

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2013

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990)

Open to Public Inspection

## A For the 2013 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>RANCHO SANTA FE FOUNDATION</b>		<b>D</b> Employer identification number <b>95-3709639</b>
	Doing Business As		<b>E</b> Telephone number <b>(858) 756-6557</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>54,948,481.</b>
	P.O. BOX 811		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code <b>RANCHO SANTA FE, CA 92067</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.RSFFOUNDATION.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1981</b> <b>M</b> State of legal domicile: <b>CA</b>	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PROMOTES PHILANTHROPY BY ASSISTING DONORS TO BUILD ASSETS FOR THEIR CHOSEN CHARITIES.</b>		
	<b>2</b> Check this box <input type="checkbox"/> 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)	<b>3</b>	<b>29</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>29</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>5</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>29</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>14,694,654.</b>	<b>Current Year</b> <b>16,303,498.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>995,129.</b>	<b>2,197,847.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>113,868.</b>	<b>124,955.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>15,803,651.</b>	<b>18,626,300.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,143,240.</b>	<b>3,507,838.</b>
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>315,505.</b>	<b>396,620.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>168,160.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>153,368.</b>	<b>257,948.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,612,113.</b>	<b>4,162,406.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>13,191,538.</b>	<b>14,463,894.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>59,385,312.</b>	<b>End of Year</b> <b>82,134,293.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>13,556,541.</b>	<b>16,417,902.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>45,828,771.</b>	<b>65,716,391.</b>

## 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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>CHRISTINA WILSON, EXEC. DIR.</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ROBERT C. GELLMAN</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00183739</b>
	Firm's name ▶ <b>CBIZ MHM, LLC</b>	Firm's EIN ▶ <b>01-0826173</b>			
	Firm's address ▶ <b>10616 SCRIPPS SUMMIT COURT, STE 100 SAN DIEGO, CA 92131</b>	Phone no. <b>858-795-2000</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: PROMOTES PHILANTHROPY BY: ASSISTING DONORS TO BUILD ASSETS FOR THEIR CHOSEN CHARITABLE PURPOSES, EXPLORING AND EVALUATING LOCAL CHARITABLE NEEDS, AND BUILDING ENDOWMENTS FOR CHARITABLE ORGANIZATIONS.

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 320,000. including grants of \$ 320,000.) (Revenue \$ 0.) THE ADVISORY COMMITTEE OF AN ENDOWED FUND GRANTED \$320,000 TO THE INDIANA UNIVERSITY SCHOOL OF NURSING (IUSON) TO SUPPORT A COLLABORATIVE INITIATIVE WITH SCRIPPS HEALTH OF SAN DIEGO FOCUSED ON IMPROVING COMMUNICATION BETWEEN HEALTH CARE PROVIDERS, PATIENTS AND PATIENTS' FAMILIES REGARDING PALLIATIVE AND END-OF-LIFE CARE. THE FUNDING, OVER THREE YEARS WILL ALSO SUPPORT A NAMED FELLOWSHIP IN HEALTH CARE COMMUNICATION AND A NAMED ENDOWED LECTURESHIP IN HEALTH COMMUNICATION.

4b (Code: ) (Expenses \$ 250,000. including grants of \$ 250,000.) (Revenue \$ 0.) 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. THE WOMEN'S FUND MADE 6 GRANTS IN 2013 TOTALING \$250,000. GRANTS RANGED IN SIZE FROM \$25,000 - \$50,000 AND FOCUSED ON NONPROFITS WORKING IN AREAS OF EDUCATION, ECONOMIC DEVELOPMENT AND SOCIAL SERVICES.

4c (Code: ) (Expenses \$ 111,000. including grants of \$ 111,000.) (Revenue \$ 0.) THE PATRIOTS INITIATIVE, FORMERLY KNOWN AS THE ARMED FORCES INTEREST GROUP (AFIG), 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 WORLD AND ACTIVE DUTY, VETERANS AND THEIR DEPENDENTS BENEFITED FROM GRANTS RANGING FROM \$500 TO \$15,000 TO 11 DIFFERENT ORGANIZATIONS FOR A TOTAL OF \$111,000 IN 2013.

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,963,467. including grants of \$ 2,826,838.) (Revenue \$ )

4e Total program service expenses 3,644,467.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form body containing questions 1a through 14b with columns for 'Yes' and 'No' and input fields for numerical values.

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	29		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	29		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **CHRISTINA P. WILSON - 858-756-6557**  
**P.O. BOX 811, RANCHO SANTA FE, CA 92067**

**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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALYCE ASHCRAFT DIRECTOR	1.00	X						0.	0.	0.
(2) JAMES CIMINO DIRECTOR	1.00	X						0.	0.	0.
(3) RICH COLLATO DIRECTOR	1.00	X						0.	0.	0.
(4) CRAIG DADO DIRECTOR	1.00	X						0.	0.	0.
(5) BILL DAVIDSON DIRECTOR	1.00	X						0.	0.	0.
(6) DAVID DOWN DIRECTOR	1.00	X						0.	0.	0.
(7) DOUGLAS FORSYTH DIRECTOR	1.00	X						0.	0.	0.
(8) FRANCI FREE DIRECTOR	1.00	X						0.	0.	0.
(9) HUGH GREENWAY DIRECTOR	1.00	X						0.	0.	0.
(10) MARK HOLMLUND DIRECTOR	1.00	X						0.	0.	0.
(11) CANDACE HUMBER DIRECTOR	1.00	X						0.	0.	0.
(12) CONSTANCE LEVI DIRECTOR	1.00	X						0.	0.	0.
(13) MICHAEL LOBATZ DIRECTOR	1.00	X						0.	0.	0.
(14) JOHN MAJOR DIRECTOR	1.00	X						0.	0.	0.
(15) RON MCMAHON DIRECTOR	1.00	X						0.	0.	0.
(16) GLENN ORATZ DIRECTOR	1.00	X						0.	0.	0.
(17) DANIEL PLATT 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 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) PAULA POWERS DIRECTOR	1.00	X						0.	0.	0.
(19) RICHARD SAPP DIRECTOR	1.00	X						0.	0.	0.
(20) GORDON SWANSON DIRECTOR	1.00	X						0.	0.	0.
(21) PAUL THIEL DIRECTOR	1.00	X						0.	0.	0.
(22) ROBERT VANOSKY DIRECTOR	1.00	X						0.	0.	0.
(23) DONNA WALKER DIRECTOR	1.00	X						0.	0.	0.
(24) PHILLIP WHITE DIRECTOR	1.00	X						0.	0.	0.
(25) BETTE WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
(26) KATE WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								115,402.	0.	16,623.
<b>d Total (add lines 1b and 1c)</b>								115,402.	0.	16,623.

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 **1**

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

**Section B. Independent Contractors**

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 16,303,498.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	7,942,556.					
	<b>h Total.</b> Add lines 1a-1f		16,303,498.				
	<b>Program Service Revenue</b>	<b>2 a</b>	<b>Business Code</b>				
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,170,108.			1,170,108.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)		1,027,739.			1,027,739.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MANAGEMENT FEE REVENUE	525920	124,955.	124,955.				
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d		124,955.					
<b>12 Total revenue.</b> See instructions.		18,626,300.	124,955.	0.	2,197,847.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	3,506,338.	3,506,338.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	1,500.	1,500.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	115,751.	11,575.	23,150.	81,026.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	209,619.	65,738.	140,111.	3,770.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,366.	2,701.	5,703.	2,962.
9 Other employee benefits	34,027.	8,085.	17,075.	8,867.
10 Payroll taxes	25,857.	6,144.	12,974.	6,739.
11 Fees for services (non-employees):				
a Management				
b Legal	40,004.		40,004.	
c Accounting	38,213.	1,441.	35,192.	1,580.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	200.	200.		
12 Advertising and promotion	30,543.			30,543.
13 Office expenses	15,214.	6,198.	4,508.	4,508.
14 Information technology	27,158.	9,687.	14,754.	2,717.
15 Royalties				
16 Occupancy	14,514.	4,838.	4,838.	4,838.
17 Travel	6,948.		6,948.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,536.	3,207.	7,329.	1,000.
20 Interest	943.	314.	315.	314.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,071.		3,071.	
23 Insurance	8,873.	548.	7,724.	601.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>DONOR DEVELOPMENT</b>	11,064.			11,064.
b <b>TELEPHONE</b>	11,044.	3,681.	3,682.	3,681.
c <b>PRINTING/REPRODUCTION</b>	9,508.	7,493.	1,008.	1,007.
d <b>PROFESSIONAL DEVELOPMEN</b>	8,342.		8,342.	
e All other expenses	20,773.	4,779.	13,051.	2,943.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	4,162,406.	3,644,467.	349,779.	168,160.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,119,870.	1	621,772.	
	<b>2</b> Savings and temporary cash investments .....	37,000.	2	106,020.	
	<b>3</b> Pledges and grants receivable, net .....	1,242,646.	3	5,953,964.	
	<b>4</b> Accounts receivable, net .....		4		
	<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 .....		5		
	<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 instr). Complete Part II of Sch L .....		6		
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....		8		
	<b>9</b> Prepaid expenses and deferred charges .....	10,111.	9	17,008.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 94,023.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 60,470.	14,424.	<b>10c</b> 33,553.	
	<b>11</b> Investments - publicly traded securities .....	43,420,967.	11	58,996,335.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....	13,540,294.	15	16,405,641.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	59,385,312.	16	82,134,293.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	16,247.	17	16,361.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....		19		
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	13,540,294.	21	16,401,541.	
	<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 .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<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 .....		25		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	13,556,541.	26	16,417,902.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	22,440,779.	27	29,465,276.	
	<b>28</b> Temporarily restricted net assets .....	3,149,885.	28	6,091,566.	
	<b>29</b> Permanently restricted net assets .....	20,238,107.	29	30,159,549.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
	<b>33</b> Total net assets or fund balances .....	45,828,771.	33	65,716,391.	
<b>34</b> Total liabilities and net assets/fund balances .....	59,385,312.	34	82,134,293.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,626,300.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,162,406.
3	Revenue less expenses. Subtract line 2 from line 1	3	14,463,894.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	45,828,771.
5	Net unrealized gains (losses) on investments	5	5,504,513.
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	-80,787.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	65,716,391.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> RANCHO SANTA FE FOUNDATION	<b>Employer identification number</b> 95-3709639
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**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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,463,973.	4,049,899.	15,740,971.	14,694,654.	16,303,498.	54,252,995.
<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 Total.</b> Add lines 1 through 3 .....	3,463,973.	4,049,899.	15,740,971.	14,694,654.	16,303,498.	54,252,995.
<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) .....						35,402,215.
<b>6 Public support.</b> Subtract line 5 from line 4.						18,850,780.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	3,463,973.	4,049,899.	15,740,971.	14,694,654.	16,303,498.	54,252,995.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	346,362.	313,431.	354,414.	843,586.	1,170,108.	3,027,901.
<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 IV.) .....	65,154.	80,990.	93,690.	113,867.	124,955.	478,656.
<b>11 Total support.</b> Add lines 7 through 10						57,759,552.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	32.64	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	31.35	%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 33 1/3% support test - 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 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 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.) .....						
<b>13 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 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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 Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

RANCHO SANTA FE FOUNDATION MEETS THE THE 10% FACTS AND CIRCUMSTANCES TEST BECAUSE ITS PUBLIC SUPPORT IS 32.64%, WHICH IS WELL IN EXCESS OF THE 10% FACTS AND CIRCUMSTANCES TEST, BUT JUST UNDER THE 33 1/3% TO QUALIFY UNDER THE PUBLIC SUPPORT TEST OF THE IRC SECTION 170(B)(1)(A)(VI). THE FOUNDATION HAS A SOLICITATION PLAN FOR ATTRACTING PUBLIC SUPPORT AND A BROAD, REPRESENTATIVE GOVERNING BODY; AND IT RECEIVES A LARGE PERCENTAGE OF ITS SUPPORT FROM THE GENERAL PUBLIC.

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

RANCHO SANTA FE FOUNDATION

Employer identification number

95-3709639

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization <b>RANCHO SANTA FE FOUNDATION</b>	Employer identification number <b>95-3709639</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>5,929,648.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>3,223,695.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>3,023,484.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>755,118.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	_____ _____ _____	\$ <u>423,697.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	_____ _____ _____	\$ <u>364,429.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>RANCHO SANTA FE FOUNDATION</b>	Employer identification number <b>95-3709639</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	_____ _____ _____	\$ <u>149,544.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>	_____ _____ _____	\$ <u>139,740.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>	_____ _____ _____	\$ <u>136,145.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>	_____ _____ _____	\$ <u>135,131.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>	_____ _____ _____	\$ <u>109,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>	_____ _____ _____	\$ <u>100,682.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>RANCHO SANTA FE FOUNDATION</b>	Employer identification number <b>95-3709639</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/> <hr/>	\$ 98,411.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/> <hr/>	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/> <hr/>	\$ 74,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/> <hr/>	\$ 71,072.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>RANCHO SANTA FE FOUNDATION</b>	Employer identification number <b>95-3709639</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ <u>52,822.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ <u>29,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ <u>28,639.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ <u>28,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>RANCHO SANTA FE FOUNDATION</b>	Employer identification number <b>95-3709639</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 27,517.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 25,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 24,376.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>RANCHO SANTA FE FOUNDATION</b>	Employer identification number <b>95-3709639</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 18,967.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 15,630.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 13,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>RANCHO SANTA FE FOUNDATION</b>	Employer identification number <b>95-3709639</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 12,198.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 11,617.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 10,969.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>RANCHO SANTA FE FOUNDATION</b>	Employer identification number <b>95-3709639</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>RANCHO SANTA FE FOUNDATION</b>	Employer identification number <b>95-3709639</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ <u>8,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ <u>7,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>RANCHO SANTA FE FOUNDATION</b>	Employer identification number <b>95-3709639</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 5,825.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 5,085.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>RANCHO SANTA FE FOUNDATION</b>	Employer identification number <b>95-3709639</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
RANCHO SANTA FE FOUNDATION	95-3709639

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	RESIDENCE @ 5642 DOLPHIN PLACE, LA JOLLA, CA	\$ 3,563,806.	06/01/13
2	79,000 SHARES OF LPL FINANCIAL HOLDINGS STOCK	\$ 3,223,595.	10/29/13
6	6,000 SHS OF EXAMWORKS GROUP, 2,000 SHS OF SALESFORCE & 420 SHS OF VIRTUS INVESTMENT PARTNERS STOCK	\$ 364,429.	06/10/13
7	1,750 SHARES OF CONAGRA FOODS & 1,125 SHARES OF BANK OF THE INTERNET STOCK	\$ 149,544.	03/27/13
8	1,000 SHARES OF QUALCOMM STOCK	\$ 139,740.	01/31/13
12	130 3M, 132 BOEING, 114 CHEVRON, 115 KIMBERLY CLARK, 43 LINKED IN & 25 PRICELINE STOCK SHARES	\$ 100,682.	12/31/13

Name of organization	Employer identification number
RANCHO SANTA FE FOUNDATION	95-3709639

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
15	2,208 SHARES OF COMCAST CORPORATION STOCK	\$ 98,411.	08/15/13
17	1,200 SHARES OF MAGELLAN MIDSTREAM PARTNERS STOCK	\$ 74,250.	11/27/13
18	323 SHARES OF ROCHE HOLDINGS & 1,191 US BANCORP STOCK	\$ 65,022.	06/12/13
19	555 SHARES OF SEMPRA ENERGY STOCK	\$ 49,822.	10/22/13
23	25 SHARES OF GOOGLE STOCK	\$ 23,639.	03/11/13
25	400 SHS OF ARCHER DANIELS MIDLAND, 100 SHS OF JACK IN THE BOX & 800 SHS OF KEYTRONIC CORP. STOCK	\$ 27,217.	02/06/13

Name of organization <b>RANCHO SANTA FE FOUNDATION</b>	Employer identification number <b>95-3709639</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
30	350 SHARES OF AMERISOURCE BERGEN STOCK _____ _____ _____	\$ 24,276.	12/11/13
38	126 SHARES OF MCDONALDS CORP. STOCK _____ _____ _____	\$ 12,198.	11/08/13
39	120 SHARES OF MCDONALDS CORP. STOCK _____ _____ _____	\$ 11,617.	11/08/13
40	30 SHARES OF AMAZON STOCK _____ _____ _____	\$ 10,969.	11/19/13
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____



<b>Name of organization</b>  <b>RANCHO SANTA FE FOUNDATION</b>	<b>Employer identification number</b>  <b>95-3709639</b>
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**Part III** *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	99	
2 Aggregate contributions to (during year) .....	5,142,605.	
3 Aggregate grants from (during year) .....	1,789,452.	
4 Aggregate value at end of year .....	28,431,712.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to 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 Tax Year
a Total number of conservation easements .....	2a 1
b Total acreage restricted by conservation easements .....	2b 22.00
c Number of conservation easements on a certified historic structure included in (a) .....	2c 0
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d 0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

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, and enforcing conservation easements during the year ▶ 0

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 0.

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" to 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) Revenues included in 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 Revenues included in 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  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" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	22,438,964.	20,038,064.	9,677,077.	6,734,123.	5,145,495.
b Contributions	10,539,492.	1,000,600.	10,923,662.	2,319,565.	577,981.
c Net investment earnings, gains, and losses	3,930,484.	1,733,387.	-152,279.	989,401.	1,177,427.
d Grants or scholarships	2,041,299.	211,341.	328,852.	299,515.	119,100.
e Other expenditures for facilities and programs	0.				
f Administrative expenses	157,459.	121,746.	81,544.	66,497.	47,680.
g End of year balance	34,710,182.	22,438,964.	20,038,064.	9,677,077.	6,734,123.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  1.65 %
- b Permanent endowment  87.62 %
- c Temporarily restricted endowment  10.73 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		7,663.		7,663.
d Equipment		71,715.	54,268.	17,447.
e Other		14,645.	6,202.	8,443.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				33,553.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to 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> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to 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> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) INVESTMENTS HELD FOR OTHERS	16,401,541.
(2) OTHER ASSETS	4,100.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	16,405,641.

**Part X Other Liabilities.**

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

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

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" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	24,112,941.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	5,504,512.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	62,916.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	169,213.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	5,736,641.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	18,376,300.
<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>	250,000.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	250,000.
<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>	18,626,300.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	4,225,321.
<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>	62,916.
<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>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	62,916.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	4,162,405.
<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>	1.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1.
<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>	4,162,406.

**Part XIII Supplemental Information.**

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

**PART II, LINE 9:**

THE FOUNDATION HOLDS TITLE TO A 22-ACRE PARCEL OF UNDEVELOPED LAND IN RANCHO SANTA FE WHICH IS TO BE HELD BY THE FOUNDATION IN PERPETUITY AS OPEN SPACE. THE VALUE OF THIS PARCEL HAS NOT BEEN INCLUDED WITHIN THE ACCOMPANYING FINANCIAL STATEMENTS AS THE LAND HAS NO RECOGNIZABLE VALUE DUE TO THE NATURE OF THE RESTRICTIVE CIRCUMSTANCES UNDER WHICH IT IS HELD.

**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

**Part XIII** Supplemental Information (continued)

TO THE FOUNDATION. THE AMOUNTS DUE TO THE OTHER AGENCIES TOTAL 16,401,541  
AT DECEMBER 31, 2013.

PART V, LINE 4:

TO PROVIDE PERPETUAL SUPPORT FOR THE OPERATIONS AND PROGRAMS  
OF VARIOUS NON-PROFIT AGENCIES THROUGHOUT SAN DIEGO COUNTY AND BEYOND.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN ACTUARIAL VALUE OF SPLIT INTEREST AGREEMENTS 169,213.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ESTIMATED EXPENSES OF CONTRIBUTION RECEIVABLE - UNREALIZED 250,000.  
EXPENSE FOR POTENTIAL SELLING COMMISSIONS.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING 1.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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.

<b>1 (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
INDIANA UNIVERSITY FOUNDATION 340 W. MICHIGAN STREET INDIANAPOLIS, IN 46202	35-6018940	501(C)(3)	320,000.	0.			IU SCHOOL OF NURSING - END OF LIFE COMMUNICATION
OLD GLOBE THEATRE P. O. BOX 122171 SAN DIEGO, CA 92112	95-1543396	501(C)(3)	252,750.	0.			GENERAL SUPPORT
SCRIPPS HEALTH FOUNDATION P.O. BOX 2669 LA JOLLA, CA 92038	95-1684089	501(C)(3)	226,700.	0.			MEDICAL RESEARCH & DEPARTMENTAL EXPANSION
MAINLY MOZART 444 W. BEECH STREET, #220 SAN DIEGO, CA 92101	33-0320305	501(C)(3)	143,940.	0.			MARKETING & GENERAL SUPPORT
CAPITAL AREA FOOD BANK OF TEXAS, INC. - 8201 S. CONGRESS AVE. - AUSTIN, TX 78745	74-2217350	501(C)(3)	110,000.	0.			GENERAL SUPPORT
INTEGRA CENTER P.O. BOX 22498 SAN DIEGO, CA 92192	45-3837670	501(C)(3)	106,500.	0.			GENERAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **107.**

**3** Enter total number of other organizations listed in the line 1 table **4.**

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

Schedule I (Form 990) (2013)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KRAEMER ENDOWMENT FOUNDATION 2119 EAST MADISON AVENUE EL CAJON, CA 92019	33-0573935	501(C)(3)	105,000.	0.			ASSISTANCE TO ADULTS WITH DEVELOPMENTAL DISABILITIES
CHILDREN'S DENTAL HEALTH ASSOCIATION OF SAN DIEGO - 1270 24TH STREET - SAN DIEGO, CA 92102	95-2545484	501(C)(3)	100,000.	0.			ORTHODONTIC CARE FOR LOW INCOME CHILDREN
LUX ART INSTITUTE 1550 SOUTH EL CAMINO REAL ENCINITAS, CA 92024	33-0802336	501(C)(3)	100,000.	0.			CAPITAL CAMPAIGN FOR EDUCATION PAVILION
UNIVERSITY OF SAN DIEGO 5998 ALCALA PARK SAN DIEGO, CA 92110	95-2544535	501(C)(3)	100,000.	0.			SCHOLARSHIP SUPPORT
VILLAGE COMMUNITY PRESBYTERIAN CHURCH - P.O. BOX 704 - RANCHO SANTA FE, CA 92067	95-6006164	501(C)(3)	72,700.	0.			GENERAL SUPPORT
VISTA COMMUNITY CLINIC 1000 VALE TERRACE VISTA, CA 92084	95-2815615	501(C)(3)	70,000.	0.			OUTREACH & PREVENTION PROGRAMS
FREEDOM OF CONSCIENCE DEFENSE FUND P.O. BOX 9520 RANCHO SANTA FE, CA 92067	30-0741605	501(C)(3)	51,000.	0.			GENERAL SUPPORT
EMILIO NARES FOUNDATION PO BOX 86165 SAN DIEGO, CA 92138	13-4229276	501(C)(3)	50,100.	0.			GENERAL OPERATING SUPPORT
CANCER ANGELS OF SAN DIEGO 1915 ASTON AVENUE CARLSBAD, CA 92008	26-1099989	501(C)(3)	50,000.	0.			STAGE IV PATIENT FINANCIAL ASSISTANCE

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIABETES RESEARCH CONNECTION 1400 MAIDEN LANE DEL MAR, CA 92014	90-0815395	501(C)(3)	50,000.	0.			DIABETES RESEARCH
UNIVERSITY OF MISSISSIPPI FOUNDATION - P.O. BOX 249 - UNIVERSITY, MS 38677	23-7310293	501(C)(3)	50,000.	0.			SCHOLARSHIP FUNDS
VOICES FOR CHILDREN 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	95-3786047	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION - 5575 RUFFIN ROAD - SAN DIEGO, CA 92123	95-2568714	501(C)(3)	45,000.	0.			PROJECT "ACCESS SAN DIEGO"
SCRIPPS HEALTH FOUNDATION 354 SANTA FE DRIVE, ENC63 ENCINITAS, CA 92024	95-1684089	501(C)(3)	45,000.	0.			CAPITAL CAMPAIGN
BOYS & GIRLS CLUBS OF SAN DIEGUITO 533 LOMAS SANTA FE DRIVE SOLANA BEACH, CA 92075	95-2470435	501(C)(3)	41,250.	0.			PROGRAM, SCHOLARSHIP & GENERAL SUPPORT
SAN ELIJO LAGOON CONSERVANCY P.O. BOX 230634 ENCINITAS, CA 92023	33-0358660	501(C)(3)	37,250.	0.			LAND PURCHASE & GENERAL SUPPORT
RANCHO SANTA FE ASSOCIATION P.O. BOX A RANCHO SANTA FE, CA 92067	95-1132930	501(C)(4)	33,546.	0.			TREE TRIMMING, BANQUET SERVICES & GENERAL SUPPORT
PACIFIC RIDGE SCHOOL 6269 EL FUERTE CARLSBAD, CA 92009	86-1061606	501(C)(3)	31,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONARCH SCHOOL PROJECT 808 WEST CEDAR STREET SAN DIEGO, CA 92101	33-0871354	501(C)(3)	30,500.	0.			GENERAL SUPPORT
THE ANGEL'S DEPOT 1497 POINSETTIA AVE., STE. 158 VISTA, CA 92081	20-2723243	501(C)(3)	30,000.	0.			SERVING OUR SENIORS CAMPAIGN
RANCHO SANTA FE SENIORS, INC. P.O. BOX 223 RANCHO SANTA FE, CA 92067	95-6113493	501(C)(3)	28,909.	0.			GENERAL SUPPORT
GLAD TIDINGS INDIA 53 HARRISTOWN ROAD PARADISE, PA 17562	55-0865401	501(C)(3)	27,600.	0.			ENGLISH MEDIUM SCHOOL - PHASE I
MINGEI INTERNATIONAL MUSEUM 1439 EL PRADO SAN DIEGO, CA 92101	23-7433357	501(C)(3)	26,250.	0.			GENERAL SUPPORT
WORLDREADER.ORG 2030 1ST AVENUE, SUITE 300 SEATTLE, WA 98121	27-2092468	501(C)(3)	25,500.	0.			GENERAL SUPPORT
GIRL SCOUTS, SAN DIEGO-IMPERIAL COUNCIL - 1231 UPAS STREET - SAN DIEGO, CA 92103	95-1644585	501(C)(3)	25,000.	0.			OUTREACH PROGRAM & BALBOA CAMPUS EXPANSION
MIRA COSTA COLLEGE FOUNDATION ONE BARNARD DRIVE OCEANSIDE, CA 92056	95-6151938	501(C)(3)	22,000.	0.			SCHOLARSHIPS & GENERAL SUPPORT
RADY CHILDREN'S HOSPITAL & HEALTH CENTER - 3020 CHILDREN'S WAY - SAN DIEGO, CA 92123	95-3545901	501(C)(3)	21,300.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL JOURNAL PROJECT 2270 CAMINO VIDA ROBLE, SUITE K CARLSBAD, CA 92011	46-0551793	501(C)(3)	20,500.	0.			GENERAL SUPPORT
MAMA'S KITCHEN 3960 HOME AVENUE SAN DIEGO, CA 92105	33-0434246	501(C)(3)	20,400.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUBS OF AUSTIN & TRAVIS COUNTIES - 5407 NORTH INTERSTATE 35, SUITE 400 - AUSTIN, TX 78723	74-6087356	501(C)(3)	20,000.	0.			GENERAL SUPPORT
LA JOLLA INSTITUTE FOR ALLERGY & IMMUNOLOGY - 9420 ATHENA CIRCLE - LA JOLLA, CA 92037	33-0328688	501(C)(3)	20,000.	0.			RESEARCH SUPPORT
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115	04-1679980	501(C)(3)	20,000.	0.			SUPPORT FOR MEN'S CREW
SAN DIEGO RESCUE MISSION P.O. BOX 80427 SAN DIEGO, CA 92138	95-1874073	501(C)(3)	20,000.	0.			GENERAL SUPPORT
THE SALVATION ARMY - AUSTIN METROPOLITAN AREA - P.O. BOX 1000 - AUSTIN, TX 78767	58-0660607	501(C)(3)	20,000.	0.			GENERAL SUPPORT
WEST LAKE HILLS PRESBYTERIAN CHURCH FOUNDATION - 7127 BEE CAVE ROAD - AUSTIN, TX 78746	20-0031358	501(C)(3)	20,000.	0.			GENERAL SUPPORT
PLEASANTS COUNTY LIBRARY 101 LAFAYETTE STREET ST. MARYS, WV 26170	55-0596254	501(C)(3)	18,479.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY - SAN MARCOS - 333 S. TWIN OAKS VALLEY ROAD - SAN MARCOS, CA 92096	80-0390564	501(C)(3)	17,380.	0.			SCHOLARSHIP & GENERAL SUPPORT
CHALLENGED ATHLETES FOUNDATION P.O. BOX 910769 SAN DIEGO, CA 92191	33-0739596	501(C)(3)	17,300.	0.			GENERAL SUPPORT
WORKSHOPS FOR WARRIORS 2970 MAIN STREET SAN DIEGO, CA 92113	26-1721255	501(C)(3)	16,500.	0.			GENERAL SUPPORT
RANCHO SANTA FE LIBRARY GUILD P.O. BOX 348 RANCHO SANTA FE, CA 92067	95-6091588	501(C)(3)	15,282.	0.			GENERAL SUPPORT
DREAM WEAVERS 14325 HIGH PINE STREET POWAY, CA 92064	20-0296751	501(C)(3)	15,000.	0.			GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES P.O. BOX 8366 HUNTINGTON BEACH, CA 92615	44-0610626	501(C)(3)	15,000.	0.			GENERAL SUPPORT
INFO LINE OF SAN DIEGO COUNTY P.O. BOX 420039 SAN DIEGO, CA 92142	33-1029843	501(C)(3)	15,000.	0.			MILITARY & VETERANS PROGRAM
LA JOLLA ROTARY FOUNDATION 7755 FAY AVENUE, SUITE D LA JOLLA, CA 92037	95-6111636	501(C)(3)	15,000.	0.			STARS IN OUR EYES PROGRAM
RANCHO SANTA FE SCHOOL P.O. BOX 809 RANCHO SANTA FE, CA 92067	95-6002507	GOVT AGENCY	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN DIEGO ARMED SERVICES YMCA 3293 SANTO ROAD SAN DIEGO, CA 92124	95-1679700	501(C)(3)	15,000.	0.			IN-HOME CLINICAL COUNSELING PROGRAM
SAN DIEGO CALVARY KOREAN CHURCH 6970 LINDA VISTA ROAD SAN DIEGO, CA 92111	33-0333698	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SUMMERBRIDGE SAN DIEGO, INC. 10272 SAUNDERS DRIVE SAN DIEGO, CA 92131	33-0695093	501(C)(3)	15,000.	0.			EDUCATION OF INNER-CITY YOUTH IN SAN DIEGO
VETERANS ASSOCIATION OF NORTH COUNTY (VANC) - P. O. BOX 3046 - OCEANSIDE, CA 92051	20-5862344	501(C)(3)	15,000.	0.			CAREER TRANSITIONS ASSISTANCE PROGRAM
ELEMENTARY INSTITUTE OF SCIENCE 608 51ST STREET SAN DIEGO, CA 92114	94-1669545	501(C)(3)	14,500.	0.			STUDENT SCHOLARSHIPS
SAN DIEGO BOTANIC GARDEN P. O. BOX 230005 ENCINITAS, CA 92023	95-6120581	501(C)(3)	14,500.	0.			GENERAL SUPPORT
VISION OF CHILDREN FOUNDATION 11975 EL CAMINO REAL SAN DIEGO, CA 92130	95-4271785	501(C)(3)	12,800.	0.			GENERAL SUPPORT
SAN DIEGUITO RIVER VALLEY CONSERVANCY - 3030 BUNKER HILL STREET, #309-1 - SAN DIEGO, CA 92109	33-0191772	501(C)(3)	11,000.	0.			GENERAL SUPPORT
WOUNDED WARRIOR PROJECT, INC. 4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	11,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP PENDLETON ARMED SERVICES YMCA BOX 555028, BLDG. 16144 CAMP PENDLETON, CA 92055	36-3274346	501(C)(3)	10,300.	0.			TEMPORARY EMERGENCY ASSISTANCE PROGRAM
BOY SCOUTS OF AMERICA, SAN DIEGO - IMPERIAL COUNCIL - 1207 UPAS STREET - SAN DIEGO, CA 92103	95-1643983	501(C)(3)	10,000.	0.			MIDDLE SCHOOL EXPLORER CLUB
FACE FOUNDATION 10455 SORRENTO VALLEY RD. #208 SAN DIEGO, CA 92121	20-5333261	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FRIENDS OF THE POOR 7660 FAY AVE., STE. H #362 LA JOLLA, CA 92037	95-3847842	501(C)(3)	10,000.	0.			COMFORT CUBS PROGRAM
ORANGE COUNTY UNITED WAY 18012 MITCHELL AVENUE IRVINE, CA 92614	33-0047994	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SAN DIEGO PUBLIC LIBRARY FOUNDATION - 820 E STREET - SAN DIEGO, CA 92101	33-0959608	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TERI, INC. 251 AIRPORT ROAD OCEANSIDE, CA 92058	95-3532129	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN STREET URBANA, IL 61801	37-6006007	501(C)(3)	10,000.	0.			SCHOLARSHIP SUPPORT
UNIVERSITY OF ROCHESTER 300 EAST RIVER ROAD ROCHESTER, NY 14627	16-0743209	501(C)(3)	10,000.	0.			HAJIM SCHOOL OF ENGINEERING & APPLIED SCIENCES - ANNUAL FUND

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISION SAN DIEGO 4608 GARDENA AVENUE SAN DIEGO, CA 92110	27-1560315	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UNIVERSITY OF SAN DIEGO-SCHOOL OF LEADERSHIP & EDUCATION SCIENCES - 5998 ALCALA PARK STE 205 - SAN DIEGO, CA 92110	95-2544535	501(C)(3)	9,500.	0.			NORTH COUNTY SENIORS CONNECTIONS PROGRAM - PHASE I RESEARCH
OMO CHILD FOUNDATION P.O. BOX 231697 ENCINITAS, CA 92023	27-5098874	501(C)(3)	9,000.	0.			GENERAL SUPPORT
THE CAMPANILE FOUNDATION 5500 CAMPANILE DRIVE SAN DIEGO, CA 92182	33-0868418	501(C)(3)	8,900.	0.			SUPPORT FOR CORPORATE GOVERNANCE INSTITUTE & SCHOLARSHIPS
YMCA OF SAN DIEGO COUNTY 3708 RUFFIN ROAD SAN DIEGO, CA 92123	95-2039198	501(C)(3)	8,400.	0.			FACILITY CONSTRUCTION & GENERAL SUPPORT
CHURCH OF THE NATIVITY P. O. BOX 8770 RANCHO SANTA FE, CA 92067	27-3944748	501(C)(3)	8,000.	0.			GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES P.O. BOX 2196 VISTA, CA 92085	44-0610626	501(C)(3)	8,000.	0.			GENERAL SUPPORT
IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BOULEVARD AMES, IA 50010	600-02-6901	501(C)(3)	8,000.	0.			SCHOLARSHIP SUPPORT
BALBOA PARK CONSERVANCY 1549 EL PRADO, SUITE 1 SAN DIEGO, CA 92101	45-2072081	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIVING BACH, INC. P.O. BOX 9681 RANCHO SANTA FE, CA 92067	46-0788709	501(C)(3)	7,500.	0.			GENERAL SUPPORT
SAN DIEGO SECOND CHANCE PROGRAM 6145 IMPERIAL AVENUE SAN DIEGO, CA 92114	33-0539640	501(C)(3)	7,500.	0.			STRIVE JOB READINESS TRAINING
RANCHO SANTA FE EDUCATION FOUNDATION - P.O. BOX 809 - RANCHO SANTA FE, CA 92067	33-0787566	501(C)(3)	7,483.	0.			GENERAL SUPPORT
LA COSTA YOUTH ORGANIZATION 7668 EL CAMINO REAL, #104-610 CARLSBAD, CA 92009	33-0214056	501(C)(4)	7,000.	0.			CHAMPIONS PROGRAM FOR DISABLED CHILDREN
FIRST CHURCH OF CHRIST, SCIENTIST P.O. BOX 422 RANCHO SANTA FE, CA 92067	95-2322997	501(C)(3)	6,753.	0.			ANNUAL ENDOWMENT DISTRIBUTION
NEW HAVEN YOUTH & FAMILY SERVICES P. O. BOX 1199 VISTA, CA 92085	95-3161628	501(C)(3)	6,400.	0.			EDUCATION PURPOSES
LEUKEMIA & LYMPHOMA SOCIETY 123 NW 36TH ST #100 SEATTLE, WA 98107	13-5644916	501(C)(3)	6,250.	0.			EVENT UNDERWRITING
PRESBYTERIAN CHURCH OF THE BIG WOOD - P. O. BOX 660 - KETCHUM, ID 83340	82-0374595	501(C)(3)	6,000.	0.			GENERAL SUPPORT
RESPONSIBILITY P.O. BOX 433199 SAN YSIDRO, CA 92143	33-0437290	501(C)(3)	5,750.	0.			GENERAL SUPPORT



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN ACCESS P.O. BOX 200 SAN DIMAS, CA 91773	95-6120630	501(C)(3)	5,500.	0.			GENERAL SUPPORT
ABILITIES UNITED 525 E. CHARLESTON RD. PALO ALTO, CA 94306	94-1546643	501(C)(3)	5,000.	0.			GENERAL SUPPORT
AMERICAN ACADEMY OF PEDIATRICS CALIFORNIA CHAPTER 3 - P.O. BOX 22212 - SAN DIEGO, CA 92192	33-0782521	501(C)(3)	5,000.	0.			REACH OUT & READ PROGRAM
AMERICAN HEART ASSOCIATION - AUSTIN - 10900-B STONELAKE BLVD. #320 - AUSTIN, TX 78759	13-5613797	501(C)(3)	5,000.	0.			GO RED FOR WOMEN
COASTAL COMMUNITY FOUNDATION P.O. BOX 230415 ENCINITAS, CA 92023	33-0216692	501(C)(3)	5,000.	0.			GENERAL SUPPORT
DOSTART CLAPP & COVENEY, LLP 4370 LA JOLLA VILLAGE DRIVE SAN DIEGO, CA 92122		PRIVATE CORP.	5,000.	0.			WHITE SANDS COOPERATIVE SCHOLARSHIP FUND CREATION
FRATERNITY HOUSE, INC. 20702 ELFIN FOREST ROAD ESCONDIDO, CA 92029	33-0306861	501(C)(3)	5,000.	0.			GENERAL SUPPORT
FRIENDS OF THE CARDIFF-BY-THE-SEA LIBRARY - P.O. BOX 657 - CARDIFF BY THE SEA, CA 92007	33-0311593	501(C)(3)	5,000.	0.			ANNUAL ENDOWMENT DISTRIBUTION
HARVARD BUSINESS SCHOOL HBS ALUMNI, TEELE HALL BOSTON, MA 02163	04-2103580	501(C)(3)	5,000.	0.			30TH REUNION - DEAN'S FUND

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERFAITH SHELTER NETWORK OF SAN DIEGO COUNTY - 3530 CAMINO DEL RIO N. #301 - SAN DIEGO, CA 92108	95-2630300	501(C)(3)	5,000.	0.			GENERAL SUPPORT
JUST IN TIME FOR FOSTER YOUTH P. O. BOX 81292 SAN DIEGO, CA 92138	20-5448416	501(C)(3)	5,000.	0.			GENERAL SUPPORT
KPBS 5200 CAMPANILE DRIVE SAN DIEGO, CA 92182	95-6042721	501(C)(3)	5,000.	0.			GENERAL SUPPORT
NORTH COAST REPERTORY THEATRE 987D LOMAS SANTA FE DRIVE SOLANA BEACH, CA 92075	95-3819307	501(C)(3)	5,000.	0.			GENERAL SUPPORT
RANCHO COASTAL HUMANE SOCIETY 389 REQUEZA STREET ENCINITAS, CA 92024	95-2151583	501(C)(3)	5,000.	0.			GENERAL SUPPORT
REGENTS OF THE UNIVERSITY OF CALIFORNIA @ BERKELEY - 201 SPROUL HALL, #1960 - BERKELEY, CA 94720	94-6002123	501(C)(3)	5,000.	0.			SCHOLARSHIP SUPPORT
ROOM TO READ 111 SUTTER STREET, 16TH FLOOR SAN FRANCISCO, CA 94104	91-2003533	501(C)(3)	5,000.	0.			GIRLS' EDUCATION
THE DON DIEGO FUND 2260 JIMMY DURANTE FAIRGROUNDS DEL MAR, CA 92014	33-0859020	501(C)(3)	5,000.	0.			SCHOLARSHIP SUPPORT
THE UCLA FOUNDATION 10920 WILSHIRE BOULEVARD, SUITE 900 LOS ANGELES, CA 90024	95-2250801	501(C)(3)	5,000.	0.			THE WOODEN ATHLETIC FUND

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIJUANA CHRISTIAN MISSION P.O. BOX 437930 SAN YSIDRO, CA 92143	51-0191579	501(C)(3)	5,000.	0.			GENERAL SUPPORT
UNIVERSITY OF SOUTHERN CALIFORNIA ADM 160, MC4017 LOS ANGELES, CA 90089	95-1642394	501(C)(3)	5,000.	0.			UYTENGUS AQUATICS CENTER - BRONZE LEVEL DONATION
URBAN YOUTH COLLABORATIVE P. O. BOX 124708 SAN DIEGO, CA 92112	90-0355477	501(C)(3)	5,000.	0.			GENERAL SUPPORT
US NAVAL ACADEMY FOUNDATION 291 WOOD ROAD ANNAPOLIS, MD 21402	23-7003516	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
USS MIDWAY MUSEUM 910 N. HARBOR DRIVE SAN DIEGO, CA 92101	33-0556416	501(C)(3)	5,000.	0.			EDUCATIONAL PROGRAMS
WOMEN'S RESOURCE CENTER 1963 APPLE STREET OCEANSIDE, CA 92054	95-2932237	501(C)(3)	5,000.	0.			GENERAL SUPPORT

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

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

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

**PART I, LINE 2:**

ALL GRANTS ISSUED ARE ACCOMPANIED WITH A LETTER THAT GRANTEES 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 GRANTEES FUNDED PROJECT(S).

**Part IV** Supplemental Information

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.

Multiple horizontal lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

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	33	4,378,750.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential	X	1	3,563,806.	FMV
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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2013)

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

SCHEDULE M, LINE 32B:

ALL GIFTS OF STOCK ARE RECEIVED AND SOLD ON BEHALF OF THE  
FOUNDATION BY UBS FINANCIAL SERVICES, INC.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

RANCHO SANTA FE FOUNDATION

Employer identification number

95-3709639

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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.

EXPENSES \$ 2,963,467. INCLUDING GRANTS OF \$ 2,826,838. REVENUE \$ 0.

FORM 990, PART VI:

IDENTIFICATION OF INTERESTED PERSON RELATIONSHIPS: ANNUALLY,  
ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE PROVIDED A QUESTIONNAIRE TO  
SOLICIT THEIR INPUT ON THE NATURE OF ANY SHARED RELATIONSHIPS. IDENTIFIED  
RELATIONSHIPS ARE EVALUATED TO OBTAIN THE INFORMATION REQUIRED FOR FULL  
DISCLOSURE.

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

ALL BOARD MEMBERS ARE PROVIDED WITH A COPY OF THE 990 VIA  
EMAIL AND MUST CONFIRM THAT THEY HAVE RECEIVED AND REVIEWED IT PRIOR TO  
IT'S FILING WITH THE IRS.

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

ALL BOARD MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO SIGN A  
CONFLICT OF INTEREST AGREEMENT ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15A:

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

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13



Name of the organization

RANCHO SANTA FE FOUNDATION

Employer identification number

95-3709639

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS SET BY THE GOVERNANCE, NOMINATING & COMPENSATION COMMITTEE FOR FINAL APPROVAL BY THE EXECUTIVE COMMITTEE, BASED UPON THE ADVICE OF AND THE ANNUAL PERFORMANCE REVIEW CONDUCTED BY THE BOARD CHAIRMAN.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND FORM 990 AS WELL AS MEETING MINUTES AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS AND FORM 990 ARE ALSO POSTED ON THE ORGANIZATION'S WEBSITE AS WELL AS THE GUIDESTAR WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN ACTUARIAL VALUE OF SPLIT INTEREST AGREEMENTS	169,213.
ESTIMATED EXPENSES OF CONTRIBUTION RECEIVABLE - UNREALIZED EXPENSE FOR POTENTIAL SELLING COMMISSIONS.	-250,000.
TOTAL TO FORM 990, PART XI, LINE 9	-80,787.

FORM 990, PART XII, LINE 2C:

THERE HAS BEEN NO CHANGE TO THE WAY THAT THE AUDIT COMMITTEE OR BOARD OF DIRECTORS OVERSEES THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDITOR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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
RSFF CHARITABLE REAL ESTATE FUND - 32-0194805, P.O. BOX 811, RANCHO SANTA FE, CA 92067	REAL ESTATE	CALIFORNIA	501(C)(3)	509(A)(3)	N/A		<b>X</b>

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

Schedule R (Form 990) 2013

**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.

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

	Yes	No
<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 .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**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 section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

**Part VII Supplemental Information**

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

Multiple horizontal lines for providing supplemental information.