# \*\* PUBLIC DISCLOSURE COPY \*\*

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public

OMB No. 1545-0047

Inspection

ΑF	or th	e 2019 calendar year, or tax year beginning	and	ending					
<b>B</b> (	Check if pplicab	C Name of organization			D Employ	er identific	eation number		
	Addre	RANCHO SANTA FE FOUNDATION							
	Name chang	e Doing business as			95-	3709639			
	□ Initial □ return □ Final □ return	Number and street (or P.O. box if mail is not de P.O. BOX 811	livered to street address)	Room/suite	E Telepho (858)	ne number ) 756-655'			
	termin	City or town, state or province, country, and	ZIP or foreign postal code		G Gross rece	ipts \$	82,327,087.		
	Amen	, , , , , , , , , , , , , , , , , , , ,	Zii di lalagii paata aada		H(a) Is this				
	Application		STINA P. WILSON		1	bordinates			
	pendi	SAME AS C ABOVE					cluded? Yes No		
			◀ (insert no.)  4947(a)(1)	or 527	1		list. (see instructions)		
		te: WWW.RSFFOUNDATION.ORG	(πισειτ πο.) - 4547 (α)(1)	01 321	1		n number		
			sociation Other >	I Voor	of formation:		State of legal domicile; CA		
	art I	Summary	Sociation Circle	<b>L</b> 1 €ai	oi ioiiiialioii.		State of legal dofficile, or		
•		Briefly describe the organization's mission or most	significant activities. TO BE	A COMPREI	FNSTVE CE	NTER FOR	1		
Governance	1	IMPACTFUL PHILANTHROPY THAT INSPIRES			IBNOIVE CE	IVIER TOP	•		
nar	2	Check this box  if the organization disco	ntinued its operations or dispos	sed of more	than 25% of	its net ass	ets.		
Ver	3	Number of voting members of the governing body	·			1 1	24		
Ĝ	4	Number of independent voting members of the government of the gove				·····	24		
	5	Total number of individuals employed in calendar y					10		
Activities &	6						24		
₹		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, co					0.		
Ac		Net unrelated business taxable income from Form					0.		
_	B	Net unrelated business taxable income from Form	990-1, IIITe 39						
	_	Contributions and monte (Dort VIII line 4b)			Prior Ye	73,771.	Current Year 6,821,209.		
e	8								
Revenue	9					155,936.	261,129.		
Ŗ	10	Investment income (Part VIII, column (A), lines 3, 4				42,872.	5,161,546.		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c				11,188.	14,663.		
_	12	Total revenue - add lines 8 through 11 (must equal				83,767.	12,258,547.		
	13	Grants and similar amounts paid (Part IX, column (			1,1	28,514.	11,036,413.		
	14	Benefits paid to or for members (Part IX, column (A				0.	0.		
es	15	Salaries, other compensation, employee benefits (I			- 6	85,792.	766,708.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), I				0.	0.		
ă	b	Total fundraising expenses (Part IX, column (D), line							
ш	''	Other expenses (Part IX, column (A), lines 11a-11d				03,215.	445,558.		
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)			17,521.	12,248,679.		
_	19	Revenue less expenses. Subtract line 18 from line	12			66,246.	9,868.		
t Assets or				Ве	ginning of Cui		End of Year		
sets	20	Total assets (Part X, line 16)				73,152.	133,002,190.		
TAS B	21	Total liabilities (Part X, line 26)				90,156.	36,063,706.		
Net		Net assets or fund balances. Subtract line 21 from	line 20		87,7	82,996.	96,938,484.		
	art II	Signature Block							
Und	er pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to the	e best of my	knowledge and belief, it is		
true	, corre	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any know	ledge.			
Sig	n	Signature of officer			Dat	:e			
Her	е	CHRISTINA P. WILSON, PRESIDENT &	CEO						
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature	Π	Date	Check if	PTIN		
Paid	ı	AMY A. O'LOUGHLIN		0	8/05/20	self-employe	P00869687		
Prep	arer	Firm's name CBIZ MHM, LLC			Firm's EIN > 34-1884125				
Use	Only	Firm's address 4722 N 24TH ST, STE 300							
		PHOENIX, AZ 85016			Pho	one no.602	-264-6835		
Max	, tha I	RS discuss this return with the preparer shown abo	uo2 (soo instructions)		•		X Ves No		

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
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
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	•
	revenue, if any, for each program service reported.	tporioos, arra
4a	(Code: ) (Expenses \$ 10,686,002. including grants of \$ 10,435,108. ) (Revenue \$	270,469.)
ти	THE RANCHO SANTA FE FOUNDATION SUPPORTS A WIDE VARIETY OF CAUSES EVERY	
	YEAR THROUGH GRANTS MADE FROM ITS DONOR ADVISED FUNDS AND UNRESTRICTED	
	ENDOWMENT FUNDS. GRANTS THAT ARE FUNDED FROM DONOR ADVISED FUNDS ARE	
	BASED ON DONOR-ADVISOR RECOMMENDATIONS AND THOSE FROM UNRESTRICTED	
	ENDOWMENT FUNDS ARE AT THE DISCRETION OF THE ORGANIZATION'S GRANTS AND	
	PROJECTS COMMITTEE.	
	FROUECIS COMMITTEE.	
4b	(Code:) (Expenses \$	)
	IN 2019, THE RANCHO SANTA FE WOMEN'S FUND MADE 10 GRANTS TOTALING	
	\$357,000. GRANTS RANGED IN SIZE FROM \$21,000 - \$50,500 AND FOCUSED ON	
	NONPROFITS WORKING IN THE AREAS OF HOMELESSNESS, YOUTH, MILITARY	
	VETERAN AND WOMEN'S SERVICES. THE MISSION OF THE RANCHO SANTA FE	
	WOMEN'S FUND IS TO EDUCATE, INSPIRE AND INCREASE THE NUMBER OF WOMEN	
	COMMITTED TO PHILANTHROPY IN ORDER TO STRENGTHEN THE COMMUNITY AND	
	IMPACT LIVES THROUGH INFORMED, FOCUSED COLLECTIVE GIVING.	
4c	(Code:) (Expenses \$ 244,305. including grants of \$ 244,305. ) (Revenue \$	)
	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 2019, ACTIVE DUTY, VETERANS AND THEIR DEPENDENTS BENEFITTED FROM	
	GRANTS RANGING FROM \$2,250 TO \$32,500 TO 18 DIFFERENT ORGANIZATIONS FOR	
	A TOTAL OF \$244,000.	
4.4	Other pregram continue (Deceribe on Cabadule O.)	
4d	Other program services (Describe on Schedule O.)	,
	(Expenses \$ including grants of \$ ) (Revenue \$	)
40	Total program service expenses 11,287,307.	Form <b>990</b> (2019)
		ronn <b>330</b> (2019)

# Form 990 (2019) RANCHO SANTA FE FO 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?		37	
	If "Yes," complete Schedule D, Part IV	9_	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
а		11a	х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1115		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			v
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''-		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

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# Form 990 (2019) RANCHO SANTA FE FOUNDATION Part IV Checklist of Required Schedules (continued)

	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ı
	Schedule J	23	х	ı
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ı
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ı
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			ı
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ı
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ı
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	1		ı
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		ı
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			ı
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ı
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
00	"Yes," complete Schedule L, Part IV	28c	х	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Х
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
0.7		34	х	ı
35a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ı
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
_	If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
932004	1 01-20-20	Form	990	(2019)

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		370963	9	Р	age <b>5</b>
Par	ort V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	10			
b			2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За			За		х
b			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a			5a		х
b			5b		х
С			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization soli				
	any contributions that were not tax deductible as charitable contributions?		6a		х
b	o If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?		6b		1
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	e payor?	7a		х
b	the state of the s		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7c		х
d					
е			7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requir	ed?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10	98-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	o If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х

Form **990** (2019)

14b

15

16

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

excess parachute payment(s) during the year?

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

Form 990 (2019) 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year ..... 2.4 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 X Upon request Another's website Other (explain on Schedule O) Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records

92024

CHRISTINA P. WILSON - 858-756-6557

162 S. RANCHO SANTA FE RD, B30, ENCINITAS,

### 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.

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

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

(A)  Name and title	(B) Average hours per week	box	not c , unle cer ar	Pos heck	ition	than o	one n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHRISTINA WILSON	40.00									
PRESIDENT & CEO	10.00			Х				194,816.	0.	13,888.
(2) KAREN SPRIGLE	40.00									
<u>coo</u>				Х				118,744.	0.	6,146.
(3) DAN BEALS	32.00									
FINANCE DIRECTOR				Х				105,452.	0.	8,921.
(4) ALYCE ASHCRAFT	1.00	1								
DIRECTOR		Х						0.	0.	0.
(5) TERRY ATKINSON	1.00	1								
DIRECTOR		Х						0.	0.	0.
(6) JANE ALLISON AUSTIN	1.00	1								
DIRECTOR		Х						0.	0.	0.
(7) ED BLODGETT	1.00	1								
DIRECTOR		Х						0.	0.	0.
(8) TOM BUCHHOLZ	1.00	4							_	_
DIRECTOR		Х						0.	0.	0.
(9) TED BUTZ	1.00	4							_	_
DIRECTOR		Х						0.	0.	0.
(10) KEVIN CRAWFORD	4.00	l								
SECRETARY		Х		Х				0.	0.	0.
(11) BILL DAVIDSON	4.00	ł								
CHAIRMAN	1 00	Х		Х				0.	0.	0.
(12) ELAINE DODGE	1.00	<b>∤</b>								
DIRECTOR (13) MARK EMKJER	1 00	Х						0.	0.	0.
	1.00	-							_	_
DIRECTOR (144) KENTE EDELINDE	1 00	Х						0.	0.	0.
(14) KENT FREUNDT	1.00	₩.							^	_
DIRECTOR  (15) MIVE CRECOIDE	1 00	Х	$\vdash$			-		0.	0.	0.
(15) MIKE GREGOIRE DIRECTOR	1.00	x						0.	0.	_
(16) MARK HOLMLUND	1.00	<u> </u>		<u> </u>	$\vdash$			0.	U .	0.
DIRECTOR	1.00	х						0.	0.	_
(17) KEN LITTLE	1.00	<u> </u>	$\vdash$	<u> </u>	$\vdash$			0.	· ·	0.
DIRECTOR	1.00	Х						0.	0.	0.
		21	1	l	L		1	1 0.	<u> </u>	Form <b>990</b> (2010)

Part VII Section A. Officers, Directors, Trust	tees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(C)						(D)	(E)	'				
Name and title	Average	Position (do not check more than one						Reportable Reportabl			Es	(F) timate	ed
	hours per	box	, unle	ss pe	rson i	is both	n an	compensation	compensatio	n	an	nount	of
	week	-	cer ar	ia a a	Irecto	or/trus	tee)	from	from related		l .	other	
	(list any hours for	director						the	organizations (W-2/1099-MIS		l	pensa om th	
	related	eord	stee			sated		organization (W-2/1099-MISC)	(88-2/1099-18113	(O)		anizat	_
	organizations	truste	al trus		yee	mper		(** 27 1000 141100)			ı -	d relat	
	below	Individual trustee or	Institutional trustee	ia.	Key employee	Highest compensated employee	Jer				orga	anizati	ons
	line)	Indi	Insti	Officer	Key 6	High	Former						
(18) LOU MEZZULLO	1.00	1											
DIRECTOR		Х				├		0.		0.			0.
(19) MATT MILLER	1.00	ł								•			•
DIRECTOR	1 00	Х				$\vdash$		0.		0.			0.
(20) RICHARD MONTANO DIRECTOR	1.00	х						0.		0.			0
(21) MARK PETRIE	1.00	^				$\vdash$		0.		٠.			0.
DIRECTOR	1.00	x						0.		0.			0.
(22) DANIEL PLATT	4.00	<del> </del>				$\vdash$				<u> </u>			
TREASURER		x		х				0.		0.			0.
(23) PAULA POWERS	1.00					H							
DIRECTOR		х						0.		0.			0.
(24) RAZIA RICHTER	1.00												
DIRECTOR		х						0.		0.			0.
(25) DENISE STILLINGER	1.00												
DIRECTOR		Х						0.		0.		0.	
(26) BOB STINE	1.00	1											
DIRECTOR		Х						0.		0.	0.		
1b Subtotal								419,012.		0.	28,955.		
c Total from continuation sheets to Part VII								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	419,012.		0.		28,	955.
2 Total number of individuals (including but no	ot limited to th	ose	liste	dab	oove	e) wh	o re	eceived more than \$100,	000 of reportable				3
compensation from the organization												Yes	No
3 Did the organization list any <b>former</b> officer,	director truct	00 1		mnl	lovo	0 0	hio	hoot componented omn	lovos on			163	140
line 1a? If "Yes," complete Schedule J for su											3		х
4 For any individual listed on line 1a, is the su								ner compensation from t			3		
and related organizations greater than \$150	•		•					·	•		4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	•				,			J			5		х
Section B. Independent Contractors				,									
1 Complete this table for your five highest cor	mpensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensa	tion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)		_	(0		
Name and business	NO	NE				_	Description of s	ervices		compe	nsatio	n	
							$\dashv$						

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2019)

Total number of independent contractors (including but not limited to those listed above) who received more than

(A) Name and title (A) Average holders and title (B) Average holders (B) Average holders (B) Average holders (B) Average week (B) Average holders (B) Avera	Form 990 RANCHO SANTA Part VII Section A. Officers, Directors, True			95-3709639											
Name and title    Average   Position   Posit	Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd F	lighe	est (	Compensated Employees (continued)						
Name and title    Average   Position   Posit											(F)				
hours for related organizations below line)  271 GORDON SWANSON  1,00  1		1					1		1						
Per Week (list any) hours for related organizations below line)  271 GORDON SWANSON  1.00  2 V V V V V V V V V V V V V V V V V V			(cl					ly)							
week (list any hours for related organizations) below line) 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		1					ГĖ								
Clist any   December   Clist and   Clist		1 '					ee ee								
27) GORDON SWANISON		1	for				e Se								
27) GORDON SWANISON			direc				d em			(** = / 1000 ********************************					
27) GORDON SWANISON			36 01	stee			Sate		(** 2/ 1000 *********************************						
27) GORDON SWANISON		1	ruste	E E		yee	m per								
27) GORDON SWANISON			dual	rtion	_	od m	stco	70			0.gaa				
27) GORDON SWANISON			ndivi	nstitu	)ffice	(e) e	lighe	orm(							
TRECTOR	/27) CORDON GWANGON		_	_	_	-	Ė	_							
		1.00													
otal to Part VII. Section A. line to	DIRECTOR		Х						0.	υ.	0				
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	Total to Part VII, Section A, line 1c														

Form 990 (2019) RANCHO SANT

Part VIII Statement of Revenue

			Check if Schedule O contains a	response (	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1		Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
S S			Fundraising events	1c					
fts,			Related organizations	1d					
ية إق			Government grants (contributions)	1e					
Sir			All other contributions, gifts, grants, and	ie					
utic Te			similar amounts not included above	1f	6,821,209.				
ë Đ			***		1,496,855.				
on Dd		_	Noncash contributions included in lines 1a-1f	1g  \$		6,821,209.			
OB		<u> </u>	Total. Add lines 1a-1f		Business Code	0,021,203.			
_	•		MANAGEMENT FEE REVENUE		525920	261,129.	261,129.		
ice	_		HANAGEMENT FEE REVENUE		323320	201,125.	201,123.		
er ue		b							
n S		С							
ıraı Re		d							
Program Service Revenue		e	<del></del>						
<u>-</u>			All other program service revenue			261 120			
_			Total. Add lines 2a-2f			261,129.			
	3		Investment income (including divider			2 410 671			2 410 671
			other similar amounts)			2,419,671.			2,419,671.
	4		Income from investment of tax-exem						
	5		Royalties						
				Real	(ii) Personal				
			Gross rents 6a	1,685.					
			Less: rental expenses 6b	0.					
			Rental income or (loss) 6c	1,685.					
			` ' <del>                                    </del>			1,685.			1,685.
	7			ecurities	(ii) Other				
			assets other than inventory 7a 72,8	10,415.					
			Less: cost or other basis						
her Revenue			and sales expenses	68,540.					
ě.			Gain or (loss) <b>7c</b> 2,7						
~			Net gain or (loss)			2,741,875.			2,741,875.
iper	8		Gross income from fundraising events (n	ot					
Ö			•	of					
			contributions reported on line 1c). Se	- 1					
			Part IV, line 18	I					
			Less: direct expenses						
			Net income or (loss) from fundraising		<b></b>				
	9		Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming act		<b>&gt;</b>				
	10		Gross sales of inventory, less returns						
			and allowances						
			Less: cost of goods sold						
-		С	Net income or (loss) from sales of inv	entory	<b>D</b>				
<u>s</u>					Business Code	0.015			
eon Ie	11		VILLAGE VIEWPOINTS		900099	9,340.	9,340.		2 122
Miscellaneous Revenue		b	OTHER INCOME		900099	3,638.			3,638.
Sev Sev		С							
Mis			All other revenue						
			Total. Add lines 11a-11d		<b>.</b>	12,978.		-	F 444
	12		Total revenue. See instructions			12,258,547.	270,469.	0.	5,166,869.

932009 01-20-20

#### 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 not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	( <b>D</b> ) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	11 026 412	11 026 412		
_	and domestic governments. See Part IV, line 21	11,036,413.	11,036,413.		
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,	461,823.	17,083.	294,518.	150 22
_	trustees, and key employees	401,023.	17,003.	294,516.	150,222
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	231,891.	105 402	90 554	4E 94
7	Other salaries and wages	231,091.	105,493.	80,554.	45,844
8	Pension plan accruals and contributions (include	8,944.	4,262.	3,672.	1 017
0	section 401(k) and 403(b) employer contributions)	14,724.	6,588.	5,354.	1,010 2,782
9	Other employee benefits	49,326.	9,083.	26,426.	13,81
0	Payroll taxes	45,520.	5,005.	20,420.	13,01
1	Fees for services (nonemployees):				
a	Management	27,326.		27,326.	
b	Legal	41,944.	640.	40,331.	97:
_	Accounting	11,511.	040.	10,331.	37.
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		54,257.	16,650.	37,607.	
0	column (A) amount, list line 11g expenses on Sch 0.)  Advertising and promotion	29,313.	10,030.	37,007.	29,313
2	Office expenses	14,789.	5,487.	4,651.	4,651
3 4	Information technology	40,555.	958.	39,597.	2,00
		20,000.	200.	05,057.	
5  6	Royalties	88,623.	29,541.	29,541.	29,541
	Occupancy	9,049.	25,611.	9,049.	25,011
7 8	Payments of travel or entertainment expenses	2,023.		,,,,,	
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	48,604.	38,581.	10,023.	
9		426.	142.	142.	142
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	8,506.		8,506.	
3	I	26,557.	610.	25,019.	928
ა 4	Other expenses. Itemize expenses not covered			==,===	
•	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	20,151.	6,717.	6,717.	6,71
b	UTILITIES	15,009.	5,003.	5,003.	5,003
C	PRINTING/REPRODUCTION	5,298.	2,012.	1,643.	1,64
d	BANK SERVICE CHARGES	4,461.	418.	4,043.	, -
e	All other expenses	10,690.	1,626.	7,644.	1,420
5	Total functional expenses. Add lines 1 through 24e	12,248,679.	11,287,307.	667,366.	294,000
6	Joint costs. Complete this line only if the organization	, ,	, ,	,	,
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

# Form 990 (2019) Part X Balance Sheet

Par	τX	Balance Sneet					
		Check if Schedule O contains a response or	note to an	y line in this Part XI			(D)
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,559,521.	1	630,468
	2	Savings and temporary cash investments			485,270.	2	550,690
	3	Pledges and grants receivable, net			1,045,478.	3	334,21
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ		6			
ပ္သ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges		·····	4,815.	9	4,100
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	149,402.			
	b	Less: accumulated depreciation	10b	121,632.	25,988.	10c	27,770
	11	Investments - publicly traded securities			84,672,585.	11	98,223,71
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lin	ne 11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			28,779,495.	15	33,231,22
_	16	Total assets. Add lines 1 through 15 (must e		116,573,152.	16	133,002,19	
	17	Accounts payable and accrued expenses	50,212.	17	87,65		
	18	Grants payable	0.	18	2,816,35		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple			28,422,979.	21	32,825,53
S	22	Loans and other payables to any current or for					
<u> </u>		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t		22			
-	23	Secured mortgages and notes payable to uni		23			
	24	Unsecured notes and loans payable to unrela		24			
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24	). Complete Part X	216 065		224 16
		of Schedule D			316,965.	25	334,163
+	26				28,790,156.	26	36,063,70
္က		Organizations that follow FASB ASC 958, o	neck ner	e 🏲 🖆			
<u>ဗ</u>	07	and complete lines 27, 28, 32, and 33.			42,986,217.	07	50 211 65
<u>a</u>	27	Net assets without donor restrictions	44,796,779.	27	50,211,650		
ם פ	28	Net assets with donor restrictions			44,730,773.	28	46,726,834
<u> </u>		Organizations that do not follow FASB ASC	958, cn	eck nere			
<u>-</u>	00	and complete lines 29 through 33.		200			
SIS	29	Capital stock or trust principal, or current fun				29	
188	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			87,782,996.	31	96,938,484
ž	32	Total lich liking and not accept (fined balances			116,573,152.	32	133,002,190
	33	Total liabilities and net assets/fund balances			110,373,132.	33	Form <b>990</b> (20)

Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,	258,	547.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,	248,	679.
3	Revenue less expenses. Subtract line 2 from line 1	3		9,	868.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	87,	782,	996.
5	Net unrealized gains (losses) on investments	5	9 ,	049,	087.
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 on Schedule O)	9		96,	533.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	96,	938,	484.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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?		2a		х
	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			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?	-	За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

#### **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

2019

Open to Public Inspection

Name of the organization **Employer identification number** RANCHO SANTA FE FOUNDATION 95-3709639 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8,963,723.	9,939,597.	6,611,223.	11,573,771.	6,821,209.	43,909,523.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	8,963,723.	9,939,597.	6,611,223.	11,573,771.	6,821,209.	43,909,523.
	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)						15,149,803.
6	Public support. Subtract line 5 from line 4.						28,759,720.
	etion B. Total Support						, , ,
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 4	8,963,723.	9,939,597.	6,611,223.	11,573,771.	6,821,209.	43,909,523.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,512,907.	1.846.564.	1,930,440.	2,098,571.	2,421,356.	9,809,838.
9	Net income from unrelated business	, , ,	, , ,	, , ,	, , -	, ,	, , , -
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	2,769.	2,976.	3,403.	3,424.	3,638.	16,210.
11	Total support. Add lines 7 through 10	_,:::•	_,=:-	-,	-,	-,	53,735,571.
12	Gross receipts from related activities,	etc (see instructio	ne)			12	1,158,708.
	First five years. If the Form 990 is for	•	,				
13	organization, check this box and stop	-			-		ightharpoonup
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (li			olumn (fl)		14	53.52 %
15	Public support percentage from 2018		•	* * * * * * * * * * * * * * * * * * * *		15	52.32 %
						· ·	
	16a 33 1/3% support test - 2019. 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						
h	stop here. The organization qualifies as a publicly supported organization  ▶   ■  ■  ■  ■  ■  ■  ■  ■  ■  ■  ■  ■  ■						
_	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances test		•				
., .	and if the organization meets the "fac-	_					
	meets the "facts-and-circumstances"		•	•		9	
h	10% -facts-and-circumstances test	-	•		-		
D		_					
	more, and if the organization meets the organization meets the "facts-and-circ		•				
10							
18	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						

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### 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf	ļ					
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	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	ļ					
	activities not included in line 10b, whether or not the business is	ļ					
	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	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	<u>%</u>
	ction D. Computation of Inves					<del> </del>	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
19a	a 33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box ar						▶□
k	o 33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

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### 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

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

	Yes	No
1		
2		
За		
3b		
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4a		
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4b		
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4c		
5a		
5b		
5c		
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7		
8		
9a		
9b		
9с		
10a		
10b		

Га	Supporting Organizations (Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst.	ructions	).	
2	Activities Test. Answer (a) and (b) below.	401.07.0,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	За		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instr	uctions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (options	
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			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
_3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by .035.	6			
_7_	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	lv integrate	ed Type III supporting org	anization (see	

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instructions).

Par	τV	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	ints paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	 S	
4	Amou	ints paid to acquire exempt-use assets			
5		fied set-aside amounts (prior IRS approval required)			
6		distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which th	ne organization is responsive		
		de details in <b>Part VI</b> ). See instructions.	3		
9		outable amount for 2019 from Section C, line 6			
10		B amount divided by line 9 amount			
		anount annual by mile of annual n	(i)	(ii)	(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2019 (reason-			
	able c	cause required- explain in Part VI). See instructions.			
3	Exces	ss distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:				
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
		uning underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in <b>Part VI.</b> See instructions.			
6		uning underdistributions for 2019. Subtract lines 3h			
-		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3			
•	and 4	-			
8		cdown of line 7:			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		ss from 2018			
е	-xces	ss irom z019			

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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
2015 AMOUNT: \$ 2,769.
2016 AMOUNT: \$ 2,976.
2017 AMOUNT: \$ 3,403.
2018 AMOUNT: \$ 3,424.
2019 AMOUNT: \$ 3,638.

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**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

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

RAN	95-3709639					
Organization type (check o	ne):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
, ,	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.				
General Rule						
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special Rules						
sections 509(a)(1) a any one contributo	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 <b>General Rule</b> 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.

Name of organization

Employer identification number

RANCHO SANTA FE FOUNDATION

95-3709639

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	nai space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- - - \$1,000,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- - \$\$393,899.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		- - \$\$ 231,230.	Person Payroll Noncash  (Complete Part II for

Name of organization

Employer identification number

RANCHO SANTA FE FOUNDATION

95-3709639

Part I	<b>Contributors</b> (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		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Humo, address, and Zif T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Hame, addiess, and Zif + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

RANCHO SANTA FE FOUNDATION

95-3709639

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	7241 SHARES - FRANKLIN MUTUAL GLOBAL DISCOVERY FUND &		
3	5170 SHARES - GUGGENHEIM SMID CAP VALUE FUND		
		\$	12/10/19
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I	2000 GUADEG OUAL GOM	,	
6	2000 SHARES - QUALCOMM		
		\$\$	04/23/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of or	rganization			Employer identification number		
RANCHO S	SANTA FE FOUNDATION			95-3709639		
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line en charitable, etc., contributions of \$1,000 or	ntry For organizations	0) that total more than \$1,000 for the year		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held		
-		(e) Transfer of gi	ft			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee		
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held		
Part I	(b) Fullpose of gift	(c) ose or girt	(u) b	escription of now girt is neid		
-		(e) Transfer of gi				
-	Transferee's name, address, a			transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held		
	(e) Transfer of gift					
_	Transferee's name, address, an	nd ZIP + 4	Relationship of	transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held		
		(e) Transfer of gi	ft			
-	Transferee's name, address, a	nd 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 Open to Public Inspection

Name of the organization

RANCHO SANTA FE FOUNDATION

**Employer identification number** 95-3709639

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	154	
2	Aggregate value of contributions to (during year)	6,370,483.	
3	Aggregate value of grants from (during year)	6,482,775.	
4	Aggregate value at end of year	52,678,939.	
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	
	are the organization's property, subject to the organization's $% \left( 1\right) =\left( 1\right) \left( 1$	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be ι	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose c	•
_			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	· —	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 qualif	ied conservation contribution in the form c	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
		value in the dead in (a)	
	Number of conservation easements on a certified historic stru		
a	Number of conservation easements included in (c) acquired a		I I
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
4	year ▶ Number of states where property subject to conservation eas	noment is legated	
5	Does the organization have a written policy regarding the per		
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ŭ		rialitating of violations, and officially const	orvation decoments daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	ion easements during the vear
	<b>▶</b> \$	3	3
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	<sup>·</sup> Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treatments		gain, provide
	the following amounts required to be reported under FASB A	_	
	Revenue included on Form 990, Part VIII, line 1		
-	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

Par	rt III   Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Othe	er Similar	* Assets	(continu	ıed)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant ι	ise of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	empt purpos	se in Part X	III.		
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma						Yes		No
Par	rt IV Escrow and Custodial Arrang		ete if the organization	n answered "Yes" o	n Form 990	, Part IV, lin	ne 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi		•						
	on Form 990, Part X?						Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:						
						/	Amount		
	Beginning balance								
	Additions during the year								
e	Distributions during the year								—
1	Ending balance					Х		$\overline{}$	
	Did the organization include an amount on Fo		*				Yes	Х	No
Par	rt V Endowment Funds. Complete i							Λ	—
	Complete	(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	pare hack	(e) Four	agre ha	
1a	Beginning of year balance	39,806,244.	44,039,253.	42,379,808.		89,553.		595,62	
	Contributions	143,614.	13,813.			80,830.		382,9	
	Net investment earnings, gains, and losses	6,599,733.	-2,254,721.	5,639,547.		62,388.		84,22	
	Grants or scholarships	4,466,628.	1,663,813.	1,646,348.		89,470.		263,43	
	Other expenditures for facilities	-,,				7	,	,	
Ū	and programs		6,847.						
f	Administrative expenses	312,401.	321,441.	299,808.	2	63,493.		241,3	78.
g	End of year balance	41,770,562.	39,806,244.	44,039,253.		79,808.		389,55	
2	Provide the estimated percentage of the curr	ent vear end balance					· · ·		
а	Board designated or quasi-endowment	1.90	%	,					
b	Permanent endowment ► 87.40	%	_						
С	Term endowment   10.70	<del></del> %							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered for t	he organiza	ation			
	by:						,	Yes I	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	rt VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	(, line 10.				
	Description of property	(a) Cost or of		1 ' '	Accumulate	;d (	<b>d)</b> Book	value	
		basis (investr	nent) basis (	otner) d	epreciation				
	Land								
	Buildings			25 245					
	Leasehold improvements			26,319.		219.		6,10	
	1 1	<b>I</b>		111,732.		780.		17,95	
	Other			11,351.		633.		3,73	
Total	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X. column (B), line 10	Oc.)		<u>▶  </u>		27,7	
					:	Schedule D	) (Form	990) 2	019

Schedu	le D (Form 990) 2019 RANCHO SANTA FE	FOUNDATION		95-3709639	Page 3
	Investments - Other Securities.				
	Complete if the organization answered "Yes	s" on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.		
(a) De	SCription of Security or Category (including name of security)		(c) Method of valuation: Cost or	end-of-vear market	value
<u> </u>		· · · ·	(b) Method of Valuation: ecol of	ond or your market	
	ancial derivatives				
<b>(2)</b> Clo	sely held equity interests				
(3) Oth	er				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (C	ol. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>			
Part	Investments - Program Related.				
	Complete if the organization answered "Yes				
	(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)					
	ol. (b) must equal Form 990, Part X, col. (B) line 13.)	•			
Part	X Other Assets.				
	Complete if the organization answered "Yes	s" 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			32,	825,536.
(2)	ASSETS HELD IN CRT				380,252.
(3)	INTERCOMPANY RECEIVABLES				25,441.
<u>(4)</u>					
(5)_					
(6)					
(7)					
(8)					
(9)					
Total.	Column (b) must equal Form 990. Part X. col. (B) I	ine 15.)		33,	231,229.
Part		•			
	Complete if the organization answered "Yes	s" 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			( )	
	LIABILITY UNDER CRT				334,162.
(2)	DIABIBITI ONDER CRI				334,102.
(3)_					
(4)					
(5)					
(6)					
(7)					
(8)					_
(9)					
	Column (b) must equal Form 000 Port V I (D) I	ino 25 \			334,162.
•	Column (b) must equal Form 990, Part X, col. (B) I.	,		<u> </u>	, = •

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .... X

Schedule D (Form 990) 2019

4 Takah mananan matana anah athan anah 1 10 10 10 10 11 11 11 11	e 12a.		<u> </u>	
1 Total revenue, gains, and other support per audited financial statements			1	22,808,000.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
A Net unrealized gains (losses) on investments		9,049,087.		
<b>b</b> Donated services and use of facilities				
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d	1,500,366.		
e Add lines 2a through 2d			2e	10,549,453.
3 Subtract line 2e from line 1			3	12,258,547.
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>b</b> Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Sta	tomonto With	Evnopoo por D	5 Soturn	12,258,547.
Complete if the organization answered "Yes" on Form 990, Part IV, lin		Expenses per r	eturri.	
	5 12u.		1	12,274,000.
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				
	_			
C Other losses  d Other (Describe in Part XIII.)		25,340.		
			2e	25,340.
			3	12,248,660.
<ul><li>3 Subtract line 2e from line 1</li><li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li></ul>				11,110,000.
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)		19.		
A 1.17			4c	19.
c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18			5	12,248,679.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			; Part X, lii	ne 2; Part XI,
PART IV, LINE 2B:				
PART IV, LINE 2B:  THE FOUNDATION RECEIVES CONTRIBUTIONS ON BEHALF OF UNAFFILIAT	ED			
·				
THE FOUNDATION RECEIVES CONTRIBUTIONS ON BEHALF OF UNAFFILIAT	ATION'S			
THE FOUNDATION RECEIVES CONTRIBUTIONS ON BEHALF OF UNAFFILIAT  NOT-FOR-PROFIT AGENCIES, WHICH ARE NOT REFLECTED IN THE FOUND	ATION'S			
THE FOUNDATION RECEIVES CONTRIBUTIONS ON BEHALF OF UNAFFILIAT  NOT-FOR-PROFIT AGENCIES, WHICH ARE NOT REFLECTED IN THE FOUND.  STATEMENT OF ACTIVITES AS THEY DO NOT REPRESENT CONTRIBUTIONS	ATION'S			
THE FOUNDATION RECEIVES CONTRIBUTIONS ON BEHALF OF UNAFFILIAT NOT-FOR-PROFIT AGENCIES, WHICH ARE NOT REFLECTED IN THE FOUND STATEMENT OF ACTIVITES AS THEY DO NOT REPRESENT CONTRIBUTIONS FOUNDATION. THE AMOUNTS DUE TO THE OTHER AGENCIES TOTAL \$32,	ATION'S			
THE FOUNDATION RECEIVES CONTRIBUTIONS ON BEHALF OF UNAFFILIAT NOT-FOR-PROFIT AGENCIES, WHICH ARE NOT REFLECTED IN THE FOUND STATEMENT OF ACTIVITES AS THEY DO NOT REPRESENT CONTRIBUTIONS FOUNDATION. THE AMOUNTS DUE TO THE OTHER AGENCIES TOTAL \$32, DECEMBER 31, 2019.	ATION'S			
THE FOUNDATION RECEIVES CONTRIBUTIONS ON BEHALF OF UNAFFILIAT NOT-FOR-PROFIT AGENCIES, WHICH ARE NOT REFLECTED IN THE FOUND STATEMENT OF ACTIVITES AS THEY DO NOT REPRESENT CONTRIBUTIONS FOUNDATION. THE AMOUNTS DUE TO THE OTHER AGENCIES TOTAL \$32, DECEMBER 31, 2019.	TO THE 825,536 AT			
THE FOUNDATION RECEIVES CONTRIBUTIONS ON BEHALF OF UNAFFILIAT NOT-FOR-PROFIT AGENCIES, WHICH ARE NOT REFLECTED IN THE FOUND STATEMENT OF ACTIVITES AS THEY DO NOT REPRESENT CONTRIBUTIONS FOUNDATION. THE AMOUNTS DUE TO THE OTHER AGENCIES TOTAL \$32, DECEMBER 31, 2019.	TO THE 825,536 AT			
THE FOUNDATION RECEIVES CONTRIBUTIONS ON BEHALF OF UNAFFILIAT NOT-FOR-PROFIT AGENCIES, WHICH ARE NOT REFLECTED IN THE FOUND STATEMENT OF ACTIVITES AS THEY DO NOT REPRESENT CONTRIBUTIONS FOUNDATION. THE AMOUNTS DUE TO THE OTHER AGENCIES TOTAL \$32, DECEMBER 31, 2019.	TO THE 825,536 AT OF VARIOUS			
THE FOUNDATION RECEIVES CONTRIBUTIONS ON BEHALF OF UNAFFILIAT NOT-FOR-PROFIT AGENCIES, WHICH ARE NOT REFLECTED IN THE FOUND STATEMENT OF ACTIVITES AS THEY DO NOT REPRESENT CONTRIBUTIONS FOUNDATION. THE AMOUNTS DUE TO THE OTHER AGENCIES TOTAL \$32, DECEMBER 31, 2019.  PART V, LINE 4:	TO THE  825,536 AT  OF VARIOUS  N THE CURRENT			
THE FOUNDATION RECEIVES CONTRIBUTIONS ON BEHALF OF UNAFFILIAT NOT-FOR-PROFIT AGENCIES, WHICH ARE NOT REFLECTED IN THE FOUND STATEMENT OF ACTIVITES AS THEY DO NOT REPRESENT CONTRIBUTIONS FOUNDATION. THE AMOUNTS DUE TO THE OTHER AGENCIES TOTAL \$32, DECEMBER 31, 2019.  PART V, LINE 4:  TO PROVIDE PERPETUAL SUPPORT FOR THE OPERATIONS AND PROGRAMS NON-PROFIT AGENCIES THROUGHOUT SAN DIEGO COUNTY AND BEYOND. IT	TO THE  825,536 AT  OF VARIOUS  N THE CURRENT  ENT FUND THAT			

#### **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.

Open to Public

OMB No. 1545-0047

Inspection Name of the organization **Employer identification number** 95-3709639 RANCHO SANTA FE FOUNDATION Part I **General Information on Grants and Assistance** 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 X Yes criteria used to award the grants or assistance? 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) A STEP BEYOND 340 N ESCONDIDO BLVD. 46-2857532 501(C)(3) ESCONDIDO, CA 92025 0 MOUTH DEVELOPMENT 151,500, A WAY OUT PO BOX 10825 ASPEN, CO 81612 46-1809899 501(C)(3) 0. SUBSTANCE ABUSE 7 500 ALL HALLOWS ACADEMY 2390 NAUTILUS STREET 95-1644613 501(C)(3) LA JOLLA, CA 92037 200,000 0 K-12 ALPHA PROJECT 3737 FIFTH AVENUE STE, 203 SAN DIEGO CA 92103 33-0215585 501(C)(3) 20 000 0. HOUSING/SHELTER AMERICAN FRIENDS OF CHICKEN SHED INC. - 1441 BROADWAY, SUITE 5037 NEW YORK NY 10018 30-0099170 501(C)(3) 25 000 0. THEATRE AMERICAN HEART ASSOCIATION, INC. -SAN DIEGO DIVISION - 9404 GENESSEE AVE. STE 240 - LA JOLLA CA 92037 13-5613797 501(C)(3) 5 500 0 RESEARCH 197. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2019)

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) ANGELS FOSTER FAMILY NETWORK 9295 FARNHAM ST. SUITE 200 SAN DIEGO, CA 92123 33-0825875 501(C)(3) 50,000 0. HOUSING/SHELTER ART OF LAN 3401 32ND STREET SAN DIEGO, CA 92104 20-8136710 501(C)(3) 30,000 0 MUSTC ARTS GUILD OF OLD FORGE, INC. P.O. BOX 1144 OLD FORGE, NY 13420 16-1001728 501(C)(3) 5,400 0. VISUAL ARTS BALBOA PARK CONSERVANCY 1549 EL PRADO, SUITE 1 ENVIRONMENTAL SAN DIEGO, CA 92101 95-0850465 501(C)(3) 10,000. 0 CONSERVATION BARBARA BUSH FOUNDATION FOR FAMILY LITERACY - 516 NORTH ADAMS STREET 26-0587238 501(C)(3) - TALLAHASSEE, FL 32301 0. LITERACY 10,000. BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741 23-7147797 501(C)(3) 0. ANIMAL HEALTH 10,000. BIG BROTHERS BIG SISTERS OF SAN DIEGO COUNTY - 4305 UNIVERSITY 95-2151526 501(C)(3) AVENUE, #300 - SAN DIEGO, CA 92105 7 500. 0. AFTER SCHOOL PROGRAMS BILATERAL SAFETY CORRIDOR COALITION - 121 EAST 31ST STREET. SUITE A - NATIONAL CITY, CA 91950 55-0806460 501(C)(3) 14,375. 0. HUMAN TRAFFICKING BITTER ROOT HUMANE ASSOCIATION P.O. BOX 57 81-0351709 501(C)(3) HAMILTON, MT 59840 12,500. 0. ANIMAL HEALTH

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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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) BOYS & GIRLS CLUBS OF SAN DIEGUITO FOUNDATION - P. O. BOX 871 -SOLANA BEACH, CA 92075 95-3201906 501(C)(3) 6,381 0. YOUTH DEVELOPMENT BOYS AND GIRLS CLUB OF VISTA INC 410 W. CALIFORNIA AVENUE VISTA, CA 92083 95-2266749 501(C)(3) 25,000 0 AFTER SCHOOL PROGRAMS BOYS AND GIRLS CLUBS OF THE AUSTIN AREA - 6648 ED BLUESTEIN BLVD -AUSTIN, TX 78723 74-6087356 501(C)(3) 10,000 0. YOUTH DEVELOPMENT BUILD A MIRACLE 10755 SCRIPPS POWAY PARKWAY #490 6,000. SAN DIEGO, CA 92131 33-0971124 501(C)(3) 0 HOUSING/SHELTER CALIFORNIA WESTERN SCHOOL OF LAW 225 CEDAR STREET 95-2944594 501(C)(3) 0. SAN DIEGO, CA 92101 10,000. CIVIL RIGHTS CASA DE AMISTAD CENTRO DE ENSENANZA - 120 STEVENS AVENUE -SOLANA BEACH, CA 92075 26-0016331 501(C)(3) 0. YOUTH DEVELOPMENT 33,250, CASA DE AMPARO 325 BUENA CREEK ROAD 95-3315571 501(C)(3) SAN MARCOS, CA 92069 15 600. 0. HOUSING/SHELTER CATHEDRAL CATHOLIC HIGH SCHOOL 5555 DEL MAR HEIGHTS ROAD SAN DIEGO, CA 92130 51-0464013 501(C)(3) 15,000. 0. K-12 CENTRAL TEXAS FOOD BANK 6500 METROPOLIS DRIVE AUSTIN, TX 78744 74-2217350 501(C)(3) 30 000. 0. FOOD

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RANCHO SANTA FE FOUNDATION

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	- Pag
(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
CHALLENGED ATHLETES, INC.							
9591 WAPLES STREET							
SAN DIEGO, CA 92121	33-0739596	501(C)(3)	47,050.	0.			INCLUSION
<u> </u>	00 0702020		17,000.				
CHILDREN'S LITERACY FOUNDATION							
1536 LOOMIS HILL ROAD							
WATERBURY CENTER, VT 05677	02-0498154	501 (C) (3)	25,000.	0.			LITERACY
MATERBORI CENTER, VI 03077	02 0450154	501(0)(3)	23,000.	٠.			l likkei
CHOC FOUNDATION							
1201 WEST LA VETA AVENUE							
ORANGE, CA 92868	95-6097416	E01/C\/3\	6,000.	0.			HOSPITALS
· · · · · · · · · · · · · · · · · · ·	95-6097416	501(C)(3)	0,000.	٠.			NOSPITALS
CHURCH OF JESUS CHRIST OF							
LATTER-DAY SAINTS - 50 EAST NORTH							
TEMPLE, ROOM 1521 - SALT LAKE	0	504 (5) (3)	4.75 400				L
CITY, UT 84150	87-0234341	D01(C)(3)	175,403.	0.			WORSHIP
CLACATOR A RIDG							
CLASSICS 4 KIDS							
3740 FOURTH AVENUE	22 2525242	504 (5) (3)	10.000				L
SAN DIEGO, CA 92103	33-0706949	501(C)(3)	10,000.	0.			MUSIC
GOAGEAL DOORG HADW							
COASTAL ROOTS FARM							
441 SAXONY ROAD	47 1570010	E01 (G) (3)	10.000	0			Toop.
ENCINITAS, CA 92024	47-1570910	501(C)(3)	10,000.	0.			FOOD
COLLEGE ADEA DDECNANCY CEDVICES							
COLLEGE AREA PREGNANCY SERVICES,							
INC PO BOX 15115 - SAN DIEGO,	22 0500044	E01 (G) (3)	55.000				
CA 92175	33-0782841	D01(C)(3)	55,000.	0.			WOMEN'S HEALTH
CONSTINUENT HOD GUILDDENG THEFTER							
COMMUNITY FOR CHILDRENS JUSTICE							
P.O. BOX 683564	04 0-045	504 (5) (3)	40.00	_			
PARK CITY, UT 84068	81-3706161	501(C)(3)	10,000.	0.			LEGAL
CONTROL DESCRIPTION OF STREET							
COMMUNITY RESOURCE CENTER							
650 2ND STREET				_			
ENCINITAS, CA 92024	95-3497926	DOT(C)(3)	23,605.	0.			HOUSING/SHELTER

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) CRU / CAMPUS CRUSADE FOR CHRIST P. O. BOX 628222 ORLANDO, FL 32862 95-6006173 501(C)(3) 33,200 0. RELIGIOUS STUDIES DOWNTOWN DOG RESCUE P.O. BOX 90035 PASADENA, CA 91109 46-1958507 501(C)(3) 10,000 0 ANIMAL HEALTH EASTER SEALS SOUTHERN CALIFORNIA. INC. - 1063 MCGAW AVENUE - IRVINE CA 92614 94-3068149 501(C)(3) 15,000 0. MEDICAL CARE EDIFY 8825 AERO DRIVE, SUITE 220 7,000. SAN DIEGO, CA 92123 27-0892545 501(C)(3) 0 EDUCATION ELEMENTARY INSTITUTE OF SCIENCE 608 51ST STREET SCIENCE/TECH/ENGINEERING/M 94-1669545 501(C)(3) 0. SAN DIEGO, CA 92114 7,758. ATH ENCINITAS COASTAL ROTARY CLUB P.O. BOX 230762 ENCINITAS, CA 92023 33-0307082 501(C)(4) 0. PHILANTHROPY PROMOTION 10,000. EPIPHANY PREP SCHOOL OF SAN DIEGO INC - 725 N. ESCONDIDO BLVD. -ESCONDIDO, CA 92025 27-5277930 501(C)(3) 7 500. 0. K-12 ETERNAL HOPE INC P.O. BOX 8575 SPOKANE, WA 99203 46-3276542 501(C)(3) 37,500. 0. ECONOMIC DEVELOPMENT FELLOWSHIP OF CATHOLIC UNIVERSITY STUDENTS - PO BOX 17408 - DENVER. CO 80217 84-1522811 501(C)(3) 25 000. 0. WORSHIP

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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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) FELLOWSHIP OF CHRISTIAN ATHLETES P.O. BOX 2429 CARLSBAD, CA 92018 44-0610626 501(C)(3) 28,600 0. YOUTH DEVELOPMENT FELLOWSHIP OF CHRISTIAN ATHLETES P.O. BOX 7677 HUNTINGTON BEACH, CA 92615 44-0610626 501(C)(3) 10,000 0 YOUTH DEVELOPMENT FELLOWSHIP OF CHRISTIAN ATHLETES GREATER AUSTIN - 104 HI STIRRUP -HORSESHOE BAY, TX 78657 44-0610626 501(C)(3) 10,000 0. YOUTH DEVELOPMENT FIRST CHURCH OF CHRIST, SCIENTIST P.O. BOX 422 RANCHO SANTA FE, CA 92067 95-2322997 501(C)(3) 8,040, 0 RELIGIOUS STUDIES FIRST LIBERTY INSTITUTE 2001 W. PLANO PARKWAY, #1600 75-1403169 501(C)(3) 0. RELIGIOUS FREEDOM PLANO, TX 75075 21,000. FOOTHILL COUNTRY DAY SCHOOL 1035 WEST HARRISON AVENUE CLAREMONT, CA 91711 95-1816057 501(C)(3) 0. 19,692, K-12 FOUNDATION FOR ANIMAL CARE AND EDUCATION - 10505 SORRENTO VALLEY ROAD, SUITE 175 - SAN DIEGO, CA 92121 20-5333261 501(C)(3) 156,000. 0. ANIMAL HEALTH FOUNDATION FOR WOMEN WARRIORS 2100 PALOMAR AIRPORT RD CARLSBAD, CA 92011 20-5523954 501(C)(3) 21,000. 0. BASIC NEEDS FREE TO THRIVE 1050 UNIVERSITY AVE. 82-0860894 501(C)(3) SAN DIEGO, CA 92103 50 000. 0. HUMAN TRAFFICKING

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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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) FRIENDS OF SAN PASQUAL ACADEMY. INC. - P. O. BOX 8202 - RANCHO SANTA FE, CA 92067 20-0296623 501(C)(3) 7,000 0. YOUTH DEVELOPMENT FRIENDS OF THE CARDIFF-BY-THE-SEA LIBRARY - P.O. BOX 657 - CARDIFF BY THE SEA, CA 92007 33-0311593 501(C)(3) 14,987. 0 LIBRARIES FUTURE LEGENDS SCHOLARSHIP FUND P.O. BOX 1873 RANCHO SANTA FE, CA 92067 81-2380227 501(C)(3) 15,950. 0. YOUTH DEVELOPMENT GIRL SCOUTS OF THE USA P.O. BOX 5046 NEW YORK, NY 10087 13-1624016 501(C)(3) 79,000. 0 YOUTH DEVELOPMENT GIRL SCOUTS SAN DIEGO 1231 UPAS STREET 95-1644585 501(C)(3) 0. SAN DIEGO, CA 92103 17,750. YOUTH DEVELOPMENT GIRLS RISING PO BOX 161218 SAN DIEGO, CA 92176 45-5037616 501(C)(3) 0. YOUTH DEVELOPMENT 10,000. GLOBAL WELLNESS INSTITUTE 333 SE 2ND AVENUE, #2048 47-3850534 501(C)(3) RESEARCH MIAMI, FL 33131 60,000, 0. GREYHOUND ADOPTION CENTER P.O. BOX 2433 LA MESA, CA 91943 95-4132021 501(C)(3) 12,000. 0. ANIMAL HEALTH HAZELDEN BETTY FORD FOUNDATION P.O. BOX 64348 41-0682405 501(C)(3) ST. PAUL, MN 55164 115 000. 0. SUBSTANCE ABUSE

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(a) Name and address of organization or government	<b>(b)</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	
HEAVENLY HORSE HAVEN, INC								
P.O. BOX 391998								
ANZA, CA 92539	30-0403311	501(C)(3)	30,000.	0.			ANIMAL HEALTH	
•								
HEIGHTS SCHOOL								
10400 SEVEN LOCKS ROAD								
POTOMAC, MD 20854	52-1128002	501(C)(3)	25,000.	0.			K-12	
HELEN WOODWARD ANIMAL CENTER								
P.O. BOX 64	22 7220207	E01/G\/2\	6 960	0			ANTENAT TIEAT MIT	
RANCHO SANTA FE, CA 92067	23-7228287	501(C)(3)	6,860.	0.			ANIMAL HEALTH	
HORIZON CHRISTIAN FELLOWSHIP								
RANCHO SANTA FE - P. O. BOX 9070 -								
RANCHO SANTA FE, CA 92067	33-0736434	501(C)(3)	82,000.	0.			WORSHIP	
•			,					
HUMANGOOD FOUNDATION SOUTH								
516 BURCHETT STREET								
GLENDALE, CA 91203	91-1931309	501(C)(3)	178,407.	0.			EDUCATION	
IMPRINT CHANGING TOMORROW TODAY								
P.O. BOX 538	04 4460745	F04 (~) (0)						
CARLSBAD, CA 92018	81-4468715	501(C)(3)	9,400.	0.			WORSHIP	
INSULIN FOR LIFE USA INC.								
2555 SW 76TH ST. #130								
GAINESVILLE, FL 32608	46-0771608	501(C)(3)	10,000.	0.			MEDICAL CARE	
,								
INTERFAITH COMMUNITY SERVICES								
550 W. WASHINGTON AVE.								
ESCONDIDO, CA 92025	95-3837714	501(C)(3)	17,000.	0.			BASIC NEEDS	
INTERVARSITY CHRISTIAN FELLOWSHIP								
- USA - PO BOX 7895 - MADISON, WI								
53707	36-2171714	501(C)(3)	10,000.	0.			WORSHIP	

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Part II Continuation of Grants and Othe	r Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	F.
(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
MERCY CHEFS INC.							
711 WASHINGTON STREET							
PORTSMOUTH, VA 23704	20-5050449	501(C)(3)	20,000.	0.			DISASTER RELIEF
MINGEI INTERNATIONAL INC.							
1439 EL PRADO							
SAN DIEGO, CA 92101	23-7433357	501(C)(3)	101,000.	0.			MUSEUM
MIQLAT INC							
1850 LAKE MORENO DRIVE							
CAMPO, CA 91906	81-0599806	501(C)(3)	7,200.	0.			BASIC NEEDS
MIRACLE BABIES							
8745 AERO DRIVE, SUITE 308				_			
SAN DIEGO, CA 92123	71-1001702	501(C)(3)	7,640.	0.			MEDICAL CARE
MIRAGLO FOUNDATION							
P.O. BOX 1270							
LA JOLLA, CA 92038	45-2499438	501(C)(3)	150,000.	0.			RESEARCH
IA COLLA, CA 72030	43 2433430	301(0)(3)	130,000.	· ·			REBEARCH
MISSIONS, INC.							
3409 EAST MEDICINE LAKE BLVD.							
PLYMOUTH, MN 55441	41-0693952	501(C)(3)	10,000.	0.			BASIC NEEDS
MONARCH SCHOOL							
1625 NEWTON AVENUE							
SAN DIEGO, CA 92113	33-0871354	501(C)(3)	16,000.	0.			K-12
MOTHERS' MILK BANK OF MONTANA							
2825 STOCKYARD RD UNIT C-1	20.0001	504 (5) (2)	10000				
MISSOULA, MT 59808	30-0721526	501(C)(3)	10,000.	0.			FOOD
MUKWANO CHRISTIAN INITIATIVES							
138 SIOUX AVE							
CARPENTERSVILLE, IL 60110	27-2991513	501(C)(3)	32,500.	0.			WORSHIP

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) NATIONAL PSORIASIS FOUNDATION 6600 SW 92ND AVE., SUITE 300 PORTLAND, OR 97223 93-0571472 501(C)(3) 10,000 0. RESEARCH NATIVITY PREP ACADEMY 2755 55TH STREET SAN DIEGO, CA 92105 33-0886247 501(C)(3) 100,000 0 K-12 NETWORK FOR GOOD 1140 CONNECTICUT AVENUE NW. SUITE WASHINGTON, DC 20036 68-0480736 501(C)(3) 18,000 0. PHILANTHROPY PROMOTION NORTH COAST CHRISTIAN MINISTRIES. INC. - 1831 S. EL CAMINO REAL -6,850. ENCINITAS, CA 92024 77-0605178 501(C)(3) 0 BASIC NEEDS NORTH COAST PRESBYTERIAN CHURCH 1831 S. EL CAMINO REAL 58-1638487 501(C)(3) ENCINITAS, CA 92024 0. WORSHIP 54,400. NORTH COAST REPERTORY THEATRE 987 LOMAS SANTA FE DRIVE SUITE D SOLANA BEACH, CA 92075 95-3819307 501(C)(3) 0. THEATRE 8,350, NORTH COUNTY HEALTH PROJECT INC. 150 VALPREDA ROAD 95-2847102 501(C)(3) SAN MARCOS, CA 92069 50 000. 0. MEDICAL CARE NORTH COUNTY LIFELINE, INC. 3142 VISTA WAY, SUITE 400 OCEANSIDE, CA 92056 95-2794253 501(C)(3) 54,567. 0. HUMAN TRAFFICKING NORTHEASTERN UNIVERSITY 716 COLUMBUS AVENUE - SUITE CP402 BOSTON, MA 02120 04-1679980 501(C)(3) 35 000. 0. COLLEGE/UNIVERSITY

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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>(b)</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		
OCEAN DISCOVERY INSTITUTE									
4255 THORN STREET							ENVIRONMENTAL		
SAN DIEGO, CA 92105	33-0862531	501(C)(3)	25,000.	0.			CONSERVATION		
OCEANSIDE MUSEUM OF ART									
704 PIER VIEW WAY									
OCEANSIDE, CA 92054	33-0653905	501(C)(3)	5,600.	0.			VISUAL ARTS		
PACIFIC RIDGE SCHOOL									
6269 EL FUERTE									
CARLSBAD, CA 92009	86-1061606	501(C)(3)	9,526.	0.			K-12		
PADRES PEDAL THE CAUSE									
2445 5TH AVENUE, #345	46 0550414	E01/G\/A\	12 100	0			Promana		
SAN DIEGO, CA 92101	46-0552414	501(C)(4)	13,100.	0.			RESEARCH		
PALOMAR COLLEGE FOUNDATION									
1140 WEST MISSION ROAD									
SAN MARCOS, CA 92069	95-6094128	501(C)(3)	96,000.	0.			COMMUNITY COLLEGE		
PLEASANTS COUNTY LIBRARY									
101 LAFAYETTE STREET									
ST. MARYS, WV 26170	55-0596254	501(C)(3)	15,700.	0.			LIBRARIES		
POINT LOMA NAZARENE UNIVERSITY									
3900 LOMALAND DRIVE									
SAN DIEGO, CA 92106	95-1644035	501(C)(3)	48,200.	0.			HUMAN TRAFFICKING		
,			,						
PORTLAND PUBLIC SCHOOLS									
501 NORTH DIXON STREET									
PORTLAND, OR 97227	93-6000830	501(C)(3)	9,000.	0.			K-12		
POWELL GARDENS, INC.									
1609 NW US HWY 50									
KINGSVILLE, MO 64061	43-1483357	F01/a)/3)	6,000.	0.			BOTANIC GARDENS		

Schedule I (Form 990)

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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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) PRECIOUS LIFE SHELTER, INC. P.O. BOX 414 LOS ALAMITOS, CA 90720 51-0187577 501(C)(3) 10,000 0. HOUSING/SHELTER PRESBYTERIAN CHURCH OF 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) 7,000 0. YOUTH DEVELOPMENT PROJECT CONCERN INTERNATIONAL 5151 MURPHY CANYON ROAD, #320 95-2248462 501(C)(3) SAN DIEGO, CA 92123 41,375. 0 ECONOMIC DEVELOPMENT PROMISES2KIDS 9440 RUFFIN CT., STE. A 95-3655288 501(C)(3) SAN DIEGO, CA 92123 0. PREVENTION 32,600, PUBLIC SERVICE LAW CORPORATION 4129 MAIN STREET, #101 RIVERSIDE, CA 92501 95-3739865 501(C)(3) 0. LEGAL 125,000. RANCHO SANTA FE SENIORS, INC. P.O. BOX 223 95-6113493 501(C)(3) RANCHO SANTA FE, CA 92067 29 688 0. AGING SERVICES RAYMOND M. ALF MUSEUM 1175 W. BASELINE ROAD CLAREMONT, CA 91711 95-3366309 501(C)(3) 7,900. 0. MUSEUM REALITY CHANGERS 3910 UNIVERSITY AVENUE, #400 26-3757305 501(C)(3) SAN DIEGO, CA 92105 129,700. 0. YOUTH DEVELOPMENT

Schedule I (Form 990)

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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>(b)</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	
RESPONSIBILITY								
P.O. BOX 433199								
SAN YSIDRO, CA 92143	33-0437290	501(C)(3)	5,200.	0.			EDUCATION	
,								
RETRIEVERS AND FRIENDS OF SOUTHERN								
CA INC - P.O. BOX 1822 - TEMECULA,								
CA 92593	27-0443768	501(C)(3)	36,000.	0.			ANIMAL HEALTH	
RIDING EMPASIZING INDIVIDUAL NEEDS								
AND STRENGTHS - P.O. BOX 1283 -								
BONSALL, CA 92003	33-0035455	501(C)(3)	50,000.	0.			MEDICAL CARE	
DOLE DENTE GOVERN LEGIS OF TOUR DETENT								
ROLF BENIRSCHKE LEGACY FOUNDATION								
14770 CAMINITO LORREN	20 5000484	E01/G\/3\	11 000	0			DILLI ANIMIDODY DROMORTON	
DEL MAR, CA 92014	20-5009484	501(C)(3)	11,000.	0.			PHILANTHROPY PROMOTION	
ROTARY FOUNDATION OF ROTARY								
INTERNATIONAL - 1560 SHERMAN								
AVENUE - EVANSTON, IL 60201	36-3245072	501(C)(3)	6,000.	0.			COMMUNITY DEVELOPMENT	
	00 0210072	332(3)(3)	,,,,,,	••				
SALK INSTITUTE FOR BIOLOGICAL								
STUDIES - 10010 N. TORREY PINES								
RD LA JOLLA, CA 92037	95-2160097	501(C)(3)	16,250.	0.			RESEARCH	
SAN DIEGO BIOMEDICAL RESEARCH								
INSTITUTE - 10865 ROAD TO THE								
CURE, SUITE 100 - SAN DIEGO, CA								
92121	46-3481092	501(C)(3)	100,000.	0.			RESEARCH	
SAN DIEGO BOTANIC GARDEN								
P. O. BOX 230005								
ENCINITAS, CA 92023	95-6120581	501(C)(3)	21,000.	0.			BOTANIC GARDENS	
an bila alimbu nobih a								
SAN DIEGO CALVARY KOREAN CHURCH								
6970 LINDA VISTA ROAD	22 0222600	E01/G\/3\	10 000	_			MODGHID	
SAN DIEGO, CA 92111	33-0333698	201(C)(3)	10,000.	0.			WORSHIP	

Schedule I (Form 990)

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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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) SAN DIEGO CENTER FOR CHILDREN 3002 ARMSTRONG ST. SAN DIEGO, CA 92111 95-1661089 501(C)(3) 5,566 0. MENTAL HEALTH SAN DIEGO GRANTMAKERS 5060 SHOREHAM PLACE, SUITE 350 SAN DIEGO, CA 92122 33-0868261 501(C)(3) 20,000 0. MTT.TTARY SAN DIEGO HUMANE SOCIETY 5500 GAINES STREET SAN DIEGO, CA 92110 95-1661688 501(C)(3) 100,000 0. ANIMAL HEALTH SAN DIEGO RESCUE MISSION INC. P.O. BOX 80427 SAN DIEGO, CA 92138 95-1874073 501(C)(3) 0 HOUSING/SHELTER 11,400. SAN DIEGO SECOND CHANCE PROGRAM 6145 IMPERIAL AVENUE 33-0539640 501(C)(3) SAN DIEGO, CA 92114 0. 15,000. ECONOMIC DEVELOPMENT SAN DIEGO SOCIAL VENTURE PARTNERS 6960 FLANDERS DRIVE SAN DIEGO, CA 92121 26-4671099 501(C)(3) 0. NON PROFIT EFFECTIVENESS 6,000. SAN DIEGO SYMPHONY ORCHESTRA ASSOCIATION - 1245 SEVENTH AVENUE 95-2040874 501(C)(3) - SAN DIEGO, CA 92101 6 100. 0. MUSIC SAN DIEGUITO RIVER VALLEY LAND CONSERVANCY - 3030 BUNKER HILL STREET, #309-1 - SAN DIEGO, CA ENVIRONMENTAL 92109 33-0191772 501(C)(3) 7,700. 0. CONSERVATION SANTA FE CHRISTIAN SCHOOLS 838 ACADEMY DRIVE SOLANA BEACH, CA 92075 33-0103052 501(C)(3) 7 864. 0. K-12

Schedule I (Form 990)

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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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) SCRIPPS HEALTH FOUNDATION P.O. BOX 2669 LA JOLLA, CA 92038 95-1684089 501(C)(3) 2,856,856 0. HOSPITALS SCRIPPS HEALTH FOUNDATION 354 SANTA FE DRIVE, ENC63 ENCINITAS, CA 92024 95-1684089 501(C)(3) 10,500 0. HOSPTTALS SEGERSTROM CENTER FOR THE ARTS 600 TOWN CENTER DRIVE COSTA MESA, CA 92626 23-7287150 501(C)(3) 18,620 0. THEATRE SHELTER TO SOLDIER, INC. 2665 FOURTH AVENUE 7,000. SAN DIEGO, CA 92103 46-0906020 501(C)(3) 0 MILITARY SOCIAL ADVOCATES FOR YOUTH SAN DIEGO - 4775 VIEWRIDGE AVENUE -23-7107958 501(C)(3) SAN DIEGO, CA 92123 0. 13,000. COMMUNITY DEVELOPMENT SOLANA BEACH PRESBYTERIAN CHURCH 120 STEVENS AVENUE SOLANA BEACH, CA 92075 95-2129111 501(C)(3) 0. WORSHIP 38,125, SOUTHERN CA GOLDEN RETRIEVER RESCUE - PO BOX 25698 - LOS 30-0454968 501(C)(3) ANGELES CA 90025 24 000. 0. ANIMAL HEALTH ST. ANTHONY HIGH SCHOOL 620 OLIVE AVENUE LONG BEACH, CA 90802 95-1831112 501(C)(3) 53,000. 0. K-12 ST. AUGUSTINE ACADEMY INC 130 SOUTH WELLS ROAD VENTURA, CA 93004 77-0379150 501(C)(3) 21,640. 0. K-12

Schedule I (Form 990)

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Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	r age
(a) Name and address of organization or government	<b>(b)</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
ST. CATHERINE UNIVERSITY							
2004 RANDOLPH AVENUE							
ST. PAUL, MN 55105	41-0695509	501(C)(3)	10,000.	0.			COLLEGE/UNIVERSITY
ST. JEANNE DE LESTONNAC SCHOOL 32650 AVENIDA LESTONNAC							
TEMECULA, CA 92592	95-2462907	501(C)(3)	25,087.	0.			K-12
ST. JOHN SCHOOL 1003 ENCINITAS BLVD. ENCINITAS, CA 92024	27-3974051	501(C)(3)	10,000.	0.			EDUCATION
ST. JOHN'S UNIVERSITY P.O. BOX 2000 COLLEGEVILLE, MN 56321	45-3656162	501(C)(3)	20,000.	0.			COLLEGE/UNIVERSITY
ST. JOSEPH ACADEMY 500 LAS FLORES DRIVE SAN MARCOS, CA 92078	33-0643364	501(C)(3)	45,028.	0.			K-12
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012		26,066.	0.			HOSPITALS
ST. MADELEINE SOPHIE'S TRAINING CENTER - 2119 E. MADISON AVENUE - EL CAJON, CA 92019	95-1957332	501(C)(3)	10,000.	0.			INCLUSION
ST. VINCENT DE PAUL VILLAGE, INC. 3350 E STREET SAN DIEGO, CA 92102	33-0492302	501(C)(3)	35,365.	0.			BASIC NEEDS
SUPPORT THE ENLISTED PROJECT P.O. BOX 26747 SAN DIEGO, CA 92196	20-3051279	501(C)(3)	36,350.	0.			BASIC NEEDS

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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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) SUSAN G. KOMEN BREAST CANCER FOUNDATION - 4699 MURPHY CANYON ROAD, #102 - SAN DIEGO, CA 92123 33-0638911 501(C)(3) 25,400 0. RESEARCH TERT INC 251 AIRPORT ROAD OCEANSIDE, CA 92058 95-3532129 501(C)(3) 85,000 0. INCLUSION THE BISHOP'S SCHOOL 7607 LA JOLLA BOULEVARD LA JOLLA, CA 92037 95-1642362 501(C)(3) 13,000 0. K-12 THE BUCKET LIST PROJECT FOUNDATION 338 ST. JOSEPH AVENUE LONG BEACH, CA 90814 82-1579349 501(C)(3) 10,000. 0. PHILANTHROPY PROMOTION THE CAMPANILE FOUNDATION 5500 CAMPANILE DRIVE 33-0868418 501(C)(3) SAN DIEGO, CA 92182 0. 13,000. COLLEGE/UNIVERSITY THE CHURCH AT RANCHO BERNARDO 11740 BERNARDO PLAZA COURT SAN DIEGO, CA 92128 33-0641505 501(C)(3) 0. WORSHIP 10,000. THE GRAUER FOUNDATION FOR EDUCATION - 1500 S. EL CAMINO REAL - ENCINITAS, CA 92024 33-0708902 501(C)(3) 25,000, 0. K-12 THE HUMANE LEAGUE P.O. BOX 10476 ROCKVILLE, MD 20849 04-3817491 501(C)(3) 60,000. 0. ANIMAL HEALTH THE INDEPENDENCE FUND 9013 PERIMETER WOODS DR. #E CHARLOTTE, NC 28216 26-0322088 501(C)(3) 15,000. 0. MILITARY

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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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) THE KIDS COLLEGE 261 AUTUMN DR. SUITE 115 SAN MARCOS, CA 92069 33-0933622 501(C)(3) 56,000 0. K-12 THE LYCEUM 1545 S. GREEN ROAD SOUTH EUCLID, OH 44121 32-0079287 501(C)(3) 27,800 0. K-12 THE OLD GLOBE P. O. BOX 122171 SAN DIEGO, CA 92112 95-1543396 501(C)(3) 105,500 0. THEATRE THE SALVATION ARMY SAN DIEGO 6605 UNIVERSITY AVENUE SAN DIEGO, CA 92115 94-1156347 501(C)(3) 63,800, 0. BASIC NEEDS THE SAN DIEGO FOUNDATION 2508 HISTORIC DECATUR RD, #200 95-2942582 501(C)(3) SAN DIEGO, CA 92106 0. 16,000. COMMUNITY FOUNDATION THE TEXAS 20 3801 N. CAPITAL OF TEXAS HIGHWAY, AUSTIN, TX 78746 83-0532028 501(C)(3) 0. HUMAN TRAFFICKING 10,000. THE UMASS MEMORIAL FOUNDATION INC 333 SOUTH STREET, 4TH FLOOR SHREWSBURY, MA 01545 04-3108190 501(C)(3) RESEARCH 10,000. 0. THEATRE FORWARD 505 EIGHTH AVENUE, SUITE 2303 NEW YORK, NY 10018 13-2913176 501(C)(3) 16,500. 0. THEATRE UC SAN DIEGO FOUNDATION 9500 GILMAN DRIVE, #0940 95-2872494 501(C)(3) LA JOLLA, CA 92093 516,500. 0. COLLEGE/UNIVERSITY

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Schedule I (Form 990) RANCHO SANTA FE FOUNDATION

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	
UNITED THROUGH READING 1455 FRAZEE ROAD, SUITE 500			44.050					
SAN DIEGO, CA 92108	33-0373000	501(C)(3)	11,250.	0.			LITERACY	
UNIVERSITY OF SAN DIEGO 5998 ALCALA PARK	05 2544525	E01/GV/2V	207 500					
SAN DIEGO, CA 92110	95-2544535	501(C)(3)	297,500.	0.			COLLEGE/UNIVERSITY	
UPSTATE WARRIOR SOLUTION PO BOX 27232	46 1600670	E01/G)/2)	10.000				VII IMARY	
GREENVILLE, SC 29616	46-1699670	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)	25,700.	0.			WORSHIP	
VISION OF CHILDREN 12555 HIGH BLUFF DR. SUITE 330								
SAN DIEGO, CA 92130	95-4271785	501(C)(3)	24,600.	0.			VISION CARE	
VISTA COMMUNITY CLINIC 1000 VALE TERRACE	05 0015615	E01 (G) (3)	TO 500					
VISTA, CA 92084	95-2815615	501(C)(3)	70,500.	0.			MEDICAL CARE	
VOICES FOR CHILDREN 2851 MEADOW LARK DRIVE								
SAN DIEGO, CA 92123	95-3786047	501(C)(3)	35,500.	0.			LEGAL	
WE CHARITY 6500 MAIN STREET, #5								
WILLIAMSVILLE, NY 14221	16-1533544	501(C)(3)	200,000.	0.			ECONOMIC DEVELOPMENT	
WELLS OF LIFE, INC. 200 SPECTRUM CENTER DRIVE, SUITE 3								
IRVINE, CA 92618	45-1496631	POI(C)(3)	129,000.	0.			BASIC NEEDS	

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RANCHO SANTA FE FOUNDATION 95-3709639 Schedule I (Form 990) Page 1 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
WHITTIER INSTITUTE FOR DIABETES 10140 CAMPUS POINT DR. SAN DIEGO, CA 92121	95-3621314	501(C)(3)	72,000.	0.			MEDIA/COMMUNICATIONS
WILLIAM D LYNCH FOUNDATION FOR CHILDREN - P.O. BOX 2207 - RANCHO SANTA FE, CA 92067	33-0516414	501(C)(3)	8,500.	0.			HUMAN TRAFFICKING
WINDWALKERS P.O. BOX 504 CARBONDALE, CO 81623	38-3716992	501(C)(3)	100,000.	0.			INCLUSION
WOMEN'S RESOURCE CENTER 1963 APPLE STREET OCEANSIDE, CA 92054	95-2932237	501(C)(3)	15,000.	0.			HOUSING/SHELTER
WORKSHOPS FOR WARRIORS 2970 MAIN STREET SAN DIEGO, CA 92113	26-1721255	501(C)(3)	22,500.	0.			MILITARY
WORLD VISION, INC. P. O. BOX 9716 FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	54,500.	0.			BASIC NEEDS
WORLDREADER ORG 2030 1ST AVENUE, SUITE 300 SEATTLE, WA 98121	27-2092468	501(C)(3)	36,250.	0.			LITERACY
WOUNDED WARRIOR HOMES 1145 LINDA VISTA DRIVE, #104 SAN MARCOS, CA 92078	27-1537405	501(C)(3)	17,500.	0.			HOUSING/SHELTER
WREATHS ACROSS AMERICA P.O. BOX 249 COLUMBIA FALLS, ME 04623	20-8362270	501(C)(3)	32,555.	0.			MILITARY

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)	73,150.	0.			YOUTH DEVELOPMENT	
YOUNG LIFE - RANCHO DEL SOL P.O. BOX 733 SOLANA BEACH, CA 92075	84-0385934	501(C)(3)	9,400.	0.			AFTER SCHOOL PROGRAMS	
ZOOLOGICAL SOCIETY OF SAN DIEGO P.O. BOX 120551 SAN DIEGO, CA 92112	95-1648219	501(C)(3)	120,500.	0.			zoos	
-							Sahadula I (Farm 000)	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, column	n (b); and any other ad	Iditional information.	
ART I, LINE 2:					
LL GRANTS ISSUED ARE ACCOMPANIED WITH A LETTER TH	AT GRANTEES A	RE ASKED TO			
IGN AND RETURN, ACKNOWLEDGING (AMONG OTHER THINGS	) THAT THEY W	ILL NOT USE			
HE FUNDS FOR ANY PURPOSE OTHER THAN THE SPECIFIC	PURPOSE(S) DE	SCRIBED IN			
HE LETTER. ALL GRANTS ISSUED FROM THE ORGANIZATI	ON'S DISCRETI	ONARY FUNDS			
AVE A FURTHER REQUIREMENT FOR THE GRANTEE TO PROV	IDE A WRITTEN	I REPORT BACK			
O THE ORGANIZATION DESCRIBING HOW THE AWARDED FUN					
MPACT THEY HAD ON THE GRANTEES FUNDED PROJECT(S)					

# SCHEDULE J (Form 990)

**Compensation Information** 

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

RANCHO SANTA FE FOUNDATION

Employer identification number 95-3709639

Pa	art I Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			l
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l
				l
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		<u> </u>
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 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.			
	X Compensation committee			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
_	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:	_		v
	The organization?	5a		X
b	Any related organization?	5b		<u> </u>
_	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:			v
	The organization?	6a		X
b	Any related organization?	6b		Х
_	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			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

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

RANCHO SANTA FE FOUNDATION

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) CHRISTINA WILSON	(i)	194,816.	0.	0.	9,927.	3,961.	208,704.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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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.	

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

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 instructions and the latest information.

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

Par	t I	Types	of Property				<u>.</u>			
				(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of de noncash contribu		-	
1	Δrt.	Works of a	art		Items contributed	1 01111 000, 1 are viii, iii10	9			
2			treasures							
3										
			interests							
4			olications							
5			ousehold goods							
6			vehicles							
7			les							
8			perty		44	1 406 05	5. STOCK QUOTE			
9			olicly traded		44	1,490,00	J. BIOCK QUOIE			
10			sely held stock							
11		urities - Par : interests	tnership, LLC, or							
12			scellaneous							
13			scellaneous ervation contribution -							
13		oric structu								
14			ervation contribution - Other							
15		estate - Re								
16 17			ommercial							
17			ther							
18										
19			Paul acceptan							
20			dical supplies							
21										
22			cts							
23			imens							
24			artifacts							
25		er 🕨 (	)							
26		er 🕨 (	)							
27	Othe	er 🕨 (	)							
28		er 🕨 (	)							
29			ms 8283 received by the organiz						0	
	for w	hich the o	rganization completed Form 828	83, Part IV, I	Donee Acknowledg	ement <b>29</b>			0	
									Yes	No
30a			r, did the organization receive by							
			t least three years from the date		l contribution, and	which isn't required to be	used for			
	exen	npt purpos	ses for the entire holding period?	?				30a		X
b			be the arrangement in Part II.							
31	Does	s the organ	nization have a gift acceptance p	oolicy that re	equires the review o	of any nonstandard contri	outions?	31	Х	
32a	Does	s the organ	nization hire or use third parties	or related or	ganizations to solic	cit, process, or sell noncas	sh			
	cont	ributions?						32a	Х	
b	If "Y	es," descri	be in Part II.							
33	If the	e organizat	ion didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is c	necked,			
	desc	ribe in Par	t II.							

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

Part II	<b>Supplemental Information.</b> 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 FOUN	DATION USES THE SERVICES OF UBS FINANCIAL SERVICES, INC. TO
ACCEPT G	IFTS OF PUBLIC SECURITIES ON OUR BEHALF, TO SELL THOSE
SECURITI	ES AND FORWARD THE PROCEEDS FROM SUCH SALES TO OUR CHECKING
ACCOUNT	AT FIRST REPUBLIC BANK.

### **SCHEDULE 0**

(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

2019
Open to Public

Open to Public Inspection

Name of the organization **Employer identification number** RANCHO SANTA FE FOUNDATION 95-3709639 FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR FOR ACCURACY AND COMPLETENESS. A FULL FILING COPY WAS PROVIDED ELECTRONICALLY TO ALL THE BOARD MEMBERS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS MUST COMPLY WITH ALL REQUIREMENTS OF MEMBERSHIP ON THE RANCHO SANTA FE FOUNDATION BOARD OF DIRECTORS. ANNUALLY A REQUEST IS MADE FOR MEMBERS OF GOVERNANCE AND MANAGEMENT TO COMPLETE THE FOUNDATION'S INTERESTED PERSONS QUESTIONNAIRE. BEYOND THE INTERESTED PERSONS QUESTIONNAIRE, THE BOARD CHAIRMAN WILL ROUTINELY ASK BOARD MEMBERS TO RECUSE THEMSELVES FROM VOTING ON ISSUES AT MEETING THAT WOULD CREATE A CONFLICT OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION OF THE CEO AND FINANCE DIRECTOR IS SET BY THE EXECUTIVE COMMITTEE, BASED UPON COMPETITIVE SALARY DATA REVIEWED BY THE GOVERNANCE & 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 AS WELL AS THE GUIDESTAR WEBSITE. HARD COPIES OF THESE DOCUMENTS AS WELL AS MEETING MINUTES. ARTICLES OF INCORPORATION. BYLAWS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

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

## **SCHEDULE R** (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

95-3709639

(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity  Legal domicile (state or foreign country)			<b>I</b>				
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	D, Part IV, line 34, b	pecause it had one	or more	related tax-exer	mpt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity	conti	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))			Yes	No
RSFF CHARITABLE REAL ESTATE FUND - 32-0194805, P.O. BOX 811, RANCHO SANTA FE,	ACCEPTANCE OF REAL ESTATE AND OTHER NON-CASH							
CA 92067	DONATONS FOR THE RSFF	CALIFORNIA	501(C)(3)	LINE 12A, I	RSFF			Х

RANCHO SANTA FE FOUNDATION

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.

Organisation in the control of the c												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managing partner?	Percentage ownership	
		country)		sections 512-514)		833013	Yes	No	K-1 (Form 1065)	Yes N	<u> </u>	
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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>(b)</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	ent	ction b)(13) rolled tity?
		,						Yes	No

Page 2

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

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

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b		Х		
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
	Loans or loan guarantees to or for related organization(s)				1d		X		
	Loans or loan guarantees by related organization(s)				1e		Х		
f	Dividends from related organization(s)				1f		X		
	Sale of assets to related organization(s)				1g		X		
	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
	Performance of services or membership or fundraising solicitations for related organizat				11		X		
m	m Performance of services or membership or fundraising solicitations by related organization(s)								
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х			
					10	Х			
р	Reimbursement paid to related organization(s) for expenses				1p	Х			
	Reimbursement paid by related organization(s) for expenses				1q		Х		
r	Other transfer of cash or property to related organization(s)				1r	Х			
s	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who n	must complete thi	s line, including covered re	elationships and transaction thresholds.					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d)  Method of determining amount inv	olved				
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
							_		

Page 3

Yes No

1a

# 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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) r Percentage ownership
	-									

932165 09-10-19 Schedule R (Form 990) 2019