

Form **990**  
Department of the Treasury  
Internal Revenue Service

# 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

**C** Name of organization  
RANCHO SANTA FE FOUNDATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
PO BOX 811

City or town, state or province, country, and ZIP or foreign postal code  
RANCHO SANTA FE, CA 92067

**D** Employer identification number  
95-3709639

**E** Telephone number  
(858) 756-6557

**G** Gross receipts \$ 84,583,286

**F** Name and address of principal officer  
CHRISTINA P WILSON  
PO BOX 811  
RANCHO SANTA FE, CA 92067

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: ▶ WWW RSFFFOUNDATION ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1981 **M** State of legal domicile CA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
TO BE A COMPREHENSIVE CENTER FOR IMPACTFUL PHILANTHROPY THAT INSPIRES THE JOY OF PURPOSEFUL GIVING

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	19
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	19
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	11
<b>6</b> Total number of volunteers (estimate if necessary)	6	34
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	6,611,223	11,573,771
<b>9</b> Program service revenue (Part VIII, line 2g)	221,684	255,936
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,357,353	10,442,872
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,859	11,188
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,209,119	22,283,767
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,003,275	7,728,514
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	627,244	685,792
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 254,102		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	382,628	403,215
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,013,147	8,817,521
<b>19</b> Revenue less expenses Subtract line 18 from line 12	1,195,972	13,466,246
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	120,228,312	116,573,152
<b>21</b> Total liabilities (Part X, line 26)	30,841,728	28,790,156
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	89,386,584	87,782,996

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \*\*\*\*\* Date: 2019-07-31

CHRISTINA P WILSON PRESIDENT & CEO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature Date 2019-07-31 Check  if self-employed PTIN P00869687

Firm's name ▶ CBIZ MHM LLC Firm's EIN ▶ 34-1884125

Firm's address ▶ 4722 N 24TH ST STE 300 PHOENIX, AZ 85016 Phone no (602) 264-6835

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

TO CONNECT DONORS WITH REGIONAL AND GLOBAL NEEDS THROUGH VISIONARY COMMUNITY LEADERSHIP, PERSONALIZED SERVICE AND EFFECTIVE GRANTMAKING

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 7,396,859 including grants of \$ 7,191,264 ) (Revenue \$ 260,685 )

See Additional Data

**4b** (Code ) (Expenses \$ 281,200 including grants of \$ 281,200 ) (Revenue \$ )

See Additional Data

**4c** (Code ) (Expenses \$ 193,050 including grants of \$ 193,050 ) (Revenue \$ )

See Additional Data

(Code ) (Expenses \$ 63,000 including grants of \$ 63,000 ) (Revenue \$ )

IN 2018, THE RANCHO SANTA FE FOUNDATION INITIATED A PROGRAM CALLED THE STRATEGIC PARTNERS PROGRAM WHEREBY THEY PROVIDED LEADERSHIP DEVELOPMENT TRAINING AND STRATEGIC PROFESSIONAL DEVELOPMENT PLANNING TO A GROUP OF ITS AGENCY FUNDHOLDERS TO INCREASE THEIR ORGANIZATIONAL EFFECTIVENESS AND SUSTAINABILITY. A TOTAL OF 10 AGENCY FUNDHOLDERS PARTICIPATED IN THIS PROGRAM AT A TOTAL COST TO THE FOUNDATION OF \$63,000.

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 63,000 including grants of \$ 63,000 ) (Revenue \$ )

**4e Total program service expenses** ▶ 7,934,109

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	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> . . . . .	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		No
<b>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>25b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
<b>28</b>	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)		
<b>28a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>28b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>28c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>35b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

<p><b>2a</b> 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 . . . . .</p>	<b>2a</b>	11		
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			<b>2b</b>	Yes
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>			<b>3a</b>	No
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .</p>			<b>3b</b>	
<p><b>4a</b> 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)? . . . . .</p>			<b>4a</b>	No
<p><b>b</b> If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>				
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>			<b>5a</b>	No
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			<b>5b</b>	No
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>			<b>5c</b>	
<p><b>6a</b> 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? . . . . .</p>			<b>6a</b>	No
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>			<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<p><b>a</b> 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? . . . . .</p>			<b>7a</b>	No
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>			<b>7b</b>	
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>			<b>7c</b>	No
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>			
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			<b>7e</b>	No
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>			<b>7f</b>	No
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>			<b>7g</b>	
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>			<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b>				
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .				
			<b>8</b>	
<p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>			<b>9a</b>	
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>			<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter				
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>			
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter				
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>			
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .</p>	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>				
			<b>13a</b>	
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<b>13b</b>			
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>			
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>			<b>14a</b>	No
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .</p>			<b>14b</b>	
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p>			<b>15</b>	No
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>			<b>16</b>	No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 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; 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.

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALYCE ASHCRAFT ..... DIRECTOR	1 00 .....	X						0	0	0
(2) TERRY ATKINSON ..... DIRECTOR	1 00 .....	X						0	0	0
(3) ED BLODGETT ..... DIRECTOR	1 00 .....	X						0	0	0
(4) TODD BUCHNER ..... DIRECTOR	1 00 .....	X						0	0	0
(5) KEVIN CRAWFORD ..... SECRETARY	4 00 .....	X		X				0	0	0
(6) BILL DAVIDSON ..... CHAIRMAN	4 00 .....	X		X				0	0	0
(7) ELAINE DODGE ..... DIRECTOR	1 00 .....	X						0	0	0
(8) DAVID DOWN ..... DIRECTOR	1 00 .....	X						0	0	0
(9) MARK EMKJER ..... DIRECTOR	1 00 .....	X						0	0	0
(10) MIKE GREGOIRE ..... DIRECTOR	1 00 .....	X						0	0	0
(11) MARK HOLMLUND ..... DIRECTOR	1 00 .....	X						0	0	0
(12) STELLA LARSEN ..... DIRECTOR	1 00 .....	X						0	0	0
(13) LOU MEZZULLO ..... DIRECTOR	1 00 .....	X						0	0	0
(14) GLENN ORATZ ..... DIRECTOR	1 00 .....	X						0	0	0
(15) MARK PETRIE ..... DIRECTOR	1 00 .....	X						0	0	0
(16) DANIEL PLATT ..... TREASURER	4 00 .....	X		X				0	0	0
(17) PAULA POWERS ..... DIRECTOR	1 00 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
(18) STEVE SIMPSON ..... DIRECTOR	1 00 .....	X						0	0	0		
(19) BOB STINE ..... DIRECTOR	1 00 .....	X						0	0	0		
(20) GORDON SWANSON ..... DIRECTOR	1 00 .....	X						0	0	0		
(21) KATE WILLIAMS ..... DIRECTOR	1 00 .....	X						0	0	0		
(22) KAREN SPRIGLE ..... COO	40 00 .....			X				113,382	0	5,898		
(23) CHRISTINA WILSON ..... PRESIDENT & CEO	40 00 .....			X				171,728	0	14,329		
(24) DAN BEALS ..... CONTROLLER	40 00 .....			X				99,357	0	9,926		
<b>1b Sub-Total</b> . . . . . ▶												
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . . ▶												
<b>d Total (add lines 1b and 1c)</b> . . . . . ▶										384,467	0	30,153

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		No

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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



Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f (Federated campaigns, Membership dues, Fundraising events, etc.) and 1g (Noncash contributions included).

Table for Program Service Revenue with columns for Business Code and revenue amounts. Rows include 2a (MANAGEMENT FEE REVENUE) and 2b-2f (Other program service revenue).

Main revenue table with 5 main columns. Rows include 3 (Investment income), 4 (Income from investment of tax-exempt bond proceeds), 5 (Royalties), 6a-d (Gross rents), 7a-d (Gross amount from sales of assets), 8a (Gross income from fundraising events), 9a (Gross income from gaming activities), 10a (Gross sales of inventory), 11a-e (Miscellaneous Revenue including VILLAGE VIEWPOINTS and OTHER INCOME), and 12 (Total revenue).

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	7,717,883	7,717,883		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	10,131	10,131		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	500	500		
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	429,923	15,626	279,457	134,840
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	191,692	104,598	68,259	18,835
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	8,038	4,019	3,156	863
<b>9</b> Other employee benefits.	11,236	3,824	5,680	1,732
<b>10</b> Payroll taxes.	44,903	9,147	24,886	10,870
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	46,207		46,207	
<b>c</b> Accounting.	43,426	1,146	40,918	1,362
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	25,887	7,000	18,887	
<b>12</b> Advertising and promotion.	37,351			37,351
<b>13</b> Office expenses.	15,108	8,196	3,456	3,456
<b>14</b> Information technology.	37,833	790	37,043	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	85,275	28,425	28,425	28,425
<b>17</b> Travel.	8,626		8,626	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	12,489	4,879	7,610	
<b>20</b> Interest.	618	206	206	206
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	10,742		10,742	
<b>23</b> Insurance.	22,302	812	20,526	964
<b>24</b> 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):				
<b>a</b> DUES AND SUBSCRIPTIONS	22,503	7,501	7,501	7,501
<b>b</b> UTILITIES	13,962	4,654	4,654	4,654
<b>c</b> PRINTING/REPRODUCTION	6,414	2,730	1,842	1,842
<b>d</b> BANK SERVICE CHARGES	4,126	635	3,491	
<b>e</b> All other expenses	10,346	1,407	7,738	1,201
<b>25</b> Total functional expenses. Add lines 1 through 24e.	8,817,521	7,934,109	629,310	254,102
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	400,547	<b>1</b>	1,559,521
	<b>2</b> Savings and temporary cash investments . . . . .	397,977	<b>2</b>	485,270
	<b>3</b> Pledges and grants receivable, net . . . . .	828,736	<b>3</b>	1,045,478
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,100	<b>9</b>	4,815
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 136,746		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 110,758	32,851	<b>10c</b> 25,988
	<b>11</b> Investments—publicly traded securities . . . . .	87,762,269	<b>11</b>	84,672,585
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	30,801,832	<b>15</b>	28,779,495
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	120,228,312	<b>16</b>	116,573,152	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	42,288	<b>17</b>	50,212
	<b>18</b> Grants payable . . . . .	44,005	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	30,383,597	<b>21</b>	28,422,979
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	371,838	<b>25</b>	316,965
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	30,841,728	<b>26</b>	28,790,156
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	39,959,519	<b>27</b>	42,986,217
	<b>28</b> Temporarily restricted net assets . . . . .	13,080,456	<b>28</b>	8,453,203
	<b>29</b> Permanently restricted net assets	36,346,609	<b>29</b>	36,343,576
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	89,386,584	<b>33</b>	87,782,996	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	120,228,312	<b>34</b>	116,573,152	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	22,283,767
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	8,817,521
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	13,466,246
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	89,386,584
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-15,070,360
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	526
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	87,782,996

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 95-3709639

**Name:** RANCHO SANTA FE FOUNDATION

Form 990 (2018)

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**Form 990, Part III, Line 4a:**

THE RANCHO SANTA FE FOUNDATION SUPPORTS A WIDE VARIETY OF CAUSES EVERY YEAR THROUGH GRANTS MADE FROM ITS DONOR ADVISED FUNDS AND UNRESTRICTED ENDOWMENT FUNDS GRANTS THAT ARE FUNDED FROM DONOR ADVISED FUNDS ARE BASED ON DONOR-ADVISOR RECOMMENDATIONS AND THOSE FROM UNRESTRICTED ENDOWMENT FUNDS ARE AT THE DISCRETION OF THE ORGANIZATION'S GRANTS AND PROJECTS COMMITTEE THE FOUNDATION MANAGES CHARITABLE FUNDS FOR INDIVIDUALS THROUGH THEIR DONOR ADVISED FUNDS AND FOR OTHER NON-PROFITS THROUGH THE ENDOWMENT AND NON-ENDOWMENT FUNDS CHARGING A SMALL FEE FOR THE SERVICES

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**Form 990, Part III, Line 4b:**

IN 2018, THE RANCHO SANTA FE WOMEN'S FUND MADE 8 GRANTS TOTALING \$281,200 GRANTS RANGED IN SIZE FROM \$10,000 - \$50,500 AND FOCUSED ON NONPROFITS WORKING IN THE AREAS OF YOUTH AND WOMEN'S SERVICES THE MISSION OF THE RANCHO SANTA FE WOMEN'S FUND IS TO EDUCATE, INSPIRE AND INCREASE THE NUMBER OF WOMEN COMMITTED TO PHILANTHROPY IN ORDER TO STRENGTHEN THE COMMUNITY AND IMPACT LIVES THROUGH INFORMED, FOCUSED COLLECTIVE GIVING

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**Form 990, Part III, Line 4c:**

THE PATRIOTS CONNECTION, A PROGRAM OF THE RANCHO SANTA FE FOUNDATION, STRIVES TO RAISE THE AWARENESS OF AND PROVIDE FUNDING FOR THE NEEDS OF THE MILITARY THROUGH NONPROFIT SERVICE PROVIDERS IN SAN DIEGO COUNTY. SAN DIEGO HAS THE LARGEST CONCENTRATION OF MILITARY IN THE NATION AND IN 2018, ACTIVE DUTY, VETERANS AND THEIR DEPENDENTS BENEFITTED FROM GRANTS RANGING FROM \$5,000 TO \$35,000 TO 16 DIFFERENT ORGANIZATIONS FOR A TOTAL OF NEARLY \$194,000

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**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
RANCHO SANTA FE FOUNDATION

Employer identification number  
95-3709639

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

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

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

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



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	10,748,349	8,963,723	9,939,597	6,611,223	11,573,771	47,836,663
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3	10,748,349	8,963,723	9,939,597	6,611,223	11,573,771	47,836,663
<b>5</b>	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)						18,157,245
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						29,679,418

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
<b>7</b>	Amounts from line 4	10,748,349	8,963,723	9,939,597	6,611,223	11,573,771	47,836,663
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,483,525	1,512,907	1,846,564	1,930,440	2,098,571	8,872,007
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,200	2,769	2,976	3,403	3,424	15,772
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						56,724,442
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	1,023,230

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	52.320 %
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	49.360 %

**16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	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.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>	Yes	No
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

**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)

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER - 2014 AMOUNT \$ 3,200 2015 AMOUNT \$ 2,769 2016 AMOUNT \$ 2,976 2017 AMOUNT \$ 3,403 2018 AMOUNT \$ 3,424

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**▶ Attach to Form 990.**  
**▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
RANCHO SANTA FE FOUNDATION

**Employer identification number**  
95-3709639

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year	142	
<b>2</b> Aggregate value of contributions to (during year)	11,561,661	
<b>3</b> Aggregate value of grants from (during year)	5,725,667	
<b>4</b> Aggregate value at end of year	45,841,610	

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

- 1** Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e g , recreation or education)  Preservation of an historically important land area
- Protection of natural habitat  Preservation of a certified historic structure
- Preservation of open space

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

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

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii)** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	44,039,253	42,379,808	38,889,553	37,595,624	34,710,182
<b>b</b> Contributions . . . . .	13,813	-2,033,946	2,380,830	2,882,950	2,839,863
<b>c</b> Net investment earnings, gains, and losses	-2,254,721	5,639,547	2,662,388	-84,228	1,641,657
<b>d</b> Grants or scholarships . . . . .	1,663,813	1,646,348	1,289,470	1,263,415	1,381,776
<b>e</b> Other expenditures for facilities and programs . . . . .	6,847				
<b>f</b> Administrative expenses . . . . .	321,441	299,808	263,493	241,378	214,302
<b>g</b> End of year balance . . . . .	39,806,244	44,039,253	42,379,808	38,889,553	37,595,624

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 1 800 %
  - b** Permanent endowment ▶ 91 200 %
  - c** Temporarily restricted endowment ▶ 7 000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>(i)</b> unrelated organizations . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>(ii)</b> related organizations . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		21,833	19,037	2,796
<b>d</b> Equipment . . . . .		103,562	86,456	17,106
<b>e</b> Other . . . . .		11,351	5,265	6,086
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				25,988

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

(a) Description	(b) Book value
(1) INVESTMENTS HELD FOR OTHER AGENCIES	28,422,979
(2) ASSETS HELD IN CRT	356,516
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	28,779,495

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
LIABILITY UNDER CRT	316,965
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	316,965

**2.** Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	7,214,000
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		-15,070,360
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		593
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	-15,069,767
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	22,283,767
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	22,283,767

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	8,818,000
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		479
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	479
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	8,817,521
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	8,817,521

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 95-3709639

**Name:** RANCHO SANTA FE FOUNDATION

## Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	THE FOUNDATION RECEIVES CONTRIBUTIONS ON BEHALF OF UNAFFILIATED NOT-FOR-PROFIT AGENCIES, WHICH ARE NOT REFLECTED IN THE FOUNDATION'S STATEMENT OF ACTIVITIES AS THEY DO NOT REPRESENT CONTRIBUTIONS TO THE FOUNDATION THE AMOUNTS DUE TO THE OTHER AGENCIES TOTAL 28,422,979 AT DECEMBER 31, 2018

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4	<p>TO PROVIDE PERPETUAL SUPPORT FOR THE OPERATIONS AND PROGRAMS OF VARIOUS NON-PROFIT AGENCIES THROUGHOUT SAN DIEGO COUNTY AND BEYOND IN THE CURRENT YEAR, DEFICIENCIES EXISTED IN TWELVE (12) DONOR-RESTRICTED ENDOWMENT FUNDS, WHICH TOGETHER HAVE AN ORIGINAL GIFT VALUE OF \$323,000, A CURRENT FAIR VALUE OF \$320,000, AND A DEFICIENCY OF \$3,000 THESE DEFICIENCIES RESULTED FROM UNFAVORABLE MARKET FLUCTUATIONS THAT OCCURRED IN THE LAST TWO MONTHS OF 2018</p> <p>AS OF THE PUBLICATION OF THESE STATEMENTS, THESE FUNDS REMAIN "UNDERWATER" BY A \$1,000</p>

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER THE CURRENT PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3) AND SECTION 23701(D) OF THE CALIFORNIA FRANCHISE TAX CODE THE FOUNDATION, HOWEVER, MAY BE SUBJECT TO TAX ON INCOME WHICH IS NOT RELATED TO ITS EXEMPT PURPOSE THE FOUNDATION HAD NO UNRELATED BUSINESS INCOME TAX FOR THE YEAR ENDED DECEMBER 31, 2018 AT DECEMBER 31, 2017, THE FEDERAL STATUTE OF LIMITATIONS REMAINS OPEN FOR 2015 THROUGH 2018 YEARS THE STATUTE OF LIMITATIONS FOR THE STATE INCOME TAX RETURNS REMAINS OPEN FOR THE 2014 THROUGH 2018 YEARS

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 526 ROUNDING 67



# Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	ROUNDING 479

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

RANCHO SANTA FE FOUNDATION

Employer identification number

95-3709639

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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 section 501(c)(3) and government organizations listed in the line 1 table ▶ 185

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) BASIC NEEDS	3	10,131			
(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.

Return Reference	Explanation
PART I, LINE 2	ALL GRANTS ISSUED ARE ACCOMPANIED WITH A LETTER THAT GRANTEEES ARE ASKED TO SIGN AND RETURN, ACKNOWLEDGING (AMONG OTHER THINGS) THAT THEY WILL NOT USE THE FUNDS FOR ANY PURPOSE OTHER THAN THE SPECIFIC PURPOSE(S) DESCRIBED IN THE LETTER ALL GRANTS ISSUED FROM THE ORGANIZATION'S DISCRETIONARY FUNDS HAVE A FURTHER REQUIREMENT FOR THE GRANTEE TO PROVIDE A WRITTEN REPORT BACK TO THE ORGANIZATION DESCRIBING HOW THE AWARDED FUNDS WERE USED AND THE IMPACT THEY HAD ON THE GRANTEEES FUNDED PROJECT(S) WHILE GRANTS FROM DONOR ADVISED FUNDS ARE ISSUED TO ANY 501(C)(3) CHARITABLE ORGANIZATION IN THE UNITED STATES, GRANTS FROM THE FOUNDATION'S DISCRETIONARY FUNDS ARE LIMITED TO ORGANIZATIONS LOCATED IN SAN DIEGO COUNTY, CA

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 95-3709639  
**Name:** RANCHO SANTA FE FOUNDATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
3 STRANDS GLOBAL INC 3941 PARK DRIVE 20-200 EL DORADO HILLS, CA 95762	27-4594317	501(C)(3)	25,000				CRIME PREVENTION
A STEP BEYOND 340 N ESCONDIDO BLVD ESCONDIDO, CA 92025	46-2857532	501(C)(3)	56,500				YOUTH DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AFRICA INLAND MISSION INTERNATIONAL INC PO BOX 3611 PEACHTREE CITY, GA 30269	11-1873101	501(C)(3)	88,000				BASIC NEEDS
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037	53-0196605	501(C)(3)	6,000				DISASTER RELIEF

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS SAN DIEGO-IMPERIAL COUNTIES CHAPTER 3950 CALLE FORTUNADA SAN DIEGO, CA 92123	53-0196605	501(C)(3)	6,500				DISASTER RELIEF
ANGELS FOSTER FAMILY NETWORK 9295 FARNHAM ST SUITE 200 SAN DIEGO, CA 92123	33-0825875	501(C)(3)	50,000				HOUSING/SHELTER

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ART OF LAN 3401 32ND STREET SAN DIEGO, CA 92104	20-8136710	501(C)(3)	20,000				MUSIC
ARTS GUILD OF OLD FORGE INC PO BOX 1144 OLD FORGE, NY 13420	16-1001728	501(C)(3)	12,600				VISUAL ARTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BALBOA PARK CONSERVANCY 1549 EL PRADO SUITE 1 SAN DIEGO, CA 92101	95-0850465	501(C)(3)	20,000				ENVIRONMENTAL CONSERVATION
BITTER ROOT HUMANE ASSOCIATION PO BOX 57 HAMILTON, MT 59840	81-0351709	501(C)(3)	25,000				ANIMAL HEALTH



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BLUE STAR FAMILIES PO BOX 230637 ENCINITAS, CA 92023	80-0369895	501(C)(3)	15,000				MILITARY
BOYS & GIRLS CLUBS OF SAN DIEGUITO FOUNDATION P O BOX 871 SOLANA BEACH, CA 92075	95-3201906	501(C)(3)	6,354				YOUTH DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF THE AUSTIN AREA 5407 NORTH INTERSTATE 35 SUITE 400 AUSTIN, TX 78723	74-6087356	501(C)(3)	10,000				YOUTH DEVELOPMENT
BOYS TO MEN MENTORING NETWORK INC 9587 TROPICO DRIVE LA MESA, CA 91941	33-0800308	501(C)(3)	10,200				YOUTH DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAMP PENDLETON ARMED SERVICES YMCA BOX 555028 BLDG 16144 A STREET CAMP PENDLETON, CA 92055	36-3274346	501(C)(3)	10,000				MILITARY
CAMPUS CRUSADE FOR CHRIST P O BOX 628222 ORLANDO, FL 32862	95-6006173	501(C)(3)	8,000				RELIGIOUS STUDIES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CASA DE AMPARO 325 BUENA CREEK ROAD SAN MARCOS, CA 92069	95-3315571	501(C)(3)	20,500				HOUSING/SHELTER
CATHEDRAL CATHOLIC HIGH SCHOOL 5555 DEL MAR HEIGHTS ROAD SAN DIEGO, CA 92130	51-0464013	501(C)(3)	10,000				K-12

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC ACTION FOR FAITH AND FAMILY PO BOX 910308 SAN DIEGO, CA 92191	20-5114501	501(C)(3)	100,000				RELIGIOUS FREEDOM
CENTRAL TEXAS FOOD BANK INC 6500 METROPOLIS DRIVE AUSTIN, TX 78744	74-2217350	501(C)(3)	30,000				FOOD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHALLENGED ATHLETES FOUNDATION 9591 WAPLES STREET SAN DIEGO, CA 92121	33-0739596	501(C)(3)	50,700				INCLUSION
COLLEGE AREA PREGNANCY SERVICES INC PO BOX 15115 SAN DIEGO, CA 92175	33-0782841	501(C)(3)	11,000				PREVENTION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLUMBIA UNIVERSITY 622 W 113TH STREET MC 4524 NEW YORK, NY 10025	13-5598093	501(C)(3)	11,500				COLLEGE/UNIVERSITY
COMMUNITY RESOURCE CENTER 650 2ND STREET ENCINITAS, CA 92024	95-3497926	501(C)(3)	31,000				HOUSING/SHELTER

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CORNELL UNIVERSITY 341 PINE TREE ROAD ITHACA, NY 14850	15-0532082	501(C)(3)	10,000				COLLEGE/UNIVERSITY
CSU SAN MARCOS 333 S TWIN OAKS VALLEY ROAD SAN MARCOS, CA 92096	80-0390564	501(C)(3)	101,500				COLLEGE/UNIVERSITY



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAYBREAK COMMUNITY CHURCH 6515 AMBROSIA LANE CARLSBAD, CA 92011	33-0435454	501(C)(3)	10,000				WORSHIP
DESERT AIDS PROJECT 1695 N SUNRISE WAY PALM SPRINGS, CA 92262	33-0068583	501(C)(3)	6,000				MEDICAL CARE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DOCTORS WITHOUT BORDERS 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	16,500				MEDICAL CARE
DREAMS FOR CHANGE PO BOX 16327 SAN DIEGO, CA 92176	27-0447059	501(C)(3)	10,000				FOOD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EASTER SEALS SOUTHERN CALIFORNIA INC 1063 MCGAW AVENUE IRVINE, CA 92614	94-3068149	501(C)(3)	15,000				MILITARY
EDIFY 8825 AERO DRIVE SUITE 220 SAN DIEGO, CA 92123	27-0892545	501(C)(3)	6,000				EDUCATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ELEMENTARY INSTITUTE OF SCIENCE 608 51ST STREET SAN DIEGO, CA 92114	94-1669545	501(C)(3)	7,431				SCIENCE/TECH/ENGINEERING/MATH
EMILIO NARES FOUNDATION 2650 TRUXTUN ROAD SAN DIEGO, CA 92106	13-4229276	501(C)(3)	25,000				MEDICAL CARE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ENCINITAS COASTAL ROTARY CLUB PO BOX 230762 ENCINITAS, CA 92023	33-0307082	501(C)(4)	10,000				BASIC NEEDS
ETERNAL HOPE INC PO BOX 8575 SPOKANE, WA 99203	46-3276542	501(C)(3)	60,000				ECONOMIC DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FEEDING SAN DIEGO 9455 WAPLES STREET STE 135 SAN DIEGO, CA 92121	26-0457477	501(C)(3)	13,000				FOOD
FELLOWSHIP OF CATHOLIC UNIVERSITY STUDENTS PO BOX 17408 DENVER, CO 80217	84-1522811	501(C)(3)	26,000				RELIGIOUS STUDIES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD KANSAS CITY, MO 64129	44-0610626	501(C)(3)	91,100				YOUTH DEVELOPMENT
FIELDSTONE LEADERSHIP NETWORK 5465 MOREHOUSE DRIVE 250 SAN DIEGO, CA 92121	33-0103025	501(C)(3)	35,000				PHILANTHROPY PROMOTION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST CHURCH OF CHRIST SCIENTIST PO BOX 422 RANCHO SANTA FE, CA 92067	95-2322997	501(C)(3)	8,003				RELIGIOUS STUDIES
FIRST LIBERTY INSTITUTE 2001 W PLANO PARKWAY 1600 PLANO, TX 75075	75-1403169	501(C)(3)	11,000				RELIGIOUS FREEDOM



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FOOD FORWARD 7412 FULTON AVENUE SUITE 3 NORTH HOLLYWOOD, CA 91605	90-0678872	501(C)(3)	10,000				NON PROFIT EFFECTIVENESS
FOOTHILL COUNTRY DAY SCHOOL 1035 WEST HARRISON AVENUE CLAREMONT, CA 91711	95-1816057	501(C)(3)	15,636				K-12

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FOUNDATION FOR ANIMAL CARE AND EDUCATION 10505 SORRENTO VALLEY ROAD SUITE 175 SAN DIEGO, CA 92121	20-5333261	501(C)(3)	16,000				ANIMAL HEALTH
FRANK LLOYD WRIGHT TRUST 209 S LASALLE STREET 118 CHICAGO, IL 60604	23-7414937	501(C)(3)	12,500				HISTORIC PROJECTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRIENDS OF SAN PASQUAL ACADEMY INC P O BOX 8202 RANCHO SANTA FE, CA 92067	20-0296623	501(C)(3)	7,350				YOUTH DEVELOPMENT
FRIENDS OF THE CARDIFF-BY-THE-SEA LIBRARY PO BOX 657 CARDIFF BY THE SEA, CA 92007	33-0311593	501(C)(3)	13,975				LIBRARIES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FUTURE LEGENDS PO BOX 1873 RANCHO SANTA FE, CA 92067	81-2380227	501(C)(3)	400,573				YOUTH DEVELOPMENT
GENERATEHOPE INC 4025 CAMINO DEL RIO S 300 SAN DIEGO, CA 92108	26-3405689	501(C)(3)	50,000				HOUSING/SHELTER

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GIRL SCOUTS OF THE USA 420 FIFTH AVENUE NEW YORK, NY 10018	13-1624016	501(C)(3)	10,000				YOUTH DEVELOPMENT
GIRL SCOUTS SAN DIEGO- IMPERIAL COUNCIL 1231 UPAS STREET SAN DIEGO, CA 92103	95-1644585	501(C)(3)	10,300				YOUTH DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GLOBAL WELLNESS INSTITUTE 333 SE 2ND AVENUE 2048 MIAMI, FL 33131	47-3850534	501(C)(3)	35,000				RESEARCH
GREYHOUND ADOPTION CENTER PO BOX 2433 LA MESA, CA 91943	95-4132021	501(C)(3)	12,000				ANIMAL HEALTH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HEAVENLY HORSE HAVEN INC PO BOX 391998 ANZA, CA 92539	30-0403311	501(C)(3)	30,000				ANIMAL HEALTH
HELPING PAWS FOUNDATION 2250 S ESCONDIDO BLVD 104 ESCONDIDO, CA 92025	47-5232344	501(C)(3)	10,000				ANIMAL HEALTH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HORIZON CHRISTIAN FELLOWSHIP RANCHO SANTA FE P O BOX 9070 RANCHO SANTA FE, CA 92067	33-0736434	501(C)(3)	85,000				WORSHIP AND K-12
IMPRINT CHANGING TOMORROW TODAY PO BOX 538 CARLSBAD, CA 92018	81-4468715	501(C)(3)	8,250				WORSHIP



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INFO LINE OF SAN DIEGO COUNTY PO BOX 420039 SAN DIEGO, CA 92142	33-1029843	501(C)(3)	10,000				MILITARY
INSULIN FOR LIFE USA INC 5745 SW 75TH STREET 116 GAINESVILLE, FL 32608	46-0771608	501(C)(3)	10,000				MEDICAL CARE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INTERFAITH SHELTER NETWORK OF SAN DIEGO COUNTY 3530 CAMINO DEL RIO N 301 SAN DIEGO, CA 92108	95-2630300	501(C)(3)	10,000				HOUSING/SHELTER
INTERVARSITY CHRISTIAN FELLOWSHIP - USA PO BOX 7895 MADISON, WI 53707	36-2171714	501(C)(3)	10,000				WORSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JACOBS & CUSHMAN SAN DIEGO FOOD BANK 9850 DISTRIBUTION AVENUE SAN DIEGO, CA 92121	20-4374795	501(C)(3)	15,500				FOOD
JOHN PAUL THE GREAT CATHOLIC UNIVERSITY 220 W GRAND AVE ESCONDIDO, CA 92025	20-0471061	501(C)(3)	25,500				COLLEGE/UNIVERSITY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JUST IN TIME FOR FOSTER YOUTH P O BOX 601627 SAN DIEGO, CA 92160	20-5448416	501(C)(3)	72,000				YOUTH DEVELOPMENT
K9S FOR WARRIORS 114 CAMP K9 ROAD PONTE VEDRA, FL 32081	27-5219467	501(C)(3)	20,000				MILITARY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KITCHENS FOR GOOD 404 EUCLID AVENUE SAN DIEGO, CA 92114	46-3278605	501(C)(3)	75,000				FOOD
KPBS 5200 CAMPANILE DRIVE SAN DIEGO, CA 92182	95-6042721	501(C)(3)	32,100				MEDIA/COMMUNICATIONS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KYOTO SYMPOSIUM ORGANIZATION PO BOX 3303 LA JOLLA, CA 92038	20-3117897	501(C)(3)	7,000				SCIENCE/TECH/ENGINEERING/MATH
LA COSTA CANYON HIGH SCHOOL FOUNDATION 1 MAVERICK WAY CARLSBAD, CA 92009	33-0708190	501(C)(3)	49,000				K-12

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LA JOLLA MUSIC SOCIETY 7946 IVANHOE AVENUE SUITE 309 LA JOLLA, CA 92037	23-7148171	501(C)(3)	45,500				MUSIC
LEAP TO SUCCESS 5205 AVENIDA ENCINAS SUITE A CARLSBAD, CA 92008	46-3198240	501(C)(3)	32,500				MENTAL HEALTH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LIBRARY GUILD OF RANCHO SANTA FE INC PO BOX 348 RANCHO SANTA FE, CA 92067	95-6091588	501(C)(3)	18,713				LIBRARIES
LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL FOUNDATION PO BOX 2000 LOMA LINDA, CA 92354	33-0565591	501(C)(3)	20,000				MEDICAL CARE



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MAINLY MOZART 404 EUCLID AVENUE 301 SAN DIEGO, CA 92114	33-0320305	501(C)(3)	101,600				MUSIC
MERCY CHEFS INC 711 WASHINGTON STREET PORTSMOUTH, VA 23704	20-5050449	501(C)(3)	10,000				FOOD

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

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MINGEI INTERNATIONAL INC 2640 HISTORIC DECATUR ROAD SAN DIEGO, CA 92106	23-7433357	501(C)(3)	101,500				MUSEUM
MIQLAT INC 1850 LAKE MORENO DRIVE CAMPO, CA 91906	81-0599806	501(C)(3)	10,700				BASIC NEEDS

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

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MIRAGLO FOUNDATION PO BOX 1270 LA JOLLA, CA 92038	45-2499438	501(C)(3)	400,000				RESEARCH
MISSION EDGE SAN DIEGO PO BOX 12319 SAN DIEGO, CA 92112	27-2938491	501(C)(3)	15,000				NON PROFIT EFFECTIVENESS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MOCHA PRINCESS AZ 4905 S 5TH AVENUE PHOENIX, AZ 85041	81-5128784	501(C)(3)	40,000				YOUTH DEVELOPMENT
MONARCH SCHOOL PROJECT 1625 NEWTON AVENUE SAN DIEGO, CA 92113	33-0871354	501(C)(3)	35,500				K-12

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

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MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES 1115 MISSION STREET SANTA CRUZ, CA 95060	59-2751953	501(C)(3)	17,000				RESEARCH
MUSICK PEELER & GARRETT LLP ONE WILSHIRE BOULEVARD 2000 LOS ANGELES, CA 90017	95-1777575		5,404				ENVIRONMENTAL CONSERVATION

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

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NATIONAL UNIVERSITY 3678 AERO COURT SAN DIEGO, CA 92123	23-7172306	501(C)(3)	10,200				COLLEGE/UNIVERSITY
NATIVITY PREP ACADEMY 2755 55TH STREET SAN DIEGO, CA 92105	33-0886247	501(C)(3)	99,500				K-12

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

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NEW HAVEN YOUTH & FAMILY SERVICES P O BOX 1199 VISTA, CA 92085	95-3161628	501(C)(3)	20,000				YOUTH DEVELOPMENT
NEW STORY INC 182 HOWARD ST 101 SAN FRANCISCO, CA 94105	47-2529408	501(C)(3)	50,000				HOUSING/SHELTER

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NONPROFIT MANAGEMENT SOLUTIONS 8265 VICKERS STREET SUITE C SAN DIEGO, CA 92111	33-0508897	501(C)(3)	28,000				PHILANTHROPY PROMOTION
NORTH COAST CALVARY CHAPEL 1330 POINSETTIA LANE CARLSBAD, CA 92011	95-3063132	501(C)(3)	17,000				WORSHIP



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

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NORTH COAST CHRISTIAN MINISTRIES INC 1831 S EL CAMINO REAL ENCINITAS, CA 92024	77-0605178	501(C)(3)	8,500				BASIC NEEDS
NORTH COAST PRESBYTERIAN CHURCH 1831 S EL CAMINO REAL ENCINITAS, CA 92024	58-1638487	501(C)(3)	23,000				WORSHIP

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

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NORTH COAST REPERTORY THEATRE 987 LOMAS SANTA FE DRIVE SUITE D SOLANA BEACH, CA 92075	95-3819307	501(C)(3)	8,000				THEATRE
NORTH COUNTY HEALTH PROJECT INC 150 VALPRED A ROAD SAN MARCOS, CA 92069	95-2847102	501(C)(3)	10,000				MEDICAL CARE

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

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NORTH COUNTY LIFELINE 200 MICHIGAN AVENUE VISTA, CA 92084	95-2794253	501(C)(3)	100,000				EDUCATION
NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN ST STE 260 CHICO, CA 95928	68-0161455	501(C)(3)	7,000				COMMUNITY FOUNDATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTHEASTERN UNIVERSITY 716 COLUMBUS AVENUE - SUITE CP402 BOSTON, MA 02120	04-1679980	501(C)(3)	10,000				COLLEGE/UNIVERSITY
NORTHERN ARIZONA UNIVERSITY FOUNDATION PO BOX 4094 FLAGSTAFF, AZ 86011	86-0193726	501(C)(3)	25,000				COLLEGE/UNIVERSITY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OLD GLOBE THEATRE P O BOX 122171 SAN DIEGO, CA 92112	95-1543396	501(C)(3)	58,150				THEATRE
OPERATION HOPE - VISTA 859 EAST VISTA WAY VISTA, CA 92084	57-1214920	501(C)(3)	25,700				HOUSING/SHELTER

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PACIFIC RIDGE SCHOOL 6269 EL FUERTE CARLSBAD, CA 92009	86-1061606	501(C)(3)	37,535				K-12
PADRES PEDAL THE CAUSE 2445 5TH AVENUE 402 SAN DIEGO, CA 92101	46-0552414	501(C)(3)	10,700				RESEARCH

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

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PALOMAR COLLEGE FOUNDATION 1140 WEST MISSION ROAD SAN MARCOS, CA 92069	95-6094128	501(C)(3)	97,400				COMMUNITY COLLEGE
PLEASANTS COUNTY LIBRARY 101 LAFAYETTE STREET ST MARYS, WV 26170	55-0596254	501(C)(3)	16,361				LIBRARIES

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

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POINT LOMA NAZARENE UNIVERSITY 3900 LOMALAND DRIVE SAN DIEGO, CA 92106	95-1644035	501(C)(3)	25,000				COLLEGE/UNIVERSITY
PRESBYTERIAN CHURCH OF BIG WOOD P O BOX 660 KETCHUM, ID 83340	82-0374595	501(C)(3)	6,000				WORSHIP



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

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PRO KIDS THE FIRST TEE OF SAN DIEGO 4085 52ND STREET SAN DIEGO, CA 92105	33-0617741	501(C)(3)	10,000				YOUTH DEVELOPMENT
PROJECT CONCERN INTERNATIONAL 5151 MURPHY CANYON ROAD 320 SAN DIEGO, CA 92123	95-2248462	501(C)(3)	7,000				ECONOMIC DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PUBLIC SERVICE LAW CORPORATION 4129 MAIN STREET 101 RIVERSIDE, CA 92501	95-3739865	501(C)(3)	75,000				LEGAL
RANCHO SANTA FE ASSOCIATION PO BOX A RANCHO SANTA FE, CA 92067	95-1132930	501(C)(4)	11,000				ENVIRONMENTAL CONSERVATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RANCHO SANTA FE COMMUNITY CENTER PO BOX 1834 RANCHO SANTA FE, CA 92067	95-2842837	501(C)(3)	7,500				COMMUNITY DEVELOPMENT
RANCHO SANTA FE SENIORS INC PO BOX 223 RANCHO SANTA FE, CA 92067	95-6113493	501(C)(3)	29,563				AGING SERVICES

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

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REALITY CHANGERS 3910 UNIVERSITY AVENUE 300-RC SAN DIEGO, CA 92105	26-3757305	501(C)(3)	172,500				YOUTH DEVELOPMENT
RESPONSIBILITY PO BOX 433199 SAN YSIDRO, CA 92143	33-0437290	501(C)(3)	6,000				EDUCATION

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

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RETRIEVERS AND FRIENDS OF SOUTHERN CA INC PO BOX 1822 TEMECULA, CA 92593	27-0443768	501(C)(3)	36,000				ANIMAL HEALTH
SAINT JOHN'S UNIVERSITY PO BOX 7222 COLLEGEVILLE, MN 56321	45-3656162	501(C)(3)	40,000				COLLEGE/UNIVERSITY

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

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SAINT JOSEPH ACADEMY 500 LAS FLORES DRIVE SAN MARCOS, CA 92078	33-0643364	501(C)(3)	22,000				K-12
SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 N TORREY PINES RD LA JOLLA, CA 92037	95-2160097	501(C)(3)	11,150				RESEARCH

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

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SAN DIEGO BOTANIC GARDEN P O BOX 230005 ENCINITAS, CA 92023	95-6120581	501(C)(3)	35,000				BOTANIC GARDENS
SAN DIEGO CALVARY KOREAN CHURCH 6970 LINDA VISTA ROAD SAN DIEGO, CA 92111	33-0333698	501(C)(3)	10,000				WORSHIP

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SAN DIEGO GRANTMAKERS 5060 SHOREHAM PLACE SUITE 350 SAN DIEGO, CA 92122	33-0868261	501(C)(3)	22,500				NON PROFIT EFFECTIVENESS
SAN DIEGO MILITARY OUTREACH MINISTRIES 4426 HARBINSON AVENUE LA MESA, CA 91942	76-0817487	501(C)(3)	10,000				MILITARY



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

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SAN DIEGO RESCUE MISSION PO BOX 80427 SAN DIEGO, CA 92138	95-1874073	501(C)(3)	13,400				HOUSING/SHELTER
SAN DIEGO SYMPHONY ORCHESTRA ASSOCIATION 1245 SEVENTH AVENUE SAN DIEGO, CA 92101	95-2040874	501(C)(3)	17,300				MUSIC

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

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SAN ELIJO LAGOON CONSERVANCY PO BOX 230634 ENCINITAS, CA 92023	33-0358660	501(C)(3)	5,400				ENVIRONMENTAL CONSERVATION
SANFORD-BURNHAM PREBYS MEDICAL DISCOVERY INSTITUTE 10901 N TORREY PINES RD LA JOLLA, CA 92037	51-0197108	501(C)(3)	76,000				RESEARCH

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

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SAVVY GIVING BY DESIGN 7875 HIGHLANDS VILLAGE PLACE B103 SAN DIEGO, CA 92127	81-1417309	501(C)(3)	6,000				BASIC NEEDS
SCRIPPS HEALTH FOUNDATION PO BOX 2669 LA JOLLA, CA 92038	95-1684089	501(C)(3)	439,000				HOSPITALS

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SEAL CONSERVANCY PO BOX 2016 LA JOLLA, CA 92038	33-0855202	501(C)(3)	10,000				ANIMAL HEALTH
SEGERSTROM CENTER FOR THE ARTS 600 TOWN CENTER DRIVE COSTA MESA, CA 92626	23-7287150	501(C)(3)	24,169				THEATRE

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

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SHARP HEALTHCARE FOUNDATION 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	95-3492461	501(C)(3)	10,000				HOSPITALS
SOLANA BEACH PRESBYTERIAN CHURCH 120 STEVENS AVENUE SOLANA BEACH, CA 92075	95-2129111	501(C)(3)	38,000				WORSHIP

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SOLUTIONS FOR CHANGE INC 722 W CALIFORNIA AVENUE VISTA, CA 92083	33-0902617	501(C)(3)	28,455				HOUSING/SHELTER
SOUTHERN CA GOLDEN RETRIEVER RESCUE PO BOX 25698 LOS ANGELES, CA 90025	30-0454968	501(C)(3)	24,000				ANIMAL HEALTH

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ST AUGUSTINE ACADEMY INC 130 SOUTH WELLS ROAD VENTURA, CA 93004	77-0379150	501(C)(3)	19,910				K-12
ST CATHERINE UNIVERSITY 2004 RANDOLPH AVENUE ST PAUL, MN 55105	41-0695509	501(C)(3)	30,000				COLLEGE/UNIVERSITY

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ST JEANNE DE LESTONNAC SCHOOL 32650 AVENIDA LESTONNAC TEMECULA, CA 92592	53-0196617	501(C)(3)	19,325				K-12
ST JOHN SCHOOL 1003 ENCINITAS BLVD ENCINITAS, CA 92024	27-3974051	501(C)(3)	25,000				EDUCATION



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ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	26,000				HOSPITALS
ST MADELEINE SOPHIE'S TRAINING CENTER 2119 E MADISON AVENUE EL CAJON, CA 92019	95-1957332	501(C)(3)	11,000				INCLUSION

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ST MICHAEL'S ABBEY PREPARATORY SCHOOL 19292 EL TORO ROAD SILVERADO, CA 92676	02-0677028	501(C)(3)	87,310				K-12
ST PERPETUA CHURCH 3454 HAMLIN ROAD LAFAYETTE, CA 94549	94-2627188	501(C)(3)	10,000				WORSHIP

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ST VINCENT DE PAUL VILLAGE INC 3350 E STREET SAN DIEGO, CA 92102	33-0492302	501(C)(3)	37,257				BASIC NEEDS
SUPPORT THE ENLISTED PROJECT P O BOX 26747 SAN DIEGO, CA 92196	20-3051279	501(C)(3)	11,250				BASIC NEEDS

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TAKING CONTROL OF YOUR DIABETES 990 HIGHLAND DRIVE SUITE 312 SOLANA BEACH, CA 92075	33-0794608	501(C)(3)	10,000				MEDICAL CARE
TERI INC 251 AIRPORT ROAD OCEANSIDE, CA 92058	95-3532129	501(C)(3)	22,500				INCLUSION

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THE BARNABAS GROUP 4740 GREEN RIVER RD 217 CORONA, CA 92880	26-0758241	501(C)(3)	6,400				NON PROFIT EFFECTIVENESS
THE BISHOP'S SCHOOL 7607 LA JOLLA BOULEVARD LA JOLLA, CA 92037	95-1642362	501(C)(3)	100,000				K-12

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THE CAMPANILE FOUNDATION 5500 CAMPANILE DRIVE SAN DIEGO, CA 92182	33-0868418	501(C)(3)	8,450				COLLEGE/UNIVERSITY
THE GRAUER FOUNDATION FOR EDUCATION 1500 S EL CAMINO REAL ENCINITAS, CA 92024	33-0708902	501(C)(3)	25,000				K-12

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THE HUMANE LEAGUE PO BOX 10476 ROCKVILLE, MD 20849	04-3817491	501(C)(3)	81,000				ANIMAL HEALTH
THE KIDS COLLEGE 570 RANCHEROS DRIVE SUITE 270 SAN MARCOS, CA 92069	33-0933622	501(C)(3)	20,000				K-12

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THE LYCEUM 1545 S GREEN ROAD SOUTH EUCLID, OH 44121	32-0079287	501(C)(3)	18,870				K-12
THE OUTREACH FOUNDATION OF THE PRESBYTERIAN CHURCH 381 RIVERSIDE DRIVE 110 FRANKLIN, TN 37064	58-1375506	501(C)(3)	27,500				EDUCATION



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THE PATRIOTS INITIATIVE P O BOX 2527 RANCHO SANTA FE, CA 92067	47-2495472	501(C)(3)	12,000				MILITARY
THE SALVATION ARMY - SIERRA DEL MAR REGION 6605 UNIVERSITY AVENUE SAN DIEGO, CA 92115	94-1156347	501(C)(3)	8,700				BASIC NEEDS

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THE SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD LA JOLLA, CA 92037	33-0435954	501(C)(3)	10,000				RESEARCH
THE SOLDIERS PROJECT 4605 LANKERSHIM BLVD 720 NORTH HOLLYWOOD, CA 91602	27-2815356	501(C)(3)	7,500				MILITARY

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THE V FOUNDATION FOR CANCER RESEARCH 14600 WESTON PARKWAY CARY, NC 27513	13-3705951	501(C)(3)	6,000				RESEARCH
THRIVE PUBLIC SCHOOLS 4260 54TH STREET SAN DIEGO, CA 92115	46-3302948	501(C)(3)	50,000				EDUCATION

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TREE SAN DIEGO PO BOX 6905 SAN DIEGO, CA 92166	46-5183143	501(C)(3)	109,000				ENVIRONMENTAL CONSERVATION
UC DAVIS FOUNDATION 202 COUSTEAU PLACE SUITE 185 DAVIS, CA 95618	94-6081352	501(C)(3)	10,000				COLLEGE/UNIVERSITY

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UC SAN DIEGO FOUNDATION 9500 GILMAN DRIVE 0940 LA JOLLA, CA 92093	95-2872494	501(C)(3)	14,300				COLLEGE/UNIVERSITY
UMASS MEMORIAL FOUNDATION 333 SOUTH STREET 4TH FLOOR SHREWSBURY, MA 01545	04-3108190	501(C)(3)	15,000				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNDER THE SUN FOUNDATION 5017 MARLBOROUGH DRIVE SAN DIEGO, CA 92216	82-1632182	501(C)(3)	100,000				VISUAL ARTS
UNITED NEGRO COLLEGE FUND - ATLANTA 229 PEACHTREE ST NE 2350 ATLANTA, GA 30303	13-1624241	501(C)(3)	9,300				COLLEGE/UNIVERSITY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN STREET URBANA, IL 61801	37-6006007	501(C)(3)	22,827				COLLEGE/UNIVERSITY
UNIVERSITY OF SAN DIEGO 5998 ALCALA PARK - DAC228 SAN DIEGO, CA 92110	95-2544535	501(C)(3)	67,500				COLLEGE/UNIVERSITY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF SAN DIEGO HAHN SCHOOL OF NURSING AND HEALTH SCIENCE 5998 ALCALA PARK SAN DIEGO, CA 92110	95-2544535	501(C)(3)	200,000				COLLEGE/UNIVERSITY
UNIVERSITY OF SOUTHERN CALIFORNIA ADM 160 MC4017 LOS ANGELES, CA 90089	95-1642394	501(C)(3)	10,000				COLLEGE/UNIVERSITY



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VET CTAP 1657 SAN LUIS REY AVE VISTA, CA 92084	36-4834690	501(C)(3)	15,000				MILITARY
VILLAGE COMMUNITY PRESBYTERIAN CHURCH PO BOX 704 RANCHO SANTA FE, CA 92067	95-6006164	501(C)(3)	40,107				WORSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VINEYARD OUTREACH AMERICA 815-A BRAZOS STREET 69 AUSTIN, TX 78701	81-4793936	501(C)(3)	15,000				WORSHIP
VISTA COMMUNITY CLINIC 1000 VALE TERRACE VISTA, CA 92084	95-2815615	501(C)(3)	10,000				MEDICAL CARE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VOLUNTEERS OF AMERICA - SOUTHWEST 3530 CAMINO DEL RIO NORTH SUITE 300 300 SAN DIEGO, CA 92108	95-6003438	501(C)(3)	10,000				BASIC NEEDS
WARRIOR FOUNDATION-FREEDOM STATION 1223 1/2 28TH STREET SUITE A SAN DIEGO, CA 92012	20-0067633	501(C)(3)	10,000				MILITARY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WAVE ACADEMY 4455 MURPHY CANYON RD SUITE 100-13 SAN DIEGO, CA 92123	36-4690777	501(C)(3)	15,000				MEDICAL CARE
WE CHARITY 6500 MAIN STREET 5 WILLIAMSVILLE, NY 14221	16-1533544	501(C)(3)	400,000				ECONOMIC DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WELLS OF LIFE INC 24800 CHRISANTA DRIVE SUITE 200 MISSION VIEJO, CA 92691	45-1496631	501(C)(3)	75,000				BASIC NEEDS
WORKSHOPS FOR WARRIORS 2970 MAIN STREET SAN DIEGO, CA 92113	26-1721255	501(C)(3)	46,000				MILITARY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WORLD WILDLIFE FUND PO BOX 97180 WASHINGTON, DC 20090	52-1693387	501(C)(3)	100,000				ANIMAL HEALTH
WORLDREADERORG 2030 1ST AVENUE SUITE 300 SEATTLE, WA 98121	27-2092468	501(C)(3)	50,000				LITERACY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	10,000				MEDICAL CARE
WREATHS ACROSS AMERICA PO BOX 249 COLUMBIA FALLS, ME 04623	20-8362270	501(C)(3)	34,550				MILITARY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YAZDA PO BOX 771448 HOUSTON, TX 77215	47-1722806	501(C)(3)	70,000				HUMAN RIGHTS
YMCA OF SAN DIEGO COUNTY 3708 RUFFIN ROAD SAN DIEGO, CA 92123	95-2039198	501(C)(3)	72,400				YOUTH DEVELOPMENT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YOUNG LIFE 420 N CASCADE AVE COLORADO SPRINGS, CO 80903	84-0385934	501(C)(3)	35,500				YOUTH DEVELOPMENT/AFTER SCHOOL PROGRAMS
ZOOLOGICAL SOCIETY OF SAN DIEGO PO BOX 120551 SAN DIEGO, CA 92112	95-1648219	501(C)(3)	10,000				ZOOS

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
RANCHO SANTA FE FOUNDATION

Employer identification number  
95-3709639

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>				
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>				
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>					
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>		No		
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>		No		
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>					
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>					
<p><b>a</b> The organization?</p>	<b>5a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5b</b>		No		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>					
<p><b>a</b> The organization?</p>	<b>6a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>		No		
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				



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**Part III**   **Supplemental Information**

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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2018**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
RANCHO SANTA FE FOUNDATION

Employer identification number  
95-3709639

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	55	6,862,176	STOCK QUOTE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	Yes	
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II Supplemental Information.**

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

Return Reference	Explanation
PART I, LINE 32B	THE FOUNDATION USES THE SERVICES OF UBS FINANCIAL SERVICES, INC TO ACCEPT GIFTS OF PUBLIC SECURITIES ON OUR BEHALF, TO SELL THOSE SECURITIES AND FORWARD THE PROCEEDS FROM SUCH SALES TO OUR CHECKING ACCOUNT AT FIRST REPUBLIC BANK

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**  
**Open to Public Inspection**

Department of the Treasury

Name of the organization

RANCHO SANTA FE FOUNDATION

Employer identification number

95-3709639

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	ALL BOARD MEMEBERS ARE PROVIDED WITH A COPY OF THE 990 VIA EMAIL PRIOR TO IT'S FILING WITH THE IRS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS MUST COMPLY WITH ALL REQUIREMENTS OF MEMBERSHIP ON THE RANCHO SANTA FE FOUNDATION BOARD OF DIRECTORS THE ORGANIZATION HAS MADE INQUIRIES OF ITS BOARD OF DIRECTORS AND OTHER INTERESTED PERSONS REGARDING CONFLICTS OF INTEREST IN THE PAST IN 2018, THE ORGANIZATION BEGAN THE PROCESS TO UPDATE AND REVISE ITS INTERESTED PERSONS QUESTIONNAIRE THROUGH PREPARATION OF THE AUDIT AND TAX RETURN, GENERAL INQUIRIES WERE MADE TO DETERMINE CONFLICTS OF INTEREST, IF ANY IN 2019, THE FOUNDATION WILL AGAIN, REQUEST THAT MEMBERS OF GOVERNANCE AND MANAGEMENT COMPLETE THE FOUNDATION'S INTERESTED PERSONS QUESTIONNAIRE BEYOND THE INTERESTED PERSONS QUESTIONNAIRE, THE BOARD CHAIRMAN WILL ROUTINELY ASK BOARD MEMBERS TO RECUSE THEMSELVES FROM VOTING ON ISSUES AT MEETING THAT WOULD CREATE A CONFLICT OF INTEREST



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION OF THE CEO IS SET BY THE EXECUTIVE COMMITTEE, BASED UPON COMPETITIVE SALARY DATA REVIEWED BY THE GOVERNANCE AND NOMINATING COMMITTEE AND THE ANNUAL PERFORMANCE REVIEW CONDUCTED BY THE BOARD CHAIRMAN

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS AND TAX RETURNS ARE POSTED ON THE ORGANIZATION'S WEBSITE. HARD COPIES OF THESE DOCUMENTS AS WELL AS MEETING MINUTES, OTHER GOVERNING DOCUMENTS, AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 526

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
RANCHO SANTA FE FOUNDATION

**Employer identification number**

95-3709639

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)RSFF CHARITABLE REAL ESTATE FUND PO BOX 811  RANCHO SANTA FE, CA 92067 32-0194805	ACCEPTANCE OF GIFTS OF REAL ESTATE FOR THE RSF FOUNDATION	CA	501(C)(3)	509(A)(3)	RSFF		No

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

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

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

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

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	Yes
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	Yes
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	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 relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

<b>Return Reference</b>	<b>Explanation</b>