Form **990**

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

A I	For the	2014 calendar year, or tax year beginning and en	nding		
В	Check if applicable	C Name of organization RANCHO SANTA FE FOUNDATION		D Employer identifi	cation number
	Addres change				
	Name change			32-0	194805
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) RP.O. BOX 811	Room/sui)756-6557
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	0.
	Amend return	RANCHO SANTA FE, CA 92067		H(a) Is this a group re	eturn
	Applica tion pendin	F Name and address of principal officer: SAME AS ABOVE SAME AS C ABOVE			s? Yes X No
$\overline{}$	Tay.eye	empt status: \boxed{X} 501(c)(3) $\boxed{}$ 501(c) () $\boxed{}$ (insert no.) $\boxed{}$ 4947(a)(1) or	. 5:		list. (see instructions)
		e: N/A		H(c) Group exemption	
		organization: X Corporation Trust Association Other ►	I Ye		M State of legal domicile: CA
		Summary	=		, caaco or rogal dominono,
_	1 1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$ O.	RGAN	IZATION WILL	ACCEPT
Governance	(CHARITABLE GIFTS OF COMMERCIAL AND RESIDE	NTIA	L PROPERTY.	
rı	2	Check this box if the organization discontinued its operations or dispose	ed of mo	ore than 25% of its net a	ssets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
<u>م</u>		Number of independent voting members of the governing body (Part VI, line 1b)			6
Se Se		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			0
ξ		Total number of volunteers (estimate if necessary)			7
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
٩	1	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Ф	8 (Contributions and grants (Part VIII, line 1h)	Г	0.	0.
ž	1	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	Г	0.	0.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
nse		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses			0.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	0.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0.	0.
		Revenue less expenses. Subtract line 18 from line 12		0.	0.
or		<u> </u>		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	[0.	0.
AS d B	21	Total liabilities (Part X, line 26)	[0.	0.
	22	Net assets or fund balances. Subtract line 21 from line 20		0.	0.
Pa	art II	Signature Block			
Und	ler penal	lties of perjury, I declare that I have examined this return, including accompanying schedules a	and state	ements, and to the best of m	y knowledge and belief, it is
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch prepai	rer has any knowledge.	
Sig	n	Signature of officer		Date	
Hei	re	CHRISTINA WILSON, EXECUTIVE DIRECTOR Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		ROBERT C. GELLMAN		if self-employ	P00183739
		Firm's name CBIZ MHM, LLC		Firm's EIN	01-0826173
		Firm's address 10616 SCRIPPS SUMMIT COURT, STE	100	0 Em	
	1	SAN DIEGO, CA 92131		Phone no. 85	8-795-2000
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No

Pai	t 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:									
	SEE SCHEDULE O									
2	Did the organization undertake any significant program services during the year which were not listed on									
	the prior Form 990 or 990-EZ?									
	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 X 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.									
7	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										
44	(Code:) (Expenses \$									
	31, 2014, THEREFORE, NO EXEMPT PURPOSE ACHIEVEMENTS HAVE BEEN LISTED.									
	31, 2014, IREKEPOKE, NO EXEMPT PORPOSE ACRIEVEMENTS HAVE BEEN DISTED.									
4b	(Code:) (Expenses \$ including grants of \$)) (Revenue \$)									
4-										
4c	(Code:) (Expenses \$									
4d	Other program services (Describe in Schedule O.)									
	(Expenses \$ including grants of \$) (Revenue \$)									
4e	Total program service expenses									

432002 11-07-14

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(6) or 4947(a)(1) (other than a private foundation)? 1 If Yes, "complete Schedule B, Schedule of Contributors? 2 Is the organization reques in indirect or indirect protection and an activities on behalf of or in opposition to candidates for public office? If Yes," complete Schedule C, Part II 3 X X Section 501(c)(3) (organization). Bit the organization engage in inbbbying activities, or have a section 501(f) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization as action 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives memberahlp dues, assessments, or similar amounts as odifficed in Section 91 If "Yes," complete Schedule C, Part III 6 Did the organization assettion of investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization entry of hold a conservation easement, including easements to preserve open space, the environment, historic land rease, or historic articuters? If "Yes," complete Schedule D, Part II 8 Did the organization invention of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization invention of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization report an amount in Part X, line 21, for secrory or custodial account liability, serve as a custodian for amounts in such tissed in Part X, or though a reliated organization, hold assets in temporary restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V II 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10 If If Yes, complete Schedule D, Part X V II 11 Did to organization report an amount for land, buildings, and equipment in Part X, line 11 that is 5% or more of its total assets reported in Part X, line 16 If "Yes," complete Schedule D, Part X V II 12 Did				Yes	No
2 Is the organization required to complete Schedule B. Schedule of Contributor® 3 Did the organization required to complete Schedule C. Part I 4 Section 801(K)8) organizations. Did the organization engage in debtying activities, or have a section 501(h) election in effect during the tax year? If Yes, Complete Schedule C. Part II 5 is the organization a section 501(c)(4) 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 9819 If Yes, Complete Schedule C. Part II 6 Did the organization mantain any donor advised funds or any similar funds or accounts? If Yes, Complete Schedule P. Part I 7 Did the organization mantain any donor advised funds or any similar funds or accounts? If Yes, "complete Schedule P. Part I 8 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic activaters 81 Yes, "complete Schedule D. Part II II 8 Did the organization mantain and part II Part II II II I I I I I I I I I I I I I I	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer if "Yes," complete Schedule C, Part II at the complete schedule C, Part II is the organization. Bit of the complete schedule C, Part II is the organization asset on SO1(p) of solid properties of the complete schedule C, Part II is the organization asset on SO1(p) of SO1(1	X	
public office? If "Yes," complete Schedule C, Part I Section 501(N) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(N), 501(c)(S), or 501(c)(S) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 81-91 If "Yes," complete Schedule C, Part III Is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts if "Yes," complete Schedule D, Part II If the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic attracturar II "Yes," complete Schedule D, Part II If the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II If the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, per provide recitic counseling, dieth imanagement, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II If the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VII If the organization report an amount for lend, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII In the organization report an amount for lend, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 15? If "Yes," complete Schedule D, Part X III Did the organization report an amount for lends the seases in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization report an amount for lends the seases in Part X	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II X is the organization asset and solid (s) (5) (16)(6) organization that receives membership dues, assessments, or similar amounts as delined in Revenue Procedure 98-191 if "Yes," complete Schedule C, Part II 6 Did the organization maintain any otnon advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Wrise," complete Schedule D, Part II 6 X Did the organization report or hold a conservation assement, holding assements to preserve open space, the environment, historic land areas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X X Did the organization amounts not listed in Part X, ine 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit consensing, else the magagement, credit repair, or debt inegotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization is an amount for though a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? If "Yes," complete Schedule D, Part V V 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V V 11 If the organization report an amount for investments or the securities in Part X, line 10? If "Yes," complete Schedule D, Part V VII 11 If X X Did the organization report an amount for rivestments or program related in Part X, line 13 If "Yes," complete Schedule D, Part V VII 11 If X X Did the organization report an amount for other assets in Part X, line 13 Fth Is 15 Store or more of its total assets reported in Part X,	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
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5 Is the organization a section S01(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98:19? If "Yes," complete Schedule C, Part III 5 IX 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts (III "Yes," complete Schedule D, Part II II Did the organization dareas, or historic structures? If "Yes," complete Schedule D, Part III II II Schedule D, Part II II II Schedule D, Part II II II Schedule D, Part II II II II II II Schedule D, Part II	4				
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If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization amount for other liabilities in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X Did the organization amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XIII Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grammaking, fundraising, business, investment, and program service activities outside the United States, or aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargeate gran	10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
_		28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee? If Tes, complete Schedule L, Farth	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		x
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29		29		122
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
24	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
00	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
00	Schedule N, Part II	32		Α.
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Α.
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
	Part V, line 1	34		v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			177
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		,,	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Second Committed Part Pa		Check if Schedule O contains a response or note to any line in this Part V			Ш				
b Enter the number of Forms W-2G included in line 1s. Enter of India applicable				Yes	No				
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gramming winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 5 If all least one is reported on line 28, did the organization file all required federal employment tax returns? 7 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 8 Did the organization have unreated business greater since of \$1,000 or more during the year? 8 All at his wind unique 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 accountry? 8 If 1'Yes, 'to line the return and of the foreign country? 9 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 9 Was the organization have amusing pross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not bax deductible as charitable contributions? 9 If 'Yes,' to line Sa or Sb, did the organization file Form 888817 9 If 'Yes,' did the organization have mainly gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions? 9 If 'Yes,' did the organization include with every solicitation an exposers statement that such contributions or grifts were not tax deductible? 9 To repartizations that may receive deductible contributions under section 170(c). 10 If the organization received an contribution of the value of the goods or services provided? 10 If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the file form 8889 as required? 10 If the o	1a								
gambling) winnings to prize winners? a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b I fall teast on is reported on line 2a, did the organization life all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-/file (see instructions) a Dit the organization have unrelated business gross income of \$1,000 or more during the year? a Tay 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)? b If Yea, "enter the name of the foreign country." See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 6 a 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 deductibles of sharilable contributions? 6 b If Yea," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible of a charilable contributions or gifts were not tax deductible as charilable contributions? 7 or organizations that may receive deductible contributions under section 170(c). b If Yea," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charilable contribution of undersolation for general part of the promote of the programma of the	b	Effect the number of Forms w-2d included in line 1a. Effect -0-in not applicable							
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3a	b		2b						
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	b	It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	(2014				

CHARITABLE REAL ESTATE FUND 32-0194805

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	7		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
h	Enter the number of voting members included in line 1a, above, who are independent	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ü	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization make any significant changes to its governing documents since the prior rolling 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	F-		
<i>1</i> a		70		x
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		
D		71.		x
_	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
8		0-	Х	
а	The governing body?	8a		х
	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			- V
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			·
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
р	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Α.	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		х	
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			37
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			.,
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finan	cial	
	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:			
	CHRISTINA P. WILSON - 858-756-6557			
	P.O. BOX 811, RANCHO SANTA FE, CA 92067			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 n (A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				h an	compensation	compensation	amount of
	week	_	er an	u a u	recio	or/trus	lee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mper		(** 2, 1000 *********************************		and related
	below	idual	tution	La la	Key employee	est co loyee	Je.			organizations
	line)	Indiv	Insti	Officer	Key 6	Highest compensated employee	Form			
(1) CHARLES KENDALL	2.00							_	_	_
DIRECTOR		Х						0.	0.	0
(2) SCOTT ROBINSON: LEAVE OF ABSENCE	2.00							_	_	_
DIRECTOR		Х						0.	0.	0
(3) E. TYLER MILLER III	2.00								_	_
DIRECTOR		Х					_	0.	0.	0
(4) CHRISTINA P. WILSON	2.00									
EXECUTIVE DIRECTOR		Х		Х				0.	135,000.	14,217
(5) GREGORY HILLGREN	2.00									
BOARD CHAIR & CEO		Х		Х				0.	0.	0
(6) DON OLIPHANT	2.00									
SECRETARY		Х		Х				0.	0.	0
(7) RON KIMURA	2.00									
VP & TREASURER		Х		Х				0.	0.	0
	-									
	 									
		\vdash	\vdash			\vdash	\vdash			
			\vdash							
		l								

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	office		Position (do not check more than one box, unless person is both an officer and a director/trustee)			one h an	(D) Reportable compensation from	(E) Reportable compensation from related	а	(F) stimate mount other	of	
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	compensation from the organization and related organizations		
1b Sub-total c Total from continuation sheets to Part V							<u> </u>	0.	135,000). 1	4,2	17.	
d Total (add lines 1b and 1c)							no re	0.	135,000		14,217.		
compensation from the organization										_	Yes	No	
 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si 	such individual									. 3		Х	
and related organizations greater than \$15Did any person listed on line 1a receive or	0,000? <i>If</i> "Yes, accrue compe	" <i>co</i> nsat	<i>mple</i> ion 1	ete S rom	S <i>che</i> any	e <i>dule</i> / unr	e <i>J f</i> elat	for such individualed organization or indiv	idual for services			Х	
rendered to the organization? If "Yes," com Section B. Independent Contractors												Х	
Complete this table for your five highest countries the organization. Report compensation for (A)											from C)		
Name and business	address	NC	INC	3				Description of s	ervices		ensatio	n	
2 Total number of independent contractors (•	ot li	mite	d to		_	stec	d above) who received m	nore than				
\$100,000 of compensation from the organi	zation >					0					990 (204.4	

			Check if Schedule O cont	tains a respo	nse or note to any	line in this Part VIII		(C)	
						Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a					
e al			Membership dues						
S, (Fundraising events						
힐힐			Related organizations						
in'.		е	Government grants (contribut	tions) 1e					
iž ši		f	All other contributions, gifts, gran	its, and					
			similar amounts not included abo	ve 1f					
do		g	Noncash contributions included in lines	1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f		>	•			
					Business Co	de			
Se	2	а							
er.		b							
n S		С							
Program Service Revenue		d			_				
rog		е							
<u>-</u>			All other program service reve						
$\overline{}$		g	Total. Add lines 2a-2f			·			
	3		Investment income (including						
			other similar amounts)						
	4		Income from investment of ta			•			
	5		Royalties			•			
	_			(i) Real					
			Gross rents						
			Less: rental expenses			_			
			Rental income or (loss)						
			Net rental income or (loss)						
	1	а	Gross amount from sales of	(i) Securit	ies (ii) Other				
		L	assets other than inventory Less: cost or other basis						
		D							
		_	and sales expenses						
			Gain or (loss)						
e			Net gain or (loss)Gross income from fundraisin						
Other Revenu			including \$						
Re			contributions reported on line						
ē			Part IV, line 18						
₹			Less: direct expenses						
			Net income or (loss) from fund			•			
	9	а	Gross income from gaming ac						
			Part IV, line 19						
			Less: direct expenses		•				
			Net income or (loss) from gan		s	-			
	10	а	Gross sales of inventory, less						
			and allowances			_			
			Less: cost of goods sold						
ŀ		С	Net income or (loss) from sale			*			
	11	_	Miscellaneous Revenu	ıe	Business Co	ue			
	11				- 				
		b			_				
		Y C	All other revenue		_				
			All other revenue Total. Add lines 11a-11d						
	12	J	Total revenue. See instructions.			0.	0.	0.	0.
	12		i otal lovolido. Occ ilioli dell'Olio.			, , , , , , , , , , , , , , , , , , , ,	., • • • •	J •	

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 (B) (C) (D) Do not include amounts reported on lines 6b, Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): а Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 23 Insurance Other expenses. Itemize expenses not covered 24 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.) C е All other expenses 0. 0. 0. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	Beginning of year	1	Life of year
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		_	
	J	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	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			
y,		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0.	16	C
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ß	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
<u> </u>		Complete Part II of Schedule L		22	
'	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25	0.	26	(
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ruild Balailces		complete lines 27 through 29, and lines 33 and 34.			
8	27	Unrestricted net assets		27	
ם ב	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
5	00	and complete lines 30 through 34.	^	_	
	30	Capital stock or trust principal, or current funds	0.	30	0
?	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	C
Net Assets U	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	0
	33	Total net assets or fund balances	0.	33	0
	34	Total liabilities and net assets/fund balances	0.	34	

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1						
2	Total expenses (must equal Part IX, column (A), line 25)	2						
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10						
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					Ш		
			_		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		I			1		
	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?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				1		
	separate basis, consolidated basis, or both:					1		
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,			1		
	consolidated basis, or both:					1		
	Separate basis Consolidated basis Both consolidated and separate basis					1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	t,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (0.					
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			3b		İ		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RANCHO SANTA FE FOUNDATION CHARITABLE REAL ESTATE FUND **Employer identification number** 32-0194805

Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.				
The o	organ	ization is not a private found	lation because it is: (For lines 1 through 11, o	check only	one box.)					
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E.)							
3		A hospital or a cooperative		•	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organiz					-	the hospital's name.			
		city, and state:	·	,			(,			
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a g	overnmental unit describ	ed in			
		section 170(b)(1)(A)(iv). (C		mage or arminorally armino	a o. opo.a	,					
6		A federal, state, or local go		nental unit described in	section 17	70(h)(1)(A)	(v)				
7	Ħ		-					nublic described in			
'		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.)									
0				(4)(A)(vi) (Complete Der	+ II \						
8	H	A community trust describe									
9	ш	An organization that norma	•	•	-		· · · · · · · · · · · · · · · · · · ·	-			
		activities related to its exen	•	•				•			
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.			
		See section 509(a)(2). (Co	•								
10		An organization organized	•	•	-						
11	Λ	An organization organized	•	•	-		•				
		more publicly supported or	-					heck the box in			
		lines 11a through 11d that									
а	X	Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving			
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	upporting			
	_	organization. You must o	complete Part IV, Se	ections A and B.							
b			anization supervised	d or controlled in connec	tion with it	s supporte	ed organization(s), by ha	ving			
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	egrated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,			
		its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ctions A,	D, and E.				
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)			
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attenti	veness			
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.				
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III				
		functionally integrated, o	r Type III non-functio	nally integrated support	ing organiz	zation.					
f	Ente	er the number of supported o	organizations					1			
g		ride the following information									
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of			
		organization		(described on lines 1-9 above or IRC section	listed i governing o		support (see	other support (see			
				(see instructions))	Yes	No	Instructions)	Instructions)			
RAI	NCH	O SANTA FE		, , , , , , , , , , , , , , , , , , , ,							
FO	JND	ATION	95-3709639	501(C)(3)	Х		0.				
Γota							0.	0.			

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4.						
		(-) 0040	(1-) 0044	(-) 0040	(-1) 0040	(-) 004.4	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
۵	and income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for	•	,				
	organization, check this box and stor	•	•				>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				,
	Public support percentage for 2014 (column (f))		14	%
	Public support percentage from 2013					15	%
	33 1/3% support test - 2014. If the o						ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			▶□
b	33 1/3% support test - 2013. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qual	ifies as a publicly	supported organi	zation			▶□
17a	10% -facts-and-circumstances tes	t - 2014. If the org	janization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ices" test, check	this box and stop	here. Explain in Pa	art VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		▶□
b	10% -facts-and-circumstances tes	t - 2013. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, o	check this box and	l stop here. Explai	n in Part VI how th	е
	organization meets the "facts-and-circ						▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 10	6a, 16b, 17a, or 17	b, check this box	and see instruction	<u>ns</u>
					Sch	edule A (Form 990	0 or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support	siow, picase com	proto r ure m.				
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and		, ,	. ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support				,	i	
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	504()(0)	<u></u>
14	First five years. If the Form 990 is for	· ·			•	. , . ,	
<u> </u>	check this box and stop here ction C. Computation of Publ						P
	Public support percentage for 2014 (I			acluma (fl)		15	
	Public support percentage from 2013					16	<u>%</u> %
	ction D. Computation of Inves					1 10 1	70
17						17	%
	Investment income percentage from 2					18	
	a 33 1/3% support tests - 2014. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2013. If the						
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		•	

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a 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 Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in

Part VI.

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) 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 Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - 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.)

	1,,	
	Yes	No
1	х	
2		Х
3a		Х
3b		
3с		
		37
4a		X
4b		
4c		
5a		X
- Fl-		
5b 5c		
30		
6		X
7		Х
8		Х
<u> </u>		
9a		Х
9b		Х
9c		X
10a		Х
10b	1	L
990 or 9	90-EZ)	2014

Ра	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI.	11c		Х
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <i>part VI</i> 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.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			х
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
· a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3</i> below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	tructions	.1	
_		ructions	Yes	No
2	Activities Test. Answer (a) and (b) below.		res	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Vas " describe in party, the role played by the organization in this regard	3h		

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Schedule A (Form 990 or 990-EZ) 2014 CHARITABLE REAL ESTATE FUND

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	ınizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	on Nov. 20, 1970. See instructions. All					
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1 1		(optional)				
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or	1 1						
_	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other							
	factors (explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d	3						
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by .035	6						
_7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions)	6						
7	Check here if the current year is the organization's first as a non-functional	y-integra	ted Type III supporting org	ganization (see				
	instructions)	-						

Schedule A (Form 990 or 990-EZ) 2014

		FE FOUNDATION		0.0104005
	dule A (Form 990 or 990-EZ) 2014 CHARITABLE RI			32-0194805 Page 7
Par	t V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	<u> </u>		
2	Amounts paid to perform activity that directly furthers exem	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpor	ses of supported organization	ns	
_4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		i	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
е	From 2013			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i_	Carryover from 2009 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			

Schedule A (Form 990 or 990-EZ) 2014

b

d Excess from 2013 e Excess from 2014

RANCHO SANTA FE FOUNDATION

Schedule A	(Form 990 or 990-EZ) 2014 CHARITABLE REAL ESTATE FUND	32-0194805 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of	r 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
-		
-		
_		

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 RANCHO SANTA FE FOUNDATION CHARITABLE REAL ESTATE FUND

Employer identification number 32-0194805

FORM 990, PART III, LINE 1:

THE RANCHO SANTA FE FOUNDATION CHARITABLE REAL ESTATE FUND (CREF) WAS ESTABLISHED TO ACCEPT CHARITABLE GIFTS OF COMMERCIAL AND RESIDENTIAL PROPERTY FROM WILLING DONORS AND OVERSEE THE PROCESS THAT CONVERTS THE DONATED REAL ESTATE INTO CHARITABLE DOLLARS. AT SUCH TIME AS PROCEEDS HAVE BEEN REALIZED FROM THE SALES OF THE DONATED PROPERTIES AND ALL CARRYING COSTS HAVE BEEN MET, THE REMAINING FUNDS WILL BE TRANSFERRED FROM THE CREF TO RANCHO SANTA FE FOUNDATION, THE SUPPORTED ORGANIZATION, AND HELD OR DISTRIBUTED TO NON-PROFIT ORGANIZATIONS.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR FOR ACCURACY AND COMPLETENESS. A FULL FILING COPY WAS PROVIDED ELECTRONICALLY TO ALL THE BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

AS A SUPPORTING ORGANIZATION, THE RANCHO SANTA FE FOUNDATION CREF BOARD OF DIRECTORS MUST COMPLY WITH ALL REQUIREMENTS OF MEMBERSHIP ON THE RANCHO SANTA FE FOUNDATION BOARD OF DIRECTORS. OUR CONFLICT OF INTEREST POLICY IS MONITORED PRIMARILY BY HAVING EACH BOARD DIRECTOR EXECUTE A NEW CONFLICT OF

INTEREST AGREEMENT AT THE BEGINNING OF EACH CALENDAR YEAR SO THAT THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization RANCHO SANTA FE FOUNDATION CHARITABLE REAL ESTATE FUND	Employer identification number 32-0194805
CONCEPT OF 'CONFLICT OF INTEREST' REMAINS FRESH IN THEIR M	IINDS. BEYOND
THAT, THE BOARD CHAIRMAN WILL ROUTINELY ASK BOARD MEMBERS	TO RECUSE
THEMSELVES FROM VOTING ON ISSUES AT MEETINGS THAT WOULD CF	REATE A CONFLICT
OF INTEREST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLIC	T OF INTEREST
POLICY AVAILABLE UPON REQUEST.	

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

RANCHO SANTA FE FOUNDATION CHARITABLE REAL ESTATE FUND

 $\begin{array}{c} \textbf{Employer identification number} \\ 32-0194805 \end{array}$

(a)	(b)	(c)	(d)		(e)	(f)			
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Primary activity Legal domicile (state or foreign country)		Total income End-of-yo		ts Direct control entity			
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations Complete if the organization	answered "Yes" on Form 990), Part IV, line 34 I	pecause it had o	ne or more	related tax-exer	mpt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	status (if secti		(f) Direct controlling entity		g) 512(b)(13) rolled :ity?	
				501(c)(3))			Yes	No	
RANCHO SANTA FE FOUNDATION - 95-3709639 P.O. BOX 811									
RANCHO SANTA FE, CA 92067	GRANT MAKING	CALIFORNIA	501(C)(3)	509(A)(1)				Х	

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h) ((i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportionate Code V		Code V-UBI	Gener	l or Percentage ing ownership er?
of related organization		(state or foreign	entity	(related, unrelated, income end-of-year excluded from tax under assets		allocations?		amount in box 20 of Schedule K-1 (Form 1065)	partn	ownersnip	
		country)		sections 512-514)		4,000.0	Yes	No	K-1 (Form 1065)	Yes	No OF
			l	l	I .						

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	Legal domicile (state or foreign	(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	enti	b)(13) rolled ity?
		country)						Yes	No
									<u> </u>

Schedule R (Form 990) 2014

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

b Gift, grant, or capital contribution to related organization(s)

1a

X

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

С	Gift, grant, or capital contribution from related organization(s)				1c		X		
d	Loans or loan guarantees to or for related organization(s)				1d		X		
е	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		X		
g	Sale of assets to related organization(s)				1g		X		
h	Purchase of assets from related organization(s)				1h		X		
i	i Exchange of assets with related organization(s)								
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
k	k Lease of facilities, equipment, or other assets from related organization(s)								
Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
0	Sharing of paid employees with related organization(s)				10	X			
р	Reimbursement paid to related organization(s) for expenses				1p		X		
	Reimbursement paid by related organization(s) for expenses				1q		X		
r	Other transfer of cash or property to related organization(s)				1r		X		
	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who must	complete t	his line, including covered	relationships and transaction thresholds.					
	(a) ((b)	(c)	(d)					
	Name of related organization Trans	saction	Amount involved	Method of determining amount inv	olved				
	type	e (a-s)							
1)									
2)									
3)									
4)									
5)									
6)									
32163	3 08-14-14	25		Schedule F	(Forn	1 990)	2014		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	Disproptional allocation	por- te ons?	(i) Code V-UBI Imount in box 20 of Schedule K-1 (Form 1065)	(j) General comanaging partner? Yes NO	(k) Percentage ownership

Schedule R (Form 990) 2014

Part VII	Supplemental Information
	Provide additional information for responses to questions on Schedule R (see instructions).