part IV lin	0.110	or 116 Coo Form		25 mt V	line 2F
1.	Complete if the organization answered 'Yes' on Fo		<u>e 11e</u>	or III.See Form	990, F	art X,	(b) Book value
(1) Federal	income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
	n (b) must equal Form 990, Part X, col.(B) line 25.)			•			
•	or uncertain tax positions. In Part XIII, provide the text of 's liability for uncertain tax positions under FIN 48 (ASC 7		_				

2

h

3

5

Part XIII

Return Reference

Schedule D (Form 990) 2019

Page 4

11.548.364

-42,649,763

54 198 127

56,088,299

46,826,966

1.890.172

48,717,138

_				_	//
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	1,890,172		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	1,890,172

2a

2h

2c

2d

2a

2b

2c 2d

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments

Other (Describe in Part XIII.)

Recoveries of prior year grants

1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities а

Add lines 2a through 2d . .

Subtract line **2e** from line **1**

3 4

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1:

b

Investment expenses not included on Form 990, Part VIII, line 7b . . . Other (Describe in Part XIII.)

Add lines **4a** and **4b**

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

4b

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

1,890,172

-42,649,763

2e

3

1

2e

4c

3

46,826,966

Explanation Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Part XIII Supplemental Informat	tion (continued)	Page 5
Return Reference	Explanation	
		Schedule D (Form 990) 2019

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134037691 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ Complete if the organization answered "Yes" to 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. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** LEONARD & BERYL BUCK FOUNDATION C/O WELLS FARGO BANK 94-6485668 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (such as, program service, describe for and investments region and independent fundraising, program specific type of in the region contractors in the services, investments, grants service(s) in the region region to recipients located in the region) See Add'l Data 19.184.764 3a Sub-total . b Total from continuation sheets to Part I . . . c Totals (add lines 3a and 3b) 19,184,764

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

Sched	dule F (Form 990) 2019		Page 4
Par	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)		
	Corporations. (See Instructions for Form 3471)	✓ Yes	□ №
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)		
	(See Instructions for Form 6865)	✓ Yes	□ №
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

Schedule F	(Form 990) 2019	Page 5	
Part V 990 Sche	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); and Part III, column (c) (estimated number of recipients), as applicable any additional information. See instructions. dule F, Supplemental Information	method); Part III (accounting	
	Return Reference	Explanation	
PART III AC	CCOUNTING METHOD:		

Additional Data

EUROPE (INCLUDING ICELAND

& GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM

Software ID: Software Version:

ersion.

EIN: 94-6485668

Name: LEONARD & BERYL BUCK FOUNDATION

C/O WELLS FARGO BANK

4,634,619

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(t) Iotal expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	PASSIVE INVESTMENTS		12,158,937

0 PASSIVE INVESTMENTS

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (d) Activities conducted (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of region agents in fundraising, program service(s) in region region services, grants to recipients located in the reaion) 0 PASSIVE INVESTMENTS 2,391,208 NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

(Form 990)

Department of the

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 <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2019

DLN: 93493134037691

Open to Public Inspection

Internal Revenue Service							
Name of the organization LEONARD & BERYL BUCK FOUND	ATION					Employer identific	ation number
C/O WELLS FARGO BANK							
Does the organization mai the selection criteria used	ntain records to sub to award the grants	stantiate the amount of or assistance? . . .	the grants or assistance,	the grantees' eligibility	for the grants or assistan	ce, and	☑ Yes ☐ No
2 Describe in Part IV the org							E les L N
Part III Grants and Other	Assistance to Don	nestic Organizations a	ind Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of sect3 Enter total number of other		-					130
For Paperwork Reduction Act Notice			<u> </u>	Cat. No. 5005			edule I (Form 990) 2019

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) 2019

Part III

(2) (3) (4)

(5) (6)

(7)

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

Explanation FROM THE FOUNDATION. THE GRANTEE MUST SATISFY THE FOUNDATION AND MCF'S DUE DILIGENCE REQUIREMENTS. THIS PROCESS INCLUDES MAKING AN

Return Reference MCF, AS DISTRIBUTION TRUSTEE, IS RESPONSIBLE FOR SELECTING GRANT RECIPIENTS ON BEHALF OF THE FOUNDATION. TO QUALIFY FOR A GRANT DISTRIBUTION PART I, LINE 2: INDEPENDENT INVESTIGATION OF THE PROSPECTIVE GRANTEE TO ESTABLISH THAT IT IS CURRENTLY CLASSIFIED AS EXEMPT UNDER IRC SECTION 501(C)(3). THE PROSPECTIVE GRANTEE MUST ALSO HAVE THE CAPACITY TO FULFIL THE TERMS OF THE GRANT AND BE WILLING TO FURNISH MCF WITH EVALUATIVE REPORTS. THREE OF THE GRANTEES: THE BUCK INSTITUTE FOR RESEARCH ON AGING, ALCOHOL JUSTICE, AND THE BUCK INSTITUTE FOR EDUCATION, RECEIVE ANNUAL GRANTS PURSUANT TO COURT ORDER. THE FOUNDATION CLOSELY MONITORS THESE GRANTEES TO ENSURE THEY ARE QUALIFIED TO RECEIVE GRANTS.

Page 2

Additional Data

SAN RAFAEL, CA 94903

SUITE 16

		Software ID: Software Version:						
			: 94-6485668					
Name:			: LEONARD & BERYL C/O WELLS FARGO		I			
Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
10000 DEGREES PO BOX L SAN RAFAEL, CA 94913	95-3667812	501(C)(3)	1,933,334				SUPPORT COLLEGE ACCESS AND SUCCESS PROGRAMS	
ADOPT A FAMILY OF MARIN 35 MITCHELL BOULEVARD	68-0239712	501(C)(3)	300,000				PROVIDE SAFETY NET SERVICES	

organization or government if applicable grant cash assistance or horizontal properties of grant cash assistance or government of grant cash assistance or government other)

AGRICULTURAL INSTITUTE OF 86-1156712 501(C)(3) 45,000 SUPPORT EXPANDING

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

SAN FRANCISCO, CA 941031553 (b) EIN

MARIN (AIM) 400 SMITH RANCH ROAD SUITE D SAN RAFAEL, CA 94903					MARIN
AMBULATORY SURGERY ACCESS COALITION 1119 MARKET STREET FLOOR 3 SUITE 400	94-3180356	501(C)(3)	25,000		PROVIDE SAFETY NET SERVICES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 94-2346815 501(C)(3) 65.000l BAY AREA COMMUNITY SUPPORT COLLEGE RESOURCES ACCESS AND SUCCESS PROGRAMS

SUPPORT CAMPUS

WIDE RENOVATIONS

171 CARLOS DRIVE
SAN RAFAEL, CA 949032005

BAY AREA DISCOVERY 68-0033227 501(C)(3) 1,000,000

MUSEUM

557 MCREYNOLDS ROAD SAUSALITO, CA 94965

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other)

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

JEWISH COMMUNITY CENTER

200 NORTH SAN PEDRO ROAD SAN RAFAEL, CA 94903

BAY AREA ORGANIZING COMMITTEE	68-0232705	501(C)(3)	25,000		MARIN ORGANIZING COMMITTEE'S KEY
100 PINE STREET SUITE 1250 SAN FRANCISCO, CA 94111					COMMUNITY-BASED INITIATIVES
BERNARD OSHER MARIN	68-0360243	501(C)(3)	50,000		SUPPORT THE

REBRANDING PROJECT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

BIG BROTHERS & BIG SISTERS	23-7108045	501(C)(3)	350		PROVIDE OPERATING
OF THE BAY AREA					SUPPORT
65 BATTERY STREET SECOND					
FLOOR					
SAN FRANCISCO, CA 94111					

ACQUISITION AND

PRESERVATION OF

UNITS

AFFORDABLE HOUSING

FLOOR SAN FRANCISCO, CA 94111

BOLINAS COMMUNITY LAND TRUST INC PO BOX 805

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

BOLINAS, CA 949240805

(a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

BRIDGE THE GAP COLLEGE PREP	91-1930327	501(C)(3)	50,000		SUPPORT COLLEGE ACCESS AND SUCCESS
PO BOX 1390					PROGRAMS
SAUSALITO,CA 94965					

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

(c) IRC section

SACRAMENTO, CA 95814

SAUSALITO, CA 94965					
CALIFORNIA BUDGET & POLICY CENTER 1107 9TH STREET SUITE 310	68-0346784	501(C)(3)	15,000		BUDGET ANALYSIS AND TECHNICAL ASSISTANCE TO THE

FOUNDATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

ISUPPORT MARIN POETS

COLLEGE ACCESS AND

SUCCESS PROVIDERS

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

501(C)(3)

CALIFORNIA POETS IN THE

1149 SOUTH HILL STREET

LOS ANGELES, CA 90015

SUITE 925

94-2977264

SCHOOLS PO BOX 1328 SANTA ROSA, CA 95402			·		IN THE SCHOOLS PROGRAM
CAMPAIGN FOR COLLEGE OPPORTUNITY	20-0427622	501(C)(3)	15,000		TECHNICAL ASSISTANCE TO

28.534

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government CAN DO EDUCATION 68-0298033 E01(C)(3) 2001 ISUPPORT VALLECITO

SERVICES FOR MARIN

RESIDENTS

CAN DO EDOCATION	00 0230033	301(0)(3)] 300		JOHN WALLECTIO
FOUNDATION					ELEMENTARY SCHOOL
PO BOX 6182					
SAN RAFAEL, CA 94903					

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

91 LARKSPUR STREET

SAN RAFAEL, CA 94901

CANAL ALLIANCE 94-2832648 501(C)(3) 1.450.888 IMMIGRATION LEGAL

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) CANAL WELCOME CENTER INC 83-0485451 501(C)(3) 338,536 EDUCATE AND ENGAGE

IREDUCES CARBON

LEMISSIONS

30 NORTH SAN PEDRO ROAD SUITE 250 SAN RAFAEL, CA 94903					CANAL RESIDENTS
CARBON CYCLE INSTITUTE 245 KENTUCKY STREET SUITE	46-2694752	501(C)(3)	250,000		SUPPORT A PILOT

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

Α3

PETALUMA, CA 94952

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 94-2775979 501(C)(3) 56.000 SUPPORT THE SEARCH CASA ALLEGRA COMMUNITY

SERVICES AND TRANSITION OF A 35 MITCHELL BOULEVARD INEW ED SUITE 8 SAN RAFAEL, CA 94903

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

SAN RAFAEL, CA 949013923

501(C)(3) CENTER FOR DOMESTIC PEACE 94-2415856 266,000 PROVIDE SAFETY NET 734 A STREET SERVICES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) CENTER FOR EFFECTIVE 04-3523528 501(C)(3) 42.700 YOUTHTRUTH BAY AREA ISTUDENT VOICE PHILANTHROPY INC

675 MASSACHUSETTS AVENUE 7TH FLOOR CAMBRIDGE, MA 02139					INITIATIVE IN 2019-20
CENTER FOR VOLUNTEER AND NONPROFIT LEADERSHIP OF MARIN 65 MITCHELL BOULEVARD	68-0101012	501(C)(3)	654,000		PROVIDE CORE SUPPORT IN FY 2020

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

SUITE 101

SAN RAFAEL, CA 94903

organization or government if applicable grant cash or government (book, FMV, appraisal, non-cash assistance or as

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

LEDUCATIONAL

SUPPORT HEALING

MEALS FOR SENIORS

ACHIEVEMENT IN EDUCATION 401 VAN NESS AVENUE SUITE 319 SAN FRANCISCO, CA 94102	501(C)(3)	1,528		SCHOLARSHIP SUPPORT AS INSPIRED BY STUART LLOYD
--	-----------	-------	--	---

39,000

1 520

(d) Amount of cash

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

E01(C)(2)

501(C)(3)

(c) IRC section

(a) Name and address of

CENTED FOR WELLNIEGG AND

CERES COMMUNITY PROJECT

SEBASTOPOL, CA 954731562

PO BOX 1562

(b) EIN

20 2060766

26-2250997

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) CHILDREN NOW 94-3059243 501(C)(3) 30.000 2019-20 CAPACITY AND

TRESPONSE SUPPORT

1404 FRANKLIN STREET SUITE 700 OAKLAND, CA 94612					BUILDING AND TECHNICAL SUPPORT
CHURCH OF GOD IN CHRIST	23-7002419	501(C)(3)	10,000		PROVIDE COVID-19

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

INC PO BOX 938

SAUSALITO, CA 949660938

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) COMMUNITY ACTION MARIN 94-6136365 501(C)(3) 295,000 ISUPPORT SPARKPOINT

PLANNING

555 NORTHGATE DRIVE SUITE 201					MARIN
SAN RAFAEL, CA 94903					
COMMUNITY INITIATIVES	94-3255070	501(C)(3)	40,000		SUPPORT A P

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

OAKLAND, CA 94607

1000 BROADWAY STREET PROCESS FOR SOUL SUITE 480 REFUGE MARIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 94-3381744 501(C)(3) 100.000 PROVIDE COMMUNITY LAND TRUST ASSOCIATION OF WEST LORGANIZATIONAL

MARIN PO BOX 273 POINT REYES STATION, CA 94956					SUPPORT
CONSERVATION CORPS	94-2831592	501(C)(3)	250,000		RENOVATIONS AT THE

MARIN COUNTY NORTH BAY INC 27 LARKSPUR STREET FACILITIES

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

SAN RAFAEL, CA 94901

(e) Amount of non-(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

COLINITY OF MARRIAGE

ROT

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

POINT REYES STATION, CA

94956

3501 CIVIC CENTER DRIVE SAN RAFAEL, CA 94903	94-601/945	GOVERNMENT ENTITY	1,341,251		COVID-19 RELIEF FUND
DANCE PALACE PO BOX 217 503 B STREET	94-2460193	501(C)(3)	40,000		SUPPORT THE REPAIR OF STRUCTURAL DRY

4 244 254

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) DAVIDSON MIDDLE SCHOOL 83-4247489 501(C)(3) 327 PROVIDE OPERATING CHIPPORT DTO

280 WOODLAND AVENUE SAN RAFAEL, CA 94901					SUPPOR
DRAWBRIDGE AN ARTS PROGRAM FOR HOMELESS CHILDREN	68-0373769	501(C)(3)	10,000		SUPPOR PROGRA

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

SAN RAFAEL, CA 94912

ORT 2019 RAMS PO BOX 2698

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 83-1463182 501(C)(3) 20.000 EARLY VIBES INCORPORATED SUPPORT CAPACITY PO BOX 1251 BUILDING EFFORTS

NOVATO, CA 94948 ECUMENICAL ASSOCIATION 94-1699153 501(C)(3) 84.000l FOR HOUSING

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

SAN RAFAEL, CA 94901

SUPPORT HEALTHY LAGING PROGRAMS 22 PELICAN WAY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) ENRICHING LIVES THROUGH 46-3586448 501(C)(3) 60,000 AFTER SCHOOL

MUSIC 2955 KERNER BOULEVARD SUITE B SAN RAFAEL, CA 94901					ORCHESTRAL MUSIC ENSEMBLE INSTRUCTION
EPISCOPAL SENIOR COMMUNITIES 2185 N CALIFORNIA	94-6130471	501(C)(3)	30,000		IMPROVE FOOD SECURITY IN MARIN COUNTY

BOULEVARD SUITE 575 WALNUT CREEK, CA 94596

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

(f) Method of valuation (b) EIN (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) EXTRAFOOD ORG 46-4025887 501(C)(3) 134.000 ISUPPORT CAPACITY

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

SAN RAFAEL, CA 94901

907 SIR FRANCIS DRAKE BOULEVARD KENTFIELD, CA 94904	10 102000	302(0)(0)	20 1,000		BUILDING
FAIR HOUSING ADVOCATES OF NORTHERN CALIFORNIA 1314 LINCOLN AVENUE SUITE	68-0087976	501(C)(3)	53,000		FAIR HOUSING LEGAL AND ADVOCACY SERVICES FOR MARIN

RESIDENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

FAMILY AND CHILDREN'S LAW CENTER 1401 LOS GAMOS DRIVE SUITE 200 SAN RAFAEL, CA 94903	68-0072378	501(C)(3)	145,500		SUPPORT FAMILY LAW SERVICES FOR MARIN RESIDENTS

PROGRAM PLANNING

SUITE 200
SAN RAFAEL, CA 94903

FAMILY INDEPENDENCE 02-0784790 501(C)(3) 28,000

SUPPORT FII'S UPTOGETHER PO BOX 71363

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

OAKLAND, CA 94612

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

GALLERY ROUTE ONE PO BOX 937 POINT REYES STATION, CA 94956	68-0068115	501(C)(3)	10,000		IN THE SCHOOLS PROGRAM
GRACEPOINTE FAITH CHURCH 3423 BROADWAY STREET	46-2812047	GOVERNMENT ENTITY	11,000		PROVIDE GENERAL OPERATING SUPPORT

SUITE D3 AMERICAN CANYON, CA

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

94503

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) GRANTMAKERS CONCERNED 20-2559651 501(C)(3) 30,000 SUPPORT THE

WITH IMMIGRANTS AND REFUGEES PO BOX 1100 SEBASTOPOL, CA 95473					CALIFORNIA IMMIGRANT INTEGRATION INITIATIVE
HABITAT FOR HUMANITY GREATER SAN FRANCISCO INC.	94-3088881	501(C)(3)	3,550		PROVIDE OPERATING

500 WASHINGTON STREET SUITE 250 SAN FRANCISCO, CA

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

941112947

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

ADULT COLLABORATIVE

LIEAL TUNG COOLGING MITTH	45 2057740				
3001 BRIDGEWAY SUITE 422 SAUSALITO, CA 94965					
ACHIEVEMENT					
PARTNERSHIP FOR ACADEMIC		,			BUILDING EFFORTS
HANNAH PROJECT	27-1897134	501(C)(3)	145,500		SUPPORT CAPACITY

HEALTHY COOKING WITH 45-3957719 501(C)(3) 145,000 THEALTHY EATING KIDS INC ACTIVE LIVING OLDER

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

PO BOX 183

BENICIA, CA 94510

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) HOMEWARD BOUND OF MARIN 68-0011405 501(C)(3) 1.100.000 IREDEVELOPMENT AND ANSION OF THE

CHRONICALLY

HOMELESS

1385 NORTH HAMILTON PARKWAY NOVATO, CA 94949			, .		EXPAN MILL S
HOUSING AUTHORITY OF THE	94-6002988	GOVERNMENT ENTITY	150.000		SUPPO

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

4020 CIVIC CENTER DRIVE

SAN RAFAEL, CA 949034173

STREET SHELTER PORT HOUSING COUNTY OF MARIN IMARIN COUNTY'S

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 94-1687559 125.000 SUPPORT COLLEGE

I PROJECT

501(C)(3) HUCKLEBERRY YOUTH PROGRAMS INC ACCESS AND SUCCESS 3310 GEARY BOULEVARD SAN FRANCISCO, CA 94118

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

SAN FRANCISCO, CA 94115

PROGRAMS 94-1156528 501(C)(3) 33.000l SUPPORT THE JEWISH FAMILY AND CHILDREN'S SERVICES IBUSINESS CAPACITY PO BOX 159004 INFRASTRUCTURE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 94-1419330 501(C)(3) 389.300 LEGAL AID OF MARIN SUPPORT CIVIL LAW

1401 LOS GAMOS DRIVE SERVICES FOR MARIN RESIDENTS SUITE 101 SAN RAFAEL, CA 94903 LIFEHOUSE INC 94-6050196 501(C)(3) 500.000

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

SAN RAFAEL, CA 949033667

SUPPORT THE HOME 899 NORTHGATE DRIVE SUITE FOR LIFE CAMPAIGN 500

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501(C)(3) 45.000l LIFELONG MEDICAL CARE 94-2502308 SUPPORT LIFELONG

I PROJECT

PO BOX 11247 BERKELEY, CA 94712

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

70 SKYVIEW TERRACE SAN RAFAEL, CA 94903

MARIN'S ADHC CAPACITY BUILDING INITIATIVE 83-0532512 501(C)(3) 60.000 SUPPORT THE MARIN AGING AND

DISABILITY INSTITUTE LLC STRATEGIC ALIGNMENT

(b) EIN (d) Amount of cash (f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash or government assistance other)

(e) Amount of non-

BUSINESS CAPACITY IN

THE HEALTH CARE

SECTOR

MARIN AMERICAN INDIAN ALLIANCE	68-0392477	501(C)(3)	2,500		PROVIDE OPERATING SUPPORT
PO BOX 150565					JOFFORT
SAN RAFAFI, CA, 94915					

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

(c) IRC section

(a) Name and address of

INDEPENDENT LIVING

SAN RAFAEL, CA 949013213

710 FOURTH STREET

94-2605669 501(C)(3) 110.000 ACCELERATING MARIN CENTER FOR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) MARIN CHILD CARE COUNCIL 94-2605281 501(C)(3) 1,781,500 ACCESS TO QUALITY

555 NORTHGATE DRIVE SUITE 105 SAN RAFAEL, CA 949033680					CHILD CARE INCLUDING HEAL PROGRAMS
MARIN CHILDREN & FAMILIES COMMISSION	68-0474499	GOVERNMENT ENTITY	50,000		SUPPORT THE HELP ME GROW CALL CENTER

1050 NORTHGATE DRIVE SUITE 103

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

SAN RAFAEL, CA 94903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 94-2657360 501(C)(3) 175.000 SUPPORT THE MARIN CITY COMMUNITY DEVELOPMENT CORPORATION ICONSTRUCTION TRADES PROGRAM

PROVIDE COVID-19

TRESPONSE SUPPORT

441 DRAKE AVENUE
SAUSALITO, CA 94965

MARIN CITY COMMUNITY 94-6050222 GOVERNMENT ENTITY 120,000
SERVICES DISTRICT

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

630 DRAKE AVENUE SAUSALITO, CA 94965

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

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

501(C)(3)

MARIN CITY FIRST MISSIONARY BAPTIST CHURCH INC	68-0013349	501(C)(3)	55,000		MALE MENTORING AND COACHING FOR YOUNG MEN 16-25
501 DRAKE AVENUE SAUSALITO, CA 94965					

IMARIN CITY HEALTH

IGROWTH

AND WELLNESS CENTER

365,000

MARIN CITY HEALTH AND WELLNESS CENTER

630 DRAKE AVENUE

SAUSALITO, CA 949651107

06-1787661

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 26-4300997 539.000 MARIN CLEAN ENERGY GOVERNMENT ENTITY IADVANCEMENT OF 1125 TAMALPAIS AVE ISOLAR-POWERED

168.000

BATTERY STORAGE SYSTEMS

TENHANCING PANEL

MGMT TO IMPROVE

IOUTCOMES

SAN RAFAEL, CA 94901

MARIN COMMUNITY CLINIC

SUITE 210 NOVATO, CA 94949

9 COMMERCIAL BOULEVARD

94-2237120

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

501(C)(3)

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

MARIN COMMUNITY COLLEGE DISTRICT KENTFIELD 835 COLLEGE AVENUE KENTFIELD, CA 94904	68-0194359	GOVERNMENT ENTITY	70,000		ACCESS AND SUCCESS PROGRAMS
MARIN COMMUNITY	94-3007979	501(C)(3)	4,284,242		SUPPORT HARDSHIP

MARIN COMMUNITY 94-3007979 501(C)(3) 4,284,242
FOUNDATION
5 HAMILTON LANDING SUITE
200

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

NOVATO, CA 949498263

(e) Amount of non-(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other)

MARIN COUNTY OFFICE OF EDUCATION PO BOX 4925 SAN RAFAEL. CA 949134925	94-6022431	GOVERNMENT ENTITY	1,372,274		EARLY SCHOOL SUCCESS COORDINATION AND OUALITY IMPROVEMENT
SAN RAFAEL, CA 949134925					IQUALITY IMPROVEMENT
MARIN COURT APPOINTED	81-5047208	501(C)(3)	250		PROVIDE OPERATING

SPECIAL ADVOCATES ISUPPORT

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

1401 LOS GAMOS SUITE 130 SAN RAFAEL, CA 94903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government MARIN HORIZON SCHOOL 94-2427732 501(C)(3) 400.000 SUPPORT EARLY OOD

I PROGRAMMATIC

ISUPPORT

INCORPORATED 305 MONTFORD AVENUE MILL VALLEY, CA 94941					CHILDHOOD EDUCATION
MARIN INTERFAITH COUNCIL	68-0029475	501(C)(3)	100,000		PROVIDE CORE

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

1510 FIFTH AVENUE

SAN RAFAEL, CA 94901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 20-0879422 501(C)(3) 35.000l MARIN LINK INC IPROVIDE SAFETY NET SERVICES

5800 NORTHGATE DRIVE SUITE 250 SAN RAFAEL, CA 94903

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

NOVATO, CA 94949

MARIN MUSEUM OF 94-3150850 501(C)(3) 7.360 SUPPORT 5TH GRADE CONTEMPORARY ART ART ENRICHMENT 500 PALM DRIVE PROGRAM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) MARIN MUSEUM SOCIETY INC 23-7296514 501(C)(3) 42,000 SUPPORT CAPACITY BUT DING FEFORTS DO DOV OCA

NOVATO, CA 949480864					BUILDING EFFORTS
MARIN SENIOR COORDINATING COUNCIL INCORPORATED 930 TAMALPAIS AVENUE	94-1422463	501(C)(3)	250,000		PROVIDE SAFETY NET SERVICES

SAN RAFAEL, CA 949013325

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

MARIN SHAKESPEARE COMPANY PO BOX 4053 SAN RAFAEL, CA 94913	68-0201240	501(C)(3)	57,000		PROVIDE CREATIVE DRAMATICS IN TK - 5 CLASSROOMS
MARIN SYMPHONY	94-6104150	501(C)(3)	20,000		SUPPORT EDUCATION

ASSOCIATION PROGRAMS FOR MARIN 4340 REDWOOD HIGHWAY ICOUNTY SCHOOLS SUITE 409C

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

SAN RAFAEL, CA 949032121

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

ISUPPORT ANNUAL FUND

MARIN THEATRE COMPANY 397 MILLER AVENUE	23-7018125	501(C)(3)	52,000		SUPPORT EDUCATION PROGRAMS

2.500

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

501(C)(3)

MILL VALLEY, CA 949412800 94-2598891

MARK DAY SCHOOL

39 TRELLIS DRIVE SAN RAFAEL, CA 94903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) MATRIX A PARENT NETWORK 94-2747307 501(C)(3) 200 PROVIDE OPERATING

AND RESOURCE CENTER 94 GALLI DRIVE SUITE C NOVATO, CA 94949					SUPPORT
MILL VALLEY SCHOOLS	94-2848305	501(C)(3)	500		PROVIDE

MILL VALLEY, CA 949412231

DE OPERATING ISUPPORT COMMUNITY FOUNDATION 409 SYCAMORE AVENUE

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

MOUNTAIN PLAY ASSOCIATION 1556 4TH STREET SUITE B SAN RAFAEL, CA 949012713	94-6092215	501(C)(3)	100		PROVIDE OPERATING SUPPORT
NATIONAL COLLEGE ACCESS	31-1793562	501(C)(3)	15,000		TECHNICAL

NETWORK INC IASSISTANCE TO 1001 CONNECTICUT AVENUE COLLEGE ACCESS AND NW 300 SUCCESS PROVIDERS

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

WASHINGTON, DC 200365539

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) NATIONAL URBAN FELLOWS 23-7404350 501(C)(3) 70,000 SUPPORT THE CLASS OF

INC 1120 AVENUE OF THE AMERICAS NEW YORK, NY 10036		() ()	·		2020
NEW BEGINNINGS LAW	47-5563704	501(C)(3)	87,000		RECORD EXPUNGEMENT

CENTER ISERVICES FOR LOW-1000 FOURTH STREET SUITE INCOME MARIN 875 RESIDENTS

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

SAN RAFAEL, CA 94901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) NEXT GENERATION SCHOLARS 26-1110584 501(C)(3) 100.000 SUPPORT COLLEGE INC ACCESS AND SUCCESS

1018 F STREET SAN RAFAEL, CA 949012823 NORTH MARIN COMMUNITY 94-1735064 501(C)(3) 400.000

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

NOVATO, CA 94947

PROGRAMS PROVIDE SAFETY NET SERVICES SERVICES 680 WILSON AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 94-2761355 501(C)(3) 50.000 SUPPORT BETTER NORTHERN CALIFORNIA GRANTMAKERS **ICALIFORNIA** 160 SPEAR STREET SUITE 360

SAN FRANCISCO, CA 94105 NOVATO UNIFIED SCHOOL 68-0112169 GOVERNMENT ENTITY 564.182

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

NOVATO, CA 949451111

SUPPORT THE EARLY DISTRICT ISCHOOL SUCCESS 1015 SEVENTH STREET PROGRAM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

PAPERMILL CREEK CHILDREN'S CORNER PO BOX 996 POINT REYES STATION, CA 94956	94-2229334	501(C)(3)	50,000		SUPPORT KITCHEN UPGRADES
			i	1	

IPROGRAMS

33-0259359 501(C)(3) 110,000 SUPPORT COLLEGE PARENT INSTITUTE FOR QUALITY EDUCATION INC ACCESS AND SUCCESS

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

3260 BLUME DRIVE SUITE 310

RICHMOND, CA 94806

(b) EIN (f) Method of valuation (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 68-0169962 501(C)(3) 200.000 SUPPORT THE PREK-3 PARENT SERVICES PROJECT

(e) Amount of non-

(a) Description of

INC 79 BELVEDERE STREET SUITE 101 SAN RAFAEL, CA 94901					EARLY SCHOOL SUCCESS PROGRAM
PEOPLES INTER CITIES	94-2288727	GOVERNMENT ENTITY	10.000		PROVIDE COVID-19

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

MARIN CITY, CA 94965

E COVID-19 **FELLOWSHIP** TRESPONSE SUPPORT 639 DRAKE AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

SUPPORT THE ARTISTS.

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

501(0)(3)

94-1614596

PERFORMING ARTS

BOULEVARD PETALUMA, CA 94954

WORKSHOP INC 768 DELANO AVENUE SAN FRANCISCO, CA 94112	34-1014330	301(0)(3)	22,703		IN-RESIDENCY PROGRAM
PETALUMA HEALTH CENTER INC 1179 NORTH MCDOWELL	68-0437840	501(C)(3)	275,000		SUPPORT THE COASTAL HEALTH ALLIANCE MERGER

22 785

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 20-5606926 501(C)(3) 480 l PROVIDE OPERATING PRISON UNIVERSITY PROJECT PO BOX 492 ISUPPORT LEYNWOOD SCHOOL

SAN QUENTIN, CA 94964

PTA CALIFORNIA CONGRESS
OF PARENTS TEACHERS &
STUDENTS INC
1320 LYNWOOD DRIVE

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

NOVATO, CA 94947

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) E01(C)(2) 1 EC 200

CHDDODT HEALTHCADE

IRENTAL HOUSING

HEALTH COALITION 1310 REDWOOD WAY SUITE 135 PETALUMA, CA 94954	94-3220029	301(C)(3)	130,300		ACCESS

RESOURCES FOR COMMUNITY 94-2952466 501(C)(3) 500,000 DEVELOPMENT OF 54 DEVELOPMENT LUNITS OF AFFORDABLE

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

DEDWOOD COMMUNITY

2220 OXFORD STREET

BERKELEY, CA 94704

04 2220020

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) RITTER HOUSE 94-2675517 501(C)(3) 350,000 PROVIDE SAFETY NET

16 RITTER STREET SAN RAFAEL, CA 94901					SERVICES
ROCKEFELLER PHILANTHROPY ADVISORS INC 6 WEST 48TH STREET 10TH	13-3615533	501(C)(3)	15,000		PROVIDE SUPPORT FOR THE LISTEN FOR GOOD PROGRAM

FLOOR

NEW YORK, NY 10036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 77-0328723 501(C)(3) 25.000 PROVIDE SAFETY NET ROTACARE BAY AREA INC 514 VALLEY WAY SERVICES

MILPITAS, CA 95035

SAN GERONIMO VALLEY ARTS 23-7172128 501(C)(3) 145,000

PROVIDE SAFETY NET SERVICES

PO BOX 194
SAN GERONIMO, CA

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

949630194

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 68-0043106 501(C)(3) 400 SAN RAFAEL HIGH SCHOOL ISUPPORT SAN RAFAEL BOOSTERS INC HIGH SCHOOL

SUCCESS PROGRAM

185 MISSION AVENUE
SAN RAFAEL, CA 949015632

SAN RAFAEL HIGH SCHOOL
DISTRICT

ATHLETICS

ATHLETICS

ATHLETICS

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ATHLETICS

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

310 NOVA ALBION WAY

SAN RAFAEL, CA 94903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) SAUSALITO MARIN CITY 68-0194364 GOVERNMENT ENTITY 132.500 SUPPORT FOR PK-3

410

SAN RAFAEL, CA 94903

SCHOOL DISTRICT 200 PHILLIPS DRIVE SAUSALITO, CA 949651654					EARLY SCHOOL SUCCESS EFFORTS
SCHOOL OF ENVIRONMENTAL LEADERSHIP 899 NORTHGATE DRIVE SUITE	45-1483545	501(C)(3)	1,050		SUPPORT THE FAMILY GIVING CAMPAIGN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 501(C)(3) 2.401.320 ISUPPORT SF-MARIN FOOD BANK 94-3041517

900 PENNSYLVANIA AVENUE IRENOVATIONS AT ITS SAN FRANCISCO, CA 94107 IMARIN LOCATION SHORELINE UNIFIED SCHOOL 68-0194632 GOVERNMENT ENTITY 219.911 SUPPORT THE FARLY DISTRICT

ISCHOOL SUCCESS 10 JOHN STREET PROGRAM TOMALES, CA 94971

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

501(C)(3)

23-7069469

SLIDE RANCH

2025 SHORELINE HIGHWAY

MUIR BEACH, CA 949659728

SLEEPY HOLLOW	68-0293279	GOVERNMENT ENTITY	3,000		PROVIDE OPERATING
PRESBYTERIAN CHURCH					SUPPORT
100 TARRY ROAD					
SAN ANSELMO, CA 94960					

IENVIRONMENTAL

FOR YOUTH

IEDUCATION PROGRAMS

50.000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) ST VINCENT DE PAUL SOCIETY 94-1207701 501(C)(3) 235 200 PROVIDE SAFETY NET RVICES

OF MARIN COUNTY PO BOX 150527 SAN RAFAEL, CA 94915					SERVICES
SURVIVING THE ODDS	83-0560003	501(C)(3)	65,000		SUPPORT THE ON

PROJECT CAMPUS AT MARIN 286 IGNACIO VALLEY CIRCLE IOAKS PROGRAM

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

NOVATO, CA 94949

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government NG AT

ISUPPORT

TAMALPAIS UNION HIGH SCHOOL DISTRICT PO BOX 605 LARKSPUR, CA 94977	68-0194361	GOVERNMENT ENTITY	23,000		TAMALPAIS HIGH SCHOOL
THE CEDARS OF MARIN	94-1606518	501(C)(3)	250		PROVIDE OPERATING

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

PO BOX 947

ROSS, CA 94957

(e) Amount of non-(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance arant cash or aovernment assistance other) 52-1982223 501(C)(3) 15.000l TECHNICAL THE EDUCATION TRUST 580 2ND STREET IASSISTANCE TO OAKLAND, CA 94607 COLLEGE ACCESS AND

lmarin

THE MARINE MAMMAL CENTER 51-0144434 501(C)(3) 100.000

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SUCCESS PROVIDERS I EDUCATION 2000 BUNKER ROAD PROGRAMMING TO SAUSALITO, CA 949652619 TITLE I SCHOOLS IN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 68-0072470 501(C)(3) 24.000 SUPPORT THE THE SPAHR CENTER

MARIN

150 NELLEN AVENUE SUITE STRATEGIC PLANNING I PROJECT 100 CORTE MADERA, CA 94925

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

94956

THE WEST MARIN FUND 27-4102086 501(C)(3) 75.000l SUPPORT THE EARLY PO BOX 1496 CHILDHOOD EQUITY

POINT REYES STATION, CA INITIATIVE IN WEST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 94-3213100 501(C)(3) 189.250 TIDES CENTER IRISE TOGETHER'S PO BOX 29907 LEADERSHIP FOR LEOUITY AND

SAN FRANCISCO, CA 941290907 OPPORTUNITY TRAINING 501(C)(3) TRUST FOR CONSERVATION 91-2166435 50,000

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

941045401

FAITH-BASED HEAL INNOVATION THROUGH INNOVATION 548 MARKET STREET IPSE CHANGE SAN FRANCISCO, CA

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

UNITY IN MARIN 600 PALM DRIVE NOVATO, CA 94949	94-6172989	501(C)(3)	2,505		FAITH IN ACTIONFOR THE SENIOR & ASSOCIATE MINISTER'S LEADERSHIP
WEST MARIN COMMUNITY SERVICES	68-0197586	501(C)(3)	210,000		PROVIDE COVID-19 RESPONSE SUPPORT

PO BOX 1093 POINT REYES STATION, CA

94956

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

501(C)(3)

WEST MARIN SENIOR SERVICES PO BOX 791 POINT REYES STATION, CA 949560791	51-0192320	501(C)(3)	245,000		PROVIDE SAFETY NET SERVICES

SUPPORT THE

DANCE

IPROJECT MUSIC &

MULTICULTURAL MODEL

37,000

YOUNG IMAGINATIONS

SUITE F104

4340 REDWOOD HIGHWAY

SAN RAFAEL, CA 94903

68-0144085

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

YOUNG MENS CHRISTIAN	94-0997140	501(C)(3)	40,000		MARIN YMCA'S AGE-
ASSOCIATION OF SAN					FRIENDLY COMMUNITY
FRANCISCO					EXPANSION PROJECT
50 CALIFORNIA STREET SUITE					
650					
SAN FRANCISCO CA 94111					

SAN RAFAEL, CA 94901

501(C)(3) 46.000 94-2178597

YOUTH IN ARTS SUPPORT THE ARTS 917 C STREET IUNITE US PROGRAM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) VOLITILLEADERCHID 60 0104713 E01(C)(2) 22 500 DROVIDE LEADERCHIR

FIFTYPLUS

TEMPLOYMENT PROGRAM

INSTITUTE 940 HOWARD STREET SAN FRANCISCO, CA 94103	68-0184/12	501(C)(3)	32,500		TRANSITION SUPPORT
YWCA OF SAN FRANCISCO	94-0997420	501(C)(3)	166,000		SUPPORT THE

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

30 NORTH SAN PEDRO ROAD

SAN RAFAEL, CA 94903

SUITE 170

efile GRAPH	IC print - DO NOT PROCESS	DLN: 934931	DLN: 93493134037691					
CCHEDIII	FO 0 1 1116 11 1 F		. 1545-0047					
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to Form 990 or 990-EZ or to provide any addit	o specific questions on on on Information.	119					
Department of the T	► Attach to Form 990 or 990- easury ► Go to <u>www.irs.gov/Form990</u> for the late	open	to Public pection					
Name l Bethe เอโย LEONARD & BERYL C/O WELLS FARGO	BUCK FOUNDATION	Employer identification n 94-6485668	Employer identification number					
990 Schedul	e O, Supplemental Information							
Return Reference	Explanation							
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS PROVIDED TO THE TRUSTEES OF THE ORGANIZATION FOR REVIEW.							

990 Schedule O, Supplemental Information

Return Reference	Explanation
	EACH CO-TRUSTEE OF THE FOUNDATION HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH GOVERNS ITS INTERNAL ACTIVITIES AND WHICH REQUIRES ALL EMPLOYEES OF SUCH CO-TRUSTEE TO DISCLOSE A NY POTENTIAL OR ACTUAL CONFLICT. SUCH CONFLICT OF INTEREST POLICIES INCORPORATE PROVISIONS WHICH WOULD REQUIRE THE EMPLOYEES INVOLVED IN MANAGING THE FOUNDATION TO DISCLOSE CONFLICTS WITH RESPECT TO THE FOUNDATION.

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation

990 Schedule O, Supplemental Information

Reference	
FORM 990,	PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 9,856,377. MANAGEMENT AND GENERAL EXPENSES 175
PART IX,	,508. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 10,031,885.
LINE 11G	

Return Explanation Reference

FORM 990. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

PART XII, LINE 2C:

990 Schedule O, Supplemental Information

SCHEDULE R
(Form 990)

As Filed Data Related

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

DLN: 93493134037691

Open to Public Inspection

Name of the organization LEONARD & BERYL BUCK FOUNDATION C/O WELLS FARGO BANK								oyer identifi 85668	icatior	n number		
Part I Identification of Disregarded Entities. Complete	if the organ	nization answe	ered "Ye	s" on Form	990, Part	IV, line 3		103000				
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity		(c) Legal domic or foreign c	ile (state country)	(d) Total inco	ome	(e) End-of-year as	sets	(f Direct co ent	ntrolling	
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ons. Comple	ete if the orga	anization	answered '	"Yes" on I	Form 990,	Part I\	/, line 34 be	ecause	e it had one or	more	
(a) Name, address, and EIN of related organization	Prima	(b) Primary activity		(c) Legal domicile (state or foreign country)		d) ode section	(e) Public charity status (if section 501(c)(3))		(f) Direct controlling entity		(g) Section 51 (13) contro entity?	
(1)MARIN COMMUNITY FOUNDATION 5 HAMILTON LANDING STE 200	GRANTMAKI	NG		CA 501(501(C)(3)			N/A		Yes	No No
NOVATO, CA 94949 94-3007979									N/A			_
For Paperwork Reduction Act Notice, see the Instructions for Form	990			t. No. 50135					Sch	edule R (Form	990) 3	019

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	artnership. during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	se it ha	ad
(a) Name, address, and EIN of related organization		(b) Primary activity	Primary Legal	(d) Direct controlling entity	Predomina income(rela unrelated excluded freax unde sections 5:	ated, total incor d, rom er			n) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	alor Per ging ow	(k) rcentage ynership
					514)			Yes	No		Yes		
Part IV Identification of Related Organization because it had one or more related organization.	ons Taxable as a C anizations treated as	orporation a corporatio	or Trus n or tru	t. Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	Le don (state d	egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		(g) of end- year assets	of- Percer owne	ntage	Section (13)	(i) on 512(b) controlled ntity?
			77									Tes	
				-						Calcadada D	/ -	- 000)	

Schedule R (Form 990) 2019		Page 3
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.	Y	'es 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	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Y	'es
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1 f	No
g Sale of assets to related organization(s)	1 g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
	141	

h	ı Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	n Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r		No
5	Other transfer of cash or property from related organization(s)	1s		No

0	Sharing of paid employees with related organization(s)				10	No
	Reimbursement paid to related organization(s) for expenses				<u> </u>	'es
q	Reimbursement paid by related organization(s) for expenses				1q	No
r	Other transfer of cash or property to related organization(s)				1r	No
s	Other transfer of cash or property from related organization(s)				1s	No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered r	elationships and tran	saction thresholds.		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount inv	olved
		Transaction			ount inv	olved
		Transaction			ount inv	olved
		Transaction			ount inv	olved
		Transaction			ount inv	blved
		Transaction			ount inv	plved

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	1		1			ı				Schedul	e R (Form	990	0) 2019

Schedule R (Form 990) 2019							
Part VII	Supplemental Information						
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).					
Retu	ırn Reference	Explanation					