

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization RANCHO SANTA FE FOUNDATION		D Employer identification number 95-3709639
	Doing business as		E Telephone number (858) 756-6557
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	P.O. BOX 811		G Gross receipts \$ 46,086,162.
City or town, state or province, country, and ZIP or foreign postal code RANCHO SANTA FE, CA 92067		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
F Name and address of principal officer: CHRISTINA P. WILSON SAME AS C ABOVE		H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.RSFFFOUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1981	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO BE A COMPREHENSIVE CENTER FOR IMPACTFUL PHILANTHROPY THAT INSPIRES THE JOY OF PURPOSEFUL GIVING.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	30
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	9,939,596.	6,611,223.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	221,684.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,997,724.	3,357,353.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	205,621.	18,859.
		12,142,941.	10,209,119.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,353,725.	8,003,275.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	549,971.	627,244.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	205,074.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	332,143.	382,628.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,235,839.	9,013,147.
19 Revenue less expenses. Subtract line 18 from line 12	5,907,102.	1,195,972.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	108,516,436.	120,228,312.
	22 Net assets or fund balances. Subtract line 21 from line 20	25,014,073.	30,841,728.
	83,502,363.	89,386,584.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	CHRISTINA P. WILSON, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	AMY A. O'LOUGHLIN		07/18/18		P00869687
Preparer Use Only	Firm's name	Firm's EIN			
	CBIZ MHM, LLC	34-1884125			
Preparer Use Only	Firm's address	Phone no.			
	4722 N 24TH ST, STE 300 PHOENIX, AZ 85016	602-264-6835			

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [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 \$ 7,514,011. including grants of \$ 7,327,680.) (Revenue \$ 234,815.) 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.

4b (Code:) (Expenses \$ 265,710. including grants of \$ 265,710.) (Revenue \$) IN 2014, THE RANCHO SANTA FE FOUNDATION, ALONG WITH TWO OTHER LOCAL NON-PROFITS, ENTERED INTO A COLLABORATIVE PROGRAM CALLED "NORTH COUNTY SENIOR CONNECTIONS" TO OFFER FOOD TRUCK LUNCHEES AND SOCIALIZATION OPPORTUNITIES FOR VULNERABLE SENIORS IN NORTH SAN DIEGO COUNTY.

4c (Code:) (Expenses \$ 234,194. including grants of \$ 234,194.) (Revenue \$) IN 2017, THE RANCHO SANTA FE WOMEN'S FUND MADE 7 GRANTS TOTALING \$234,194. GRANTS RANGED IN SIZE FROM \$18,000 - \$50,000 AND FOCUSED ON NONPROFITS WORKING IN THE AREAS OF MILITARY SERVICES AND YOUTH AT RISK.

4d Other program services (Describe in Schedule O.) (Expenses \$ 175,691. including grants of \$ 175,691.) (Revenue \$)

4e Total program service expenses 8,189,606.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in 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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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
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? <i>If "Yes," complete Schedule L, Part II</i>		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
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
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
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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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
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
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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, 1098-C, 4966, 501(c)(7), 501(c)(12), 4947(a)(1), and 501(c)(29).

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 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.
[X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
CHRISTINA P. WILSON - 858-756-6557
162 S. RANCHO SANTA FE RD, B30, ENCINITAS, CA 92024

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) TERRY ATKINSON DIRECTOR	1.00	X					0.	0.	0.	
(3) ED BLODGETT DIRECTOR	1.00	X					0.	0.	0.	
(4) KEVIN CRAWFORD SECRETARY	4.00	X		X			0.	0.	0.	
(5) CRAIG DADO DIRECTOR	1.00	X					0.	0.	0.	
(6) BILL DAVIDSON DIRECTOR	1.00	X					0.	0.	0.	
(7) ELAINE DODGE DIRECTOR	1.00	X					0.	0.	0.	
(8) DAVID DOWN DIRECTOR	1.00	X					0.	0.	0.	
(9) MIKE GREGOIRE DIRECTOR	1.00	X					0.	0.	0.	
(10) MARK HOLMLUND CHAIRMAN	4.00	X		X			0.	0.	0.	
(11) STELLA LARSEN DIRECTOR	1.00	X					0.	0.	0.	
(12) LOU MEZZULLO DIRECTOR	1.00	X					0.	0.	0.	
(13) GLENN ORATZ DIRECTOR	1.00	X					0.	0.	0.	
(14) MARK PETRIE DIRECTOR	1.00	X					0.	0.	0.	
(15) DANIEL PLATT TREASURER	4.00	X		X			0.	0.	0.	
(16) PAULA POWERS DIRECTOR	1.00	X					0.	0.	0.	
(17) STEVE SIMPSON 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) BOB STINE DIRECTOR	1.00	X						0.	0.	0.
(19) GORDON SWANSON DIRECTOR	1.00	X						0.	0.	0.
(20) PAUL THIEL DIRECTOR	1.00	X						0.	0.	0.
(21) ROBERT VANOSKY DIRECTOR	1.00	X						0.	0.	0.
(22) DONNA WALKER DIRECTOR	1.00	X						0.	0.	0.
(23) KATE WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
(24) CHRISTINA WILSON EXECUTIVE DIRECTOR	40.00			X				157,000.	0.	15,009.
(25) DAN BEALS CONTROLLER	40.00			X				101,200.	0.	5,068.
1b Sub-total								258,200.	0.	20,077.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								258,200.	0.	20,077.

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,611,223.				
	g Noncash contributions included in lines 1a-1f: \$		1,567,010.				
	h Total. Add lines 1a-1f		6,611,223.				
Program Service Revenue	2 a MANAGEMENT FEE REVENUE	Business Code 525920	221,684.	221,684.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		221,684.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,928,115.			1,928,115.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	2,325.				
		(ii) Personal					
		b Less: rental expenses		0.			
		c Rental income or (loss)		2,325.			
	d Net rental income or (loss)		2,325.			2,325.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	37,306,281.				
		(ii) Other					
		b Less: cost or other basis and sales expenses		35,877,043.			
		c Gain or (loss)		1,429,238.			
	d Net gain or (loss)		1,429,238.			1,429,238.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a VILLAGE VIEWPOINTS	900999	13,131.	13,131.				
b OTHER INCOME	900999	3,403.			3,403.		
c							
d All other revenue							
e Total. Add lines 11a-11d		16,534.					
12 Total revenue. See instructions.		10,209,119.	234,815.	0.	3,363,081.		

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 domestic organizations and domestic governments. See Part IV, line 21	8,003,275.	8,003,275.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	278,277.	51,693.	173,082.	53,502.
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	272,591.	50,637.	169,546.	52,408.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,902.	1,839.	6,159.	1,904.
9 Other employee benefits	25,082.	4,659.	15,601.	4,822.
10 Payroll taxes	41,392.	7,689.	25,745.	7,958.
11 Fees for services (non-employees):				
a Management				
b Legal	35,470.		35,470.	
c Accounting	42,623.	1,237.	40,105.	1,281.
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.)	25,593.	12,000.	13,593.	
12 Advertising and promotion	38,776.			38,776.
13 Office expenses	17,928.	5,975.	5,978.	5,975.
14 Information technology	31,260.	1,250.	30,010.	
15 Royalties				
16 Occupancy	82,755.	27,585.	27,585.	27,585.
17 Travel	9,312.		9,312.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,538.	8,919.	10,619.	
20 Interest	795.	265.	265.	265.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,566.		10,566.	
23 Insurance	17,802.	596.	16,589.	617.
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 DUES AND SUBSCRIPTIONS	10,892.	3,927.	3,483.	3,482.
b TELEPHONE	10,080.	3,360.	3,360.	3,360.
c EQUIPMENT RENTAL/MAINT.	9,070.	666.	7,738.	666.
d BANK SERVICE CHARGES	7,069.	266.	6,803.	
e All other expenses	13,099.	3,768.	6,858.	2,473.
25 Total functional expenses. Add lines 1 through 24e	9,013,147.	8,189,606.	618,467.	205,074.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	676,468.	1	400,547.
	2 Savings and temporary cash investments	314,076.	2	397,977.
	3 Pledges and grants receivable, net	3,805,442.	3	828,736.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,812.	9	4,100.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 130,691.		
	b Less: accumulated depreciation	10b 97,840.	33,959.	10c 32,851.
	11 Investments - publicly traded securities	78,650,130.	11	87,762,269.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	25,031,549.	15	30,801,832.
16 Total assets. Add lines 1 through 15 (must equal line 34)	108,516,436.	16	120,228,312.	
Liabilities	17 Accounts payable and accrued expenses	27,317.	17	42,288.
	18 Grants payable		18	44,005.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	24,626,663.	21	30,383,597.
	22 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	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	360,093.	25	371,838.
	26 Total liabilities. Add lines 17 through 25	25,014,073.	26	30,841,728.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	36,472,380.	27	39,959,519.
	28 Temporarily restricted net assets	8,601,935.	28	13,080,456.
	29 Permanently restricted net assets	38,428,048.	29	36,346,609.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	83,502,363.	33	89,386,584.
34 Total liabilities and net assets/fund balances	108,516,436.	34	120,228,312.	

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	10,209,119.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,013,147.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,195,972.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	83,502,363.
5	Net unrealized gains (losses) on investments	5	7,974,804.
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	-3,286,555.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	89,386,584.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2017)

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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization RANCHO SANTA FE FOUNDATION	Employer identification number 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 12, check only one box.)

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,739,692.	10,748,349.	8,963,723.	9,939,597.	6,611,223.	49,002,584.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	12,739,692.	10,748,349.	8,963,723.	9,939,597.	6,611,223.	49,002,584.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						20,884,564.
6 Public support. Subtract line 5 from line 4.						28,118,020.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	12,739,692.	10,748,349.	8,963,723.	9,939,597.	6,611,223.	49,002,584.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,170,108.	1,483,525.	1,512,907.	1,846,564.	1,930,440.	7,943,544.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,158.	3,200.	2,769.	2,976.	3,403.	15,506.
11 Total support. Add lines 7 through 10						56,961,634.
12 Gross receipts from related activities, etc. (see instructions)					12	884,342.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	49.36 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	42.45 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER

2013 AMOUNT: \$ 3,158.

2014 AMOUNT: \$ 3,200.

2015 AMOUNT: \$ 2,769.

2016 AMOUNT: \$ 2,976.

2017 AMOUNT: \$ 3,403.

Schedule A

**Identification of Excess Contributions
Included on Part II, Line 5**

2017

**** Do Not File **
*** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
	22,023,797.	20,884,564.
Total Excess Contributions to Schedule A, Part II, Line 5		20,884,564.

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

OMB No. 1545-0047

2017

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2017)

Name of organization RANCHO SANTA FE FOUNDATION	Employer identification number 95-3709639
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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
1	<hr/> <hr/> <hr/>	\$ 1,506,709.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 357,668.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 328,095.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization RANCHO SANTA FE FOUNDATION	Employer identification number 95-3709639
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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
7	<hr/> <hr/> <hr/>	\$ <u>225,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization RANCHO SANTA FE FOUNDATION	Employer identification number 95-3709639
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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
3	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 357,668.	03/09/17
4	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 328,095.	04/10/17
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization RANCHO SANTA FE FOUNDATION	Employer identification number 95-3709639
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017
Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	132	
2 Aggregate value of contributions to (during year)	4,772,656.	
3 Aggregate value of grants from (during year)	5,965,519.	
4 Aggregate value at end of year	42,771,151.	
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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a 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	1
b Total acreage restricted by conservation easements	22.00
c Number of conservation easements on a certified historic structure included in (a)	0
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	0

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

4 Number of states where property subject to conservation easement is located ▶ _____ 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, handling of violations, and enforcing conservation easements during the year ▶ _____ 5

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	Amount
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	42,379,808.	38,889,553.	37,595,624.	34,710,182.	22,438,964.
b Contributions	-2,033,946.	2,380,830.	2,882,950.	2,839,863.	10,539,492.
c Net investment earnings, gains, and losses	5,639,547.	2,662,388.	-84,228.	1,641,657.	3,930,484.
d Grants or scholarships	1,646,348.	1,289,470.	1,263,415.	1,381,776.	2,041,299.
e Other expenditures for facilities and programs					
f Administrative expenses	299,808.	263,493.	241,378.	214,302.	157,459.
g End of year balance	44,039,253.	42,379,808.	38,889,553.	37,595,624.	34,710,182.

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

- a Board designated or quasi-endowment 1.80 %
- b Permanent endowment 82.50 %
- c Temporarily restricted endowment 15.70 %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		19,037.	15,245.	3,792.
d Equipment		100,303.	79,506.	20,797.
e Other		11,351.	3,089.	8,262.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 32,851.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INVESTMENTS HELD FOR OTHER AGENCIES	30,383,597.
(2) ASSETS HELD IN CRT	418,235.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	30,801,832.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY UNDER CRT	371,838.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	371,838.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	14,897,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	7,974,804.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-3,286,555.
e	Add lines 2a through 2d	2e	4,688,249.
3	Subtract line 2e from line 1	3	10,208,751.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	368.
c	Add lines 4a and 4b	4c	368.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,209,119.

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

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

1	Total expenses and losses per audited financial statements	1	9,013,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	9,013,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	147.
c	Add lines 4a and 4b	4c	147.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,013,147.

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 TO THE FOUNDATION. THE AMOUNTS DUE TO THE OTHER AGENCIES TOTAL 30,383,597 AT

Part XIII Supplemental Information (continued)

DECEMBER 31, 2017.

PART V, LINE 4:

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

IN THE CURRENT YEAR, A CHANGE IN VALUE OF A CONTRIBUTION RECEIVABLE WAS
RECORDED TO REFLECT AN AMOUNT THAT WAS NO LONGER ESTIMABLE. THIS
ADJUSTMENT IS REFLECTED IN THE NEGATIVE CONTRIBUTION AMOUNT ON LINE 1B.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER THE CURRENT PROVISIONS OF
INTERNAL REVENUE CODE SECTION 501(C)(3) AND SECTION 23701(D) OF THE
CALIFORNIA FRANCHISE TAX CODE. THE FOUNDATION, HOWEVER, MAY BE SUBJECT TO
TAX ON INCOME WHICH IS NOT RELATED TO ITS EXEMPT PURPOSE. THE FOUNDATION
HAD NO UNRELATED BUSINESS INCOME TAX FOR THE YEAR ENDED DECEMBER 31, 2017.
AT DECEMBER 31, 2017, THE FEDERAL STATUTE OF LIMITATIONS REMAINS OPEN FOR
2014 THROUGH 2017 YEARS. THE STATUTE OF LIMITATIONS FOR THE STATE INCOME
TAX RETURNS REMAINS OPEN FOR THE 2013 THROUGH 2017 YEARS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	27,251.
CHANGE IN VALUE OF CONTRIBUTION RECEIVABLE	-3,313,806.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-3,286,555.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING	368.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A STEP BEYOND 340 N ESCONDIDO BLVD. ESCONDIDO, CA 92025	46-2857532	501(C)(3)	58,000.	0.			YOUTH DEVELOPMENT
AMERICAN ACADEMY OF PEDIATRICS CALIFORNIA CHAPTER 3 - P.O. BOX 22212 - SAN DIEGO, CA 92192	33-0782521	501(C)(3)	5,000.	0.			MEDICAL CARE
AMERICAN COLLEGE OF NUTRITION 300 S. DUNCAN AVE. STE. 225 CLEARWATER, FL 33755	06-0971131	501(C)(3)	100,000.	0.			RESEARCH
AMERICAN RED CROSS 2025 E STREET WASHINGTON, DC 20006	53-0196605	501(C)(3)	21,000.	0.			DISASTER RELIEF
ARIZONA COMMUNITY FOUNDATION 2201 E. CAMELBACK ROAD, #405B PHOENIX, AZ 85016	86-0348306	501(C)(3)	26,631.	0.			COMMUNITY FOUNDATION
ATHLETES UNLIMITED NEWTON MA, INC. P.O. BOX 66163 AUBURNDALE, MA 02466	22-3075808	501(C)(3)	5,000.	0.			INCLUSION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **215.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) (2017)

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
AUTISM TREE PROJECT FOUNDATION 2845 NIMITZ BLVD, SUITE C SAN DIEGO, CA 92106	71-0942573	501(C)(3)	50,000.	0.			MENTAL HEALTH
BALBOA PARK CONSERVANCY 1549 EL PRADO, SUITE 1 SAN DIEGO, CA 92101	95-0850465	501(C)(3)	5,000.	0.			ENVIRONMENTAL CONSERVATION
BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	5,000.	0.			COLLEGE/UNIVERSITY
BOYS & GIRLS CLUBS OF SAN DIEGUITO FOUNDATION - P.O. BOX 871 - SOLANA BEACH, CA 92075	95-3201906	501(C)(3)	6,374.	0.			YOUTH DEVELOPMENT
BOYS AND GIRLS CLUBS OF AUSTIN & TRAVIS COUNTIES - 5407 NORTH INTERSTATE 35, SUITE 400 - AUSTIN, TX 78723	74-6087356	501(C)(3)	50,000.	0.			YOUTH DEVELOPMENT
BOYS TO MEN MENTORING NETWORK, INC. - 9587 TROPICO DRIVE - LA MESA, CA 91941	33-0800308	501(C)(3)	20,000.	0.			YOUTH DEVELOPMENT
BREAK THRU MINISTRIES 1831 S. EL CAMINO REAL ENCINITAS, CA 92024	33-0310704	501(C)(3)	5,000.	0.			MENTAL HEALTH
BRIGHTWOOD COLLEGE - SAN DIEGO 9055 BALBOA AVENUE SAN DIEGO, CA 92123			7,500.	0.			COMMUNITY COLLEGE
CALVARY LUTHERAN CHURCH 424 VIA DE LA VALLE SOLANA BEACH, CA 92075	41-1568278	501(C)(3)	10,000.	0.			WORSHIP

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
CAMPUS CRUSADE FOR CHRIST P.O. BOX 628222 ORLANDO, FL 32862	95-6006173	501(C)(3)	5,000.	0.			RELIGIOUS STUDIES
CATHEDRAL CATHOLIC HIGH SCHOOL 5555 DEL MAR HEIGHTS ROAD SAN DIEGO, CA 92130	51-0464013	501(C)(3)	10,000.	0.			K-12
CATHOLIC ACTION FOR FAITH AND FAMILY - P.O. BOX 910308 - SAN DIEGO, CA 92191	20-5114501	501(C)(3)	50,000.	0.			WORSHIP
CATHOLIC BIG SISTERS AND BIG BROTHERS - 137 E. 2ND STREET, 2ND FLOOR - NEW YORK, NY 10009	13-5564115	501(C)(3)	5,000.	0.			YOUTH DEVELOPMENT
CATHOLIC CHARITIES DIOCESE OF SAN DIEGO - 349 CEDAR STREET - SAN DIEGO, CA 92101	23-7334012	501(C)(3)	10,000.	0.			BASIC NEEDS
CENTRAL TEXAS FOOD BANK, INC. 6500 METROPOLIS DRIVE AUSTIN, TX 78745	74-2217350	501(C)(3)	20,000.	0.			FOOD
CHALLENGED ATHLETES FOUNDATION 9591 WAPLES STREET SAN DIEGO, CA 92121	33-0739596	501(C)(3)	20,450.	0.			INCLUSION
CHILDREN'S DENTAL HEALTH ASSN. OF SAN DIEGO - 1270 24TH STREET - SAN DIEGO, CA 92102	95-2545484	501(C)(3)	100,000.	0.			DENTAL CARE
CHILDREN'S LITERACY FOUNDATION 1536 LOOMIS HILL ROAD WATERBURY CENTER, VT 05677	02-0498154	501(C)(3)	5,000.	0.			LITERACY

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
COASTAL COMMUNITY FOUNDATION P.O. BOX 230415 ENCINITAS, CA 92023	33-0216692	501(C)(3)	5,000.	0.			COMMUNITY FOUNDATION
COLLEGE OF THE HOLY CROSS 1 COLLEGE STREET WORCESTER, MA 01610	04-2103558	501(C)(3)	150,000.	0.			COLLEGE/UNIVERSITY
COSANTI FOUNDATION 13555 S. CROSS L ROAD MAYER, AZ 86333	86-0208931	501(C)(3)	40,000.	0.			ENVIRONMENTAL CONSERVATION
CSU SAN MARCOS FOUNDATION 333 S. TWIN OAKS VALLEY ROAD SAN MARCOS, CA 92096	80-0390564	501(C)(3)	163,306.	0.			COLLEGE/UNIVERSITY
CYSTINOSIS RESEARCH FOUNDATION 18802 BARDEEN AVENUE IRVINE, CA 92612	32-0067668	501(C)(3)	10,000.	0.			RESEARCH
DAYBREAK COMMUNITY CHURCH 6515 AMBROSIA LANE CARLSBAD, CA 92011	33-0435454	501(C)(3)	5,000.	0.			WORSHIP
DIABETES RESEARCH CONNECTION 1400 MAIDEN LANE DEL MAR, CA 92014	90-0815395	501(C)(3)	74,000.	0.			RESEARCH
DREAM WEAVERS 14325 HIGH PINE STREET POWAY, CA 92064	20-0296751	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
DREAMS FOR CHANGE 3288 ADAMS AVENUE, UNIT #16327 SAN DIEGO, CA 92176	27-0447059	501(C)(3)	139,600.	0.			FOOD

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
EASTER SEALS SOUTHERN CALIFORNIA, INC. - 1570 E 17TH STREET, STE. E - SANTA ANA, CA 92705	94-3068149	501(C)(3)	10,000.	0.			MEDICAL CARE
EDIFY 8825 AERO DRIVE, SUITE 220 SAN DIEGO, CA 92123	27-0892545	501(C)(3)	13,000.	0.			EDUCATION
EMILIO NARES FOUNDATION 11230 SORRENTO VALLEY RD SAN DIEGO, CA 92121	13-4229276	501(C)(3)	35,000.	0.			MEDICAL CARE
ENCINITAS COASTAL ROTARY CLUB P.O. BOX 230762 ENCINITAS, CA 92023	33-0307082	501(C)(4)	10,000.	0.			PHILANTHROPY PROMOTION
EPILEPSY FOUNDATION OF SAN DIEGO COUNTY - 2055 EL CAJON BLVD. - SAN DIEGO, CA 92104	95-1981182	501(C)(3)	5,000.	0.			RESEARCH
ETERNAL HOPE, INC. P.O. BOX 8575 SPOKANE, WA 99203	46-3276542	501(C)(3)	25,000.	0.			ECONOMIC DEVELOPMENT
FACE FOUNDATION 10505 SORRENTO VALLEY ROAD SAN DIEGO, CA 92121	20-5333261	501(C)(3)	16,250.	0.			ANIMAL HEALTH
FAMILY HEALTH CENTERS OF SAN DIEGO 823 GATEWAY CENTER WAY SAN DIEGO, CA 92102	95-2833205	501(C)(3)	10,000.	0.			MEDICAL CARE
FEEDING SAN DIEGO 9455 WAPLES STREET, STE. 135 SAN DIEGO, CA 92121	26-0457477	501(C)(3)	38,500.	0.			FOOD

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
FELLOWSHIP OF CHRISTIAN ATHLETES P.O. BOX 7677 HUNTINGTON BEACH, CA 92615	44-0610626	501(C)(3)	15,250.	0.			YOUTH DEVELOPMENT
FELLOWSHIP OF CHRISTIAN ATHLETES P.O. BOX 231443 ENCINITAS, CA 92023	44-0610626	501(C)(3)	22,000.	0.			YOUTH DEVELOPMENT
FIRST CHURCH OF CHRIST, SCIENTIST P.O. BOX 422 RANCHO SANTA FE, CA 92067	95-2322997	501(C)(3)	8,027.	0.			RELIGIOUS STUDIES
FIRST LIBERTY INSTITUTE 2001 W. PLANO PARKWAY, #1600 PLANO, TX 75075	75-1403169	501(C)(3)	9,000.	0.			RELIGIOUS FREEDOM
FOOTHILL COUNTRY DAY SCHOOL 1035 WEST HARRISON AVENUE CLAREMONT, CA 91711	95-1816057	501(C)(3)	20,335.	0.			K-12
FRANK LLOYD WRIGHT TRUST 209 S. LASALLE STREET, #118 CHICAGO, IL 60604	23-7414937	501(C)(3)	12,500.	0.			HISTORIC PROJECTS
FRATERNITY HOUSE, INC. 20702 ELFIN FOREST ROAD ESCONDIDO, CA 92029	33-0306861	501(C)(3)	5,000.	0.			HOUSING/SHELTER
FREE WHEELCHAIR MISSION 15279 ALTON PARKWAY, #300 IRVINE, CA 92618	31-1781635	501(C)(3)	5,000.	0.			INCLUSION
FRIENDS OF THE CARDIFF-BY-THE-SEA LIBRARY - P.O. BOX 657 - CARDIFF BY THE SEA, CA 92007	33-0311593	501(C)(3)	13,400.	0.			LIBRARIES

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
FUTURE LEGENDS P.O. BOX 1873 RANCHO SANTA FE, CA 92067	81-2380227	501(C)(3)	6,122.	0.			YOUTH DEVELOPMENT
GLOBAL EDUCATION FUND P.O. BOX 548 BOULDER, CO 80306	84-1437310	501(C)(3)	5,000.	0.			K-12
GLOBAL WELLNESS INSTITUTE 333 SE 2ND AVENUE, #3750 MIAMI, FL 33131	47-3850534	501(C)(3)	50,000.	0.			RESEARCH
GREATER HOUSTON COMMUNITY FOUNDATION - 5120 WOODWAY DRIVE, SUITE 6000 - HOUSTON, TX 77056	23-7160400	501(C)(3)	9,250.	0.			DISASTER RELIEF
HARVARD BUSINESS SCHOOL 117 WESTERN AVE BOSTON, MA 02163	04-2103580	501(C)(3)	10,000.	0.			COLLEGE/UNIVERSITY
HEALTHNETWORK FOUNDATION, INC. 33 RIVER STREET CHAGRIN FALLS, OH 44022	04-3804600	501(C)(3)	5,000.	0.			MEDICAL CARE
HEARTBEAT AT 22 P.O. BOX 1816 PALM DESERT, CA 92261	45-4384613	501(C)(3)	5,000.	0.			HOUSING/SHELTER
HEAVENLY HORSE HAVEN P.O. BOX 391998 ANZA, CA 92539	30-0403311	501(C)(3)	24,000.	0.			ANIMAL HEALTH
HEIGHTS SCHOOL 10400 SEVEN LOCKS ROAD POTOMAC, MD 20854	52-1128002	501(C)(3)	10,000.	0.			K-12

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
HELEN WOODWARD ANIMAL CENTER P.O. BOX 64 RANCHO SANTA FE, CA 92067	23-7228287	501(C)(3)	5,200.	0.			ANIMAL HEALTH
HORIZON CHRISTIAN FELLOWSHIP P.O. BOX 9070 RANCHO SANTA FE, CA 92067	33-0736434	501(C)(3)	97,000.	0.			WORSHIP
HORSES OF TIR NA NOG P.O. BOX 19131 SAN DIEGO, CA 92159	20-3681634	501(C)(3)	10,000.	0.			ANIMAL HEALTH
I LOVE A CLEAN SAN DIEGO COUNTY, INC. - 2508 HISTORIC DECATUR RD, #150 - SAN DIEGO, CA 92106	95-2566791	501(C)(3)	16,500.	0.			ENVIRONMENTAL CONSERVATION
INFO LINE OF SAN DIEGO COUNTY P.O. BOX 420039 SAN DIEGO, CA 92142	33-1029843	501(C)(3)	10,000.	0.			MILITARY
INSTITUTE FOR ADVANCED CATHOLIC STUDIES - 3601 WATT WAY, #304 - LOS ANGELES, CA 90089	25-1843470	501(C)(3)	50,000.	0.			RELIGIOUS STUDIES
INSULIN FOR LIFE USA, INC. 5745 SW 75TH STREET, #116 GAINESVILLE, FL 32608	46-0771608	501(C)(3)	10,000.	0.			MEDICAL CARE
INTERFAITH COMMUNITY SERVICES 550 W. WASHINGTON AVE. STE B ESCONDIDO, CA 92025	95-3837714	501(C)(3)	125,700.	0.			BASIC NEEDS
INTERFAITH SHELTER NETWORK OF SAN DIEGO COUNTY - 3530 CAMINO DEL RIO N. #301 - SAN DIEGO, CA 92108	95-2630300	501(C)(3)	10,000.	0.			HOUSING/SHELTER

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
IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BOULEVARD AMES, IA 50010	42-1143702	501(C)(3)	25,000.	0.			COLLEGE/UNIVERSITY
JEWISH COMMUNITY FOUNDATION 4950 MURPHY CANYON ROAD SAN DIEGO, CA 92123	95-2504044	501(C)(3)	500,000.	0.			COMMUNITY FOUNDATION
JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS - 2700 F STREET, NW - WASHINGTON, DC 20566	53-0245017	501(C)(3)	15,000.	0.			THEATRE
JUST IN TIME FOR FOSTER YOUTH P.O. BOX 81292 SAN DIEGO, CA 92138	20-5448416	501(C)(3)	9,500.	0.			YOUTH DEVELOPMENT
JUVENILE DIABETES RESEARCH FOUNDATION-SAN DIEGO - 5665 OBERLIN DR., STE. 106 - SAN DIEGO, CA 92121	23-1907729	501(C)(3)	75,400.	0.			RESEARCH
KITCHENS FOR GOOD 404 EUCLID AVENUE SAN DIEGO, CA 92114	46-3278605	501(C)(3)	30,000.	0.			TRAINING/STUDY
KPBS 5200 CAMPANILE DRIVE SAN DIEGO, CA 92182	95-6042721	501(C)(3)	23,200.	0.			MEDIA/COMMUNICATIONS
KRAEMER ENDOWMENT FOUNDATION 2119 EAST MADISON AVENUE EL CAJON, CA 92019	33-0573935	501(C)(3)	6,000.	0.			INCLUSION
LA COSTA CANYON HIGH SCHOOL FOUNDATION - 1 MAVERICK WAY - CARLSBAD, CA 92009	33-0708190	501(C)(3)	38,000.	0.			K-12

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.)

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LA COSTA YOUTH ORGANIZATION 7668 EL CAMINO REAL, #104-610 CARLSBAD, CA 92009	33-0214056	501(C)(3)	5,000.	0.			YOUTH DEVELOPMENT
LA JOLLA INSTITUTE FOR ALLERGY & IMMUNOLOGY - 9420 ATHENA CIRCLE - LA JOLLA, CA 92037	33-0328688	501(C)(3)	10,000.	0.			RESEARCH
LA JOLLA MUSIC SOCIETY 7946 IVANHOE AVENUE, SUITE 309 LA JOLLA, CA 92037	23-7148171	501(C)(3)	44,000.	0.			MUSIC
LA JOLLA PLAYHOUSE 2910 LA JOLLA VILLAGE DRIVE LA JOLLA, CA 92037	95-1941117	501(C)(3)	5,000.	0.			THEATRE
LA JOLLA ROTARY FOUNDATION 7755 FAY AVENUE, SUITE D LA JOLLA, CA 92037	95-6111636	501(C)(3)	10,000.	0.			PHILANTHROPY PROMOTION
LA JOLLA SYMPHONY AND CHORUS 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-1962652	501(C)(3)	5,000.	0.			MUSIC
LEADERSHIP INSTITUTE 1101 N. HIGHLAND STREET ARLINGTON, VA 22201	51-0235174	501(C)(3)	5,600.	0.			LEADERSHIP PROGRAMS
LEAP TO SUCCESS 5205 AVENIDA ENCINAS, SUITE A CARLSBAD, CA 92008	46-3198240	501(C)(3)	35,000.	0.			MENTAL HEALTH
LIGHTBRIDGE HOSPICE COMMUNITY FOUNDATION - 6155 CORNERSTONE COURT EAST, #220 - SAN DIEGO, CA 92121	20-1931420	501(C)(3)	39,000.	0.			HOSPICE/PALLIATIVE CARE

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.)

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LOYOLA MARYMOUNT UNIVERSITY 1 LMU DRIVE, UNIVERSITY HALL, SUITE LOS ANGELES, CA 90045	95-1643334	501(C)(3)	10,000.	0.			COLLEGE/UNIVERSITY
LUX ART INSTITUTE 1550 SOUTH EL CAMINO REAL ENCINITAS, CA 92024	33-0802336	501(C)(3)	63,500.	0.			VISUAL ARTS
MAINLY MOZART 404 EUCLID AVENUE, #301 SAN DIEGO, CA 92114	33-0320305	501(C)(3)	65,000.	0.			MUSIC
MAMA'S KITCHEN 3960 HOME AVENUE SAN DIEGO, CA 92105	33-0434246	501(C)(3)	5,530.	0.			FOOD
MAPLEWOOD ELEMENTARY SCHOOL 7452 SW 52ND AVENUE PORTLAND, OR 97219	93-6000830	501(C)(3)	5,000.	0.			K-12
MARY STAR OF THE SEA CATHOLIC CHURCH - 7669 GIRARD AVENUE - LA JOLLA, CA 92037	27-3979509	501(C)(3)	60,000.	0.			WORSHIP
MERCY CHEFS INC. 4240 PORTSMOUTH BLVD., #402 CHESAPEAKE, VA 23321	20-5050449	501(C)(3)	20,000.	0.			FOOD
MINGEI INTERNATIONAL MUSEUM 1439 EL PRADO SAN DIEGO, CA 92101	23-7433357	501(C)(3)	51,000.	0.			MUSEUM
MIRAGLO FOUNDATION P.O. BOX 1270 LA JOLLA, CA 92038	45-2499438	501(C)(3)	298,658.	0.			RESEARCH

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
MISSION EDGE SAN DIEGO P.O. BOX 12319 SAN DIEGO, CA 92112	27-2938491	501(C)(3)	13,000.	0.			NON PROFIT EFFECTIVENESS
MONARCH SCHOOL PROJECT 1625 NEWTON AVENUE SAN DIEGO, CA 92113	33-0871354	501(C)(3)	30,500.	0.			K-12
MT. SOLEDAD MEMORIAL ASSOCIATION 565 PEARL ST, SUITE 301 LA JOLLA, CA 92037	95-2373533	501(C)(3)	121,500.	0.			MILITARY
NAPA VALLEY COMMUNITY FOUNDATION 3299 CLAREMONT WAY, SUITE 2 NAPA, CA 94558	68-0349777	501(C)(3)	18,500.	0.			DISASTER RELIEF
NATIVITY PREP ACADEMY 2755 55TH STREET SAN DIEGO, CA 92105	33-0886247	501(C)(3)	49,000.	0.			K-12
NATURE & CULTURE INTERNATIONAL 1400 MAIDEN LANE DEL MAR, CA 92014	33-0773524	501(C)(3)	100,000.	0.			ENVIRONMENTAL CONSERVATION
NOAH HOMES, INC. 12526 CAMPO ROAD SPRING VALLEY, CA 91978	95-3821566	501(C)(3)	50,000.	0.			HOUSING/SHELTER
NORTH COAST CHRISTIAN MINISTRIES, INC. - 1831 S. EL CAMINO REAL - ENCINITAS, CA 92024	77-0605178	501(C)(3)	5,100.	0.			BASIC NEEDS
NORTH COAST PRESBYTERIAN CHURCH 1831 S. EL CAMINO REAL ENCINITAS, CA 92024	58-1638487	501(C)(3)	17,000.	0.			DISASTER RELIEF

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NORTH COAST REPERTORY THEATRE 987D LOMAS SANTA FE DRIVE SOLANA BEACH, CA 92075	95-3819307	501(C)(3)	14,000.	0.			THEATRE
NORTH COUNTY HEALTH SERVICES 150 VALPREDA ROAD SAN MARCOS, CA 92069	95-2847102	501(C)(3)	5,000.	0.			MEDICAL CARE
NORTH COUNTY LIFELINE 200 MICHIGAN AVENUE VISTA, CA 92084	95-2794253	501(C)(3)	45,000.	0.			MENTAL HEALTH
NORTHEASTERN UNIVERSITY 716 COLUMBUS AVENUE BOSTON, MA 02120	04-1679980	501(C)(3)	35,000.	0.			COLLEGE/UNIVERSITY
NORTHERN ARIZONA UNIVERSITY FOUNDATION - P.O. BOX 4094 - FLAGSTAFF, AZ 86011	86-0193726	501(C)(3)	25,000.	0.			COLLEGE/UNIVERSITY
NVTS, INC.--REBOOT 4141 CAMINO DEL RIO SOUTH, #118 SAN DIEGO, CA 92108	80-0597403	501(C)(3)	10,000.	0.			MILITARY
OLD GLOBE THEATRE P.O. BOX 122171 SAN DIEGO, CA 92112	95-1543396	501(C)(3)	16,850.	0.			THEATRE
OMO CHILD FOUNDATION P.O. BOX 231697 ENCINITAS, CA 92023	27-5098874	501(C)(3)	14,000.	0.			BASIC NEEDS
OPERATION HOMEFRONT-CALIFORNIA 8318 MIRAMAR MALL SAN DIEGO, CA 92121	32-0033325	501(C)(3)	7,300.	0.			BASIC NEEDS

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OUTREACH FOUNDATION OF THE PRESBYTERIAN CHURCH - 381 RIVERSIDE DRIVE, #110 - FRANKLIN, TN 37064	58-1375506	501(C)(3)	28,300.	0.			EDUCATION
PABLOVE FOUNDATION 6607 W. SUNSET BLVD. LOS ANGELES, CA 90028	26-3006100	501(C)(3)	5,000.	0.			RESEARCH
PALOMAR COLLEGE FOUNDATION 1140 WEST MISSION ROAD SAN MARCOS, CA 92069	95-6094128	501(C)(3)	124,652.	0.			COMMUNITY COLLEGE
PEDAL THE CAUSE - SAN DIEGO 2445 5TH AVENUE, #402 SAN DIEGO, CA 92101	46-0552414	501(C)(3)	11,500.	0.			RESEARCH
PENINSULA SOCCER LEAGUE 1804 GARNET AVE. #495 SAN DIEGO, CA 92109	33-0640425	501(C)(3)	5,000.	0.			YOUTH DEVELOPMENT
PLANNED PARENTHOOD OF THE PACIFIC SOUTHWEST - 1075 CAMINO DEL RIO SOUTH - SAN DIEGO, CA 92108	95-6111785	501(C)(3)	9,000.	0.			MEDICAL CARE
PLEASANTS COUNTY LIBRARY 101 LAFAYETTE STREET ST. MARYS, WV 26170	55-0596254	501(C)(3)	17,206.	0.			LIBRARIES
PRESBYTERIAN CHURCH OF THE BIG WOOD - P.O. BOX 660 - KETCHUM, ID 83340	82-0374595	501(C)(3)	6,000.	0.			WORSHIP
PRO KIDS / THE FIRST TEE OF SAN DIEGO - 4085 52ND STREET - SAN DIEGO, CA 92105	33-0617741	501(C)(3)	5,000.	0.			YOUTH DEVELOPMENT

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PROJECT CONCERN INTERNATIONAL 5151 MURPHY CANYON ROAD SAN DIEGO, CA 92123	95-2248462	501(C)(3)	55,000.	0.			CRIME PREVENTION
PROMISES 2 KIDS 9440 RUFFIN CT., STE. 2 SAN DIEGO, CA 92123	95-3655288	501(C)(3)	21,250.	0.			PREVENTION
PUBLIC SERVICE LAW CORPORATION 4129 MAIN STREET, #101 RIVERSIDE, CA 92501	95-3739865	501(C)(3)	150,000.	0.			LEGAL
RADY CHILDREN'S HOSPITAL & HEALTH CENTER - 3020 CHILDREN'S WAY - SAN DIEGO, CA 92123	95-3545901	501(C)(3)	55,530.	0.			HOSPITALS
RANCHO COASTAL HUMANE SOCIETY 389 REQUEZA STREET ENCINITAS, CA 92024	95-2151583	501(C)(3)	8,000.	0.			ANIMAL HEALTH
RANCHO SANTA FE ART GUILD P.O. BOX 773 RANCHO SANTA FE, CA 92067	33-0799642	501(C)(3)	5,000.	0.			VISUAL ARTS
RANCHO SANTA FE ASSOCIATION P.O. BOX A RANCHO SANTA FE, CA 92067	95-1132930	501(C)(4)	22,905.	0.			HISTORIC PROJECTS
RANCHO SANTA FE LIBRARY GUILD P.O. BOX 348 RANCHO SANTA FE, CA 92067	95-6091588	501(C)(3)	21,296.	0.			LIBRARIES
RANCHO SANTA FE SENIORS, INC. P.O. BOX 223 RANCHO SANTA FE, CA 92067	95-6113493	501(C)(3)	29,708.	0.			AGING SERVICES

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RAYMOND M. ALF MUSEUM OF PALEONTOLOGY - 1175 W. BASELINE ROAD - CLAREMONT, CA 91711	95-3366309	501(C)(3)	10,000.	0.			MUSEUM
REALITY CHANGERS 3910 UNIVERSITY AVENUE SAN DIEGO, CA 92105	26-3757305	501(C)(3)	173,616.	0.			YOUTH DEVELOPMENT
RESOUNDING JOY INC. 10455 SORRENTO VALLEY RD., STE. 208 SAN DIEGO, CA 92121	75-3190962	501(C)(3)	5,000.	0.			MENTAL HEALTH
RESPONSIBILITY P.O. BOX 433199 SAN YSIDRO, CA 92143	33-0437290	501(C)(3)	6,000.	0.			ECONOMIC DEVELOPMENT
RETRIEVERS AND FRIENDS OF SOUTHERN CA - P.O. BOX 1822 - TEMECULA, CA 92593	27-0443768	501(C)(3)	33,000.	0.			ANIMAL HEALTH
RIVERSTONE RESIDENTIAL GROUP RESCUE PLAN INC. - 18 BROAD STREET, SUITE 300 - CHARLESTON, SC 29401	26-2011744	501(C)(3)	30,000.	0.			DISASTER RELIEF
SAINT JOHN'S UNIVERSITY P.O. BOX 7222 COLLEGEVILLE, MN 56321	45-3656162	501(C)(3)	20,000.	0.			COLLEGE/UNIVERSITY
SALVATION ARMY - NATIONAL HEADQUARTERS - 615 SLATERS LANE - ALEXANDRIA, VA 22313	13-2923701	501(C)(3)	15,000.	0.			DISASTER RELIEF
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	12,000.	0.			BASIC NEEDS

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SAMUEL LAWRENCE FOUNDATION P.O. BOX F DEL MAR, CA 92014	27-1030462	501(C)(3)	10,000.	0.			PUBLIC POLICY
SAN DIEGO ARMED SERVICES YMCA 3293 SANTO ROAD SAN DIEGO, CA 92124	95-1679700	501(C)(3)	15,200.	0.			MILITARY
SAN DIEGO BOTANIC GARDEN P.O. BOX 230005 ENCINITAS, CA 92023	95-6120581	501(C)(3)	111,000.	0.			BOTANIC GARDENS
SAN DIEGO BRAIN TUMOR FOUNDATION 852 5TH AVENUE, 2ND FLOOR SAN DIEGO, CA 92101	30-0125828	501(C)(3)	50,000.	0.			RESEARCH
SAN DIEGO CALVARY KOREAN CHURCH 6970 LINDA VISTA ROAD SAN DIEGO, CA 92111	33-0333698	501(C)(3)	10,000.	0.			WORSHIP
SAN DIEGO FOUNDATION 2508 HISTORIC DECATUR RD, #200 SAN DIEGO, CA 92106	95-2942582	501(C)(3)	33,000.	0.			COMMUNITY FOUNDATION
SAN DIEGO GRANTMAKERS 5060 SHOREHAM PLACE, SUITE 350 SAN DIEGO, CA 92122	33-0868261	501(C)(3)	21,000.	0.			NON PROFIT EFFECTIVENESS
SAN DIEGO HUMANE SOCIETY 5500 GAINES STREET SAN DIEGO, CA 92110	95-1661688	501(C)(3)	47,650.	0.			ANIMAL HEALTH
SAN DIEGO RESCUE MISSION P.O. BOX 80427 SAN DIEGO, CA 92138	95-1874073	501(C)(3)	7,900.	0.			HOUSING/SHELTER

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SAN DIEGO SYMPHONY ORCHESTRA ASSOCIATION - 1245 SEVENTH AVENUE - SAN DIEGO, CA 92101	95-2040874	501(C)(3)	10,000.	0.			MUSIC
SAN ELIJO LAGOON CONSERVANCY P.O. BOX 230634 ENCINITAS, CA 92023	33-0358660	501(C)(3)	44,000.	0.			ENVIRONMENTAL CONSERVATION
SANFORD-BURNHAM PREBYS MEDICAL DISCOVERY INSTITUTE - 10901 N. TORREY PINES RD. - LA JOLLA, CA 92037	51-0197108	501(C)(3)	77,000.	0.			RESEARCH
SAVVY GIVING BY DESIGN 7875 HIGHLANDS VILLAGE PLACE, #B103 SAN DIEGO, CA 92127	81-1417309	501(C)(3)	9,324.	0.			BASIC NEEDS
SCRANTON MEMORIAL LIBRARY 801 BOSTON POST ROAD MADISON, CT 06443	06-0726490	501(C)(3)	10,000.	0.			LIBRARIES
SCRIPPS HEALTH FOUNDATION P.O. BOX 2669 LA JOLLA, CA 92038	95-1684089	501(C)(3)	736,350.	0.			HOSPITALS
SEAL CONSERVANCY P.O. BOX 2016 LA JOLLA, CA 92038	33-0855202	501(C)(3)	25,000.	0.			ANIMAL HEALTH
SOLANA BEACH PRESBYTERIAN CHURCH 120 STEVENS AVENUE SOLANA BEACH, CA 92075	95-2129111	501(C)(3)	9,000.	0.			WORSHIP
SOUTHERN CA GOLDEN RETRIEVER RESCUE - PO BOX 25698 - LOS ANGELES, CA 90025	30-0454968	501(C)(3)	12,000.	0.			ANIMAL HEALTH

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ST. ANDREWS PRESBYTERIAN CHURCH 600 ST. ANDREWS ROAD NEWPORT BEACH, CA 92663	95-1969024	501(C)(3)	10,000.	0.			WORSHIP
ST. AUGUSTINE ACADEMY 130 SOUTH WELLS ROAD VENTURA, CA 93004	77-0379150	501(C)(3)	19,000.	0.			K-12
ST. JEANNE DE LESTONNAC SCHOOL 32650 AVENIDA LESTONNAC TEMECULA, CA 92592	53-0196617	501(C)(3)	10,665.	0.			K-12
ST. JOHN SCHOOL 1003 ENCINITAS BLVD. ENCINITAS, CA 92024	95-1644613	501(C)(3)	46,000.	0.			EDUCATION
ST. JOSEPH ACADEMY 500 LAS FLORES DRIVE SAN MARCOS, CA 92078	33-0643364	501(C)(3)	37,305.	0.			K-12
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	11,000.	0.			HOSPITALS
ST. MADELEINE SOPHIE'S TRAINING CENTER - 2119 E. MADISON AVENUE - EL CAJON, CA 92019	95-1957332	501(C)(3)	5,000.	0.			INCLUSION
ST. MICHAEL'S ABBEY PREPARATORY SCHOOL - 19292 EL TORO ROAD - SILVERADO, CA 92676	02-0677028	501(C)(3)	30,500.	0.			K-12
ST. VINCENT DE PAUL VILLAGE, INC. 3350 'E' STREET SAN DIEGO, CA 92102	33-0492302	501(C)(3)	20,000.	0.			BASIC NEEDS

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STANFORD GRADUATE SCHOOL OF BUSINESS - 518 MEMORIAL WAY, ROOM S235 - STANFORD, CA 94305	94-1156365	501(C)(3)	25,000.	0.			COLLEGE/UNIVERSITY
SUPPORT THE ENLISTED PROJECT P.O. BOX 26747 SAN DIEGO, CA 92196	20-3051279	501(C)(3)	19,000.	0.			MILITARY
TAKING CONTROL OF YOUR DIABETES 1110 CAMINO DEL MAR, SUITE B DEL MAR, CA 92014	33-0794608	501(C)(3)	5,000.	0.			MEDICAL CARE
TERI, INC. 251 AIRPORT ROAD OCEANSIDE, CA 92058	95-3532129	501(C)(3)	20,000.	0.			INCLUSION
THE CAMBRIDGE SCHOOL 12855 BLACK MOUNTAIN ROAD SAN DIEGO, CA 92129	20-4594308	501(C)(3)	5,000.	0.			K-12
THE CAMPANILE FOUNDATION 5500 CAMPANILE DRIVE SAN DIEGO, CA 92182	33-0868418	501(C)(3)	7,600.	0.			COLLEGE/UNIVERSITY
THE CLAIRVAUX INSTITUTE 621 N. BROMLEY AVENUE SCRANTON, PA 18504	26-2994486	501(C)(3)	10,000.	0.			K-12
THE ELIZABETH HOSPICE INC. 500 LA TERRAZA BLVD. STE. 130 ESCONDIDO, CA 92025	95-3275679	501(C)(3)	79,042.	0.			HOSPICE/PALLIATIVE CARE
THE GRAUER FOUNDATION FOR EDUCATION - 1500 S. EL CAMINO REAL - ENCINITAS, CA 92024	33-0708902	501(C)(3)	25,000.	0.			K-12

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THE HUMANE LEAGUE P.O. BOX 10476 ROCKVILLE, MD 20849	04-3817491	501(C)(3)	41,000.	0.			ANIMAL HEALTH
THE KIDS COLLEGE 570 RANCHEROS DRIVE, SUITE 270 SAN MARCOS, CA 92069	33-0933622	501(C)(3)	20,000.	0.			K-12
THE LYCEUM SCHOOL 1545 S. GREEN ROAD SOUTH EUCLID, OH 44121	32-0079287	501(C)(3)	19,500.	0.			K-12
THE MIRACLE LEAGUE OF SAN DIEGO 462 STEVENS AVE, SUITE 201 SOLANA BEACH, CA 92075	20-2669967	501(C)(3)	7,500.	0.			INCLUSION
THE PATRIOTS INITIATIVE P.O. BOX 2527 RANCHO SANTA FE, CA 92067	47-2495472	501(C)(3)	18,000.	0.			MILITARY
THE REFUGE FOR DMST P.O. BOX 90804 AUSTIN, TX 78709	46-4098511	501(C)(3)	10,000.	0.			HOUSING/SHELTER
THE SALVATION ARMY - SIERRA DEL MAR REGION - 2320 FIFTH AVENUE - SAN DIEGO, CA 92101	94-1156347	501(C)(3)	27,600.	0.			BASIC NEEDS
THE SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD LA JOLLA, CA 92037	33-0435954	501(C)(3)	15,000.	0.			RESEARCH
TIJUANA CHRISTIAN MISSION P.O. BOX 437930 SAN YSIDRO, CA 92143	51-0191579	501(C)(3)	5,000.	0.			BASIC NEEDS

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TREE SAN DIEGO 7920 MIRAMAR ROAD, UNIT 119 SAN DIEGO, CA 92126	46-5183143	501(C)(3)	60,000.	0.			ENVIRONMENTAL CONSERVATION
TREES MATTER P.O. BOX 2648 PHOENIX, AZ 85002	81-0597674	501(C)(3)	15,000.	0.			ENVIRONMENTAL CONSERVATION
TRUSTEES OF BOSTON UNIVERSITY 595 COMMONWEALTH AVENUE, SUITE 700 BOSTON, MA 02215	04-2103547	501(C)(3)	5,000.	0.			COLLEGE/UNIVERSITY
TWELFTH STEP HOUSE OF SAN DIEGO 5855 STREAMVIEW DRIVE SAN DIEGO, CA 92105	95-2151829	501(C)(3)	9,155.	0.			MILITARY
UC SAN DIEGO FOUNDATION 9500 GILMAN DRIVE, #0940 LA JOLLA, CA 92093	95-2872494	501(C)(3)	152,705.	0.			COLLEGE/UNIVERSITY
UC SANTA BARBARA FOUNDATION UNIVERSITY OF CALIFORNIA, SANTA BAR SANTA BARBARA, CA 93106	23-7314834	501(C)(3)	5,200.	0.			COLLEGE/UNIVERSITY
UMASS MEMORIAL FOUNDATION 333 SOUTH STREET, 4TH FLOOR SHREWSBURY, MA 01545	04-3108190	501(C)(3)	15,000.	0.			RESEARCH
UNITED THROUGH READING 1455 FRAZEE ROAD, SUITE 500 SAN DIEGO, CA 92108	33-0373000	501(C)(3)	7,250.	0.			LITERACY
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN STREET URBANA, IL 61801	37-6006007	501(C)(3)	10,000.	0.			COLLEGE/UNIVERSITY

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UNIVERSITY OF ROCHESTER 300 EAST RIVER ROAD ROCHESTER, NY 14627	16-0743209	501(C)(3)	35,000.	0.			COLLEGE/UNIVERSITY
UNIVERSITY OF SAN DIEGO 5998 ALCALA PARK - DAC228 SAN DIEGO, CA 92110	95-2544535	501(C)(3)	80,530.	0.			COLLEGE/UNIVERSITY
UNIVERSITY OF SAN DIEGO HAHN SCHOOL OF NURSING AND HEALTH SCIENCE - 5998 ALCALA PARK - SAN DIEGO, CA 92110	95-2544535	501(C)(3)	200,000.	0.			COLLEGE/UNIVERSITY
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY PARK CAMPUS LOS ANGELES, CA 90089	95-1642394	501(C)(3)	14,400.	0.			COLLEGE/UNIVERSITY
VET CTAP 1657 SAN LUIS REY AVE VISTA, CA 92084	36-4834690	501(C)(3)	10,000.	0.			MILITARY
VILLAGE COMMUNITY PRESBYTERIAN CHURCH - P.O. BOX 704 - RANCHO SANTA FE, CA 92067	95-6006164	501(C)(3)	46,090.	0.			WORSHIP
VISION OF CHILDREN FOUNDATION 12555 HIGH BLUFF DR. SAN DIEGO, CA 92130	95-4271785	501(C)(3)	11,775.	0.			VISION CARE
VISTA COMMUNITY CLINIC 1000 VALE TERRACE VISTA, CA 92084	95-2815615	501(C)(3)	11,000.	0.			MEDICAL CARE
VOICE OF SAN DIEGO 110 WEST A STREET SAN DIEGO, CA 92101	20-1585919	501(C)(3)	5,000.	0.			MEDIA/COMMUNICATIONS

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
WAVE ACADEMY 4455 MURPHY CANYON RD. SUITE 100-1B SAN DIEGO, CA 92123	36-4690777	501(C)(3)	25,000.	0.			MEDICAL CARE
WELLS OF LIFE, INC. 24800 CHRISANTA DRIVE, SUITE 200 MISSION VIEJO, CA 92691	45-1496631	501(C)(3)	20,000.	0.			BASIC NEEDS
WIKIMEDIA FOUNDATION, INC. P.O. BOX 98204 WASHINGTON, DC 20090	20-0049703	501(C)(3)	50,000.	0.			EDUCATION
WORKSHOPS FOR WARRIORS 2970 MAIN STREET SAN DIEGO, CA 92113	26-1721255	501(C)(3)	20,000.	0.			MILITARY
WORLD FOUNDATION FOR GIRL GUIDES & GIRL SCOUTS, INC. - P.O. BOX 6457 - DEPT. 276 - INDIANAPOLIS, IN 46206	23-7147834	501(C)(3)	5,500.	0.			YOUTH DEVELOPMENT
WORLD OUTREACH MINISTRIES INC. P.O. BOX B MARIETTA, GA 30061	58-1387722	501(C)(3)	35,000.	0.			WORSHIP
WOUNDED WARRIOR HOMES 1145 LINDA VISTA DRIVE, #104 SAN MARCOS, CA 92078	27-1537405	501(C)(3)	50,000.	0.			HOUSING/SHELTER
WREATHS ACROSS AMERICA P.O. BOX 249 COLUMBIA FALLS, ME 04623	20-8362270	501(C)(3)	20,036.	0.			MILITARY
YALE UNIVERSITY P.O. BOX 2038 NEW HAVEN, CT 06521	06-0646973	501(C)(3)	5,000.	0.			COLLEGE/UNIVERSITY

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
YMCA OF SAN DIEGO COUNTY 3708 RUFFIN ROAD SAN DIEGO, CA 92123	95-2039198	501(C)(3)	91,500.	0.			COMMUNITY DEVELOPMENT
YOUNG LIFE - INNER CITY SAN DIEGO 4193 UNIVERSITY AVENUE, #5906 SAN DIEGO, CA 92105	84-0385934	501(C)(3)	8,900.	0.			AFTER SCHOOL PROGRAMS
YOUTH WITH A MISSION - SAN DIEGO/BAJA - 100 WEST 35TH ST., STE. C - NATIONAL CITY, CA 91950	33-0604992	501(C)(3)	5,000.	0.			HOUSING/SHELTER

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

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

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

PART I, LINE 2:

ALL GRANTS ISSUED ARE ACCOMPANIED WITH A LETTER THAT GRANTEEES ARE ASKED TO SIGN AND RETURN, ACKNOWLEDGING (AMONG OTHER THINGS) THAT THEY WILL NOT USE THE FUNDS FOR ANY PURPOSE OTHER THAN THE SPECIFIC PURPOSE(S) DESCRIBED IN THE LETTER. ALL GRANTS ISSUED FROM THE ORGANIZATION'S DISCRETIONARY FUNDS HAVE A FURTHER REQUIREMENT FOR THE GRANTEE TO PROVIDE A WRITTEN REPORT BACK TO THE ORGANIZATION DESCRIBING HOW THE AWARDED FUNDS WERE USED AND THE IMPACT THEY HAD ON THE GRANTEEES FUNDED PROJECT(S).

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 J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHRISTINA WILSON EXECUTIVE DIRECTOR	(i)	157,000.	0.	0.	7,850.	7,159.	172,009.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Lined area for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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	54	1,567,010.	STOCK QUOTE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a	X	
31	X	
32a	X	

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

Schedule M (Form 990) 2017

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:

THE FOUNDATION USES THE SERVICES OF UBS FINANCIAL SERVICES, INC. TO
ACCEPT GIFTS OF PUBLIC SECURITIES ON OUR BEHALF, TO SELL THOSE
SECURITIES AND FORWARD THE PROCEEDS FROM SUCH SALES TO OUR CHECKING
ACCOUNT AT FIRST REPUBLIC BANK.

SCHEDULE O
(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2017

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 PATRIOTS CONNECTION, A PROGRAM OF THE RANCHO SANTA FE FOUNDATION,

STRIVES TO RAISE THE AWARENESS OF AND PROVIDE FUNDING FOR THE NEEDS OF

THE MILITARY THROUGH NONPROFIT SERVICE PROVIDERS IN SAN DIEGO COUNTY.

SAN DIEGO HAS THE LARGEST CONCENTRATION OF MILITARY IN THE NATION AND

IN 2017, ACTIVE DUTY, VETERANS AND THEIR DEPENDENTS BENEFITTED FROM

GRANTS RANGING FROM \$5,000 TO \$20,000 TO 15 DIFFERENT ORGANIZATIONS FOR

A TOTAL OF NEARLY \$176,000.

EXPENSES \$ 175,691. INCLUDING GRANTS OF \$ 175,691. REVENUE \$ 0.

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

ALL BOARD MEMEBERS ARE PROVIDED WITH A COPY OF THE 990 VIA EMAIL PRIOR TO

IT'S FILING WITH THE IRS.

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

ALL BOARD MEMBERS MUST COMPLY WITH ALL REQUIREMENTS OF MEMBERSHIP ON THE

RANCHO SANTA FE FOUNDATION BOARD OF DIRECTORS. OUR CONFLICT OF INTEREST

POLICY IS MONITORED PRIMARILY BY HAVING EACH BOARD DIRECTOR EXECUTE A NEW

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

THAT THE CONCEPT OF 'CONFLICT OF INTEREST' REMAINS FRESH IN THEIR MINDS.

BEYOND THAT, THE BOARD CHAIRMAN WILL ROUTINELY ASK BOARD MEMBERS TO RECUSE

THEMSELVES FROM VOTING ON ISSUES AT MEETINGS THAT WOULD CREATE A CONFLICT

OF INTEREST.

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

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS SET BY THE EXECUTIVE

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

Schedule O (Form 990 or 990-EZ) (2017)

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

COMMITTEE, BASED UPON COMPETITIVE SALARY DATA REVIEWED BY THE GOVERNANCE
 AND NOMINATING COMMITTEE AND THE ANNUAL PERFORMANCE REVIEW CONDUCTED BY THE
 BOARD CHAIRMAN.

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

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

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	27,251.
CHANGE IN VALUE OF CONTRIBUTION RECEIVABLE	-3,313,806.
TOTAL TO FORM 990, PART XI, LINE 9	-3,286,555.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**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	ACCEPTANCE OF GIFTS OF REAL ESTATE FOR THE RSF FOUNDATION.	CALIFORNIA	501(C)(3)	509(A)(3)	RSFF		X

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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(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 sections 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 supplemental information.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. RANCHO SANTA FE FOUNDATION	Employer identification number (EIN) or 95-3709639
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 811	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RANCHO SANTA FE, CA 92067	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CHRISTINA P. WILSON

• The books are in the care of ▶ 162 S. RANCHO SANTA FE RD, B30 - ENCINITAS, CA 92024
Telephone No. ▶ 858-756-6557 Fax No. ▶

• If the organization does not have an office or place of business in the United States, check this box
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2017 or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045