#### \*\* 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 Inspection

OMB No. 1545-0047

A I	For the	2019 calendar year, or tax year beginning	and	ending										
	Check if applicable	C Name of organization RANCHO SANTA FE FOUNDATION			D Emp	loyer identific	cation number							
	Addres													
F	Name change				<b>⊣</b>	32-0194805								
F	□Initial	Number and street (or P.O. box if mail is not del	livered to street address)	Room/suit	-	hone number	,							
F	return _Final	P O BOX 811	ivered to street address)	1100III/Suit		58)756-655°								
_	⊥return/ termin ated		7ID or foreign poetal code			<b>G</b> Gross receipts \$ 1,403,474								
Г	Amend	, , , , , , , , , , , , , , , , , , , ,	Zii oi loreigii postai code			his a group re								
F	return ☐Applic		STINA P. WILSON			subordinates								
_	tion pendir	SAME AS C ABOVE					cluded? Yes No							
T-	Γαν. <b>ρ</b> ν	empt status: X 501(c)(3) 501(c) ( )		or 52			list. (see instructions)							
		re: ► N/A	(110011110.)	01 02		oup exemption								
			sociation Other	I Yea	or of formation		1 State of legal domicile; CA							
		Summary		<b>L</b> 100	ii oi ioiinatic	110	Otate of logal dofficine.							
	_	Briefly describe the organization's mission or most	significant activities: SUPPOR	T THE C	HARITABLE	E ASPECTS								
Se	-	OF THE MISSION OF THE RANCHO SANTA FE												
Governance	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.												
Ver	3	Number of voting members of the governing body	•			1 1	4							
Ĝ	4	Number of independent voting members of the gov				····	3							
<u>«</u>		Total number of individuals employed in calendar y		0										
ij		Total number of volunteers (estimate if necessary)					4							
Activities &		Total unrelated business revenue from Part VIII, co					0.							
ĕ	1	Net unrelated business taxable income from Form					0.							
			,			Year	Current Year							
•	8	Contributions and grants (Part VIII, line 1h)				0.	1,403,474.							
nue	9	D ' 'D ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				0.	0.							
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,				0.	0.							
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c				0.	0.							
	1	Total revenue - add lines 8 through 11 (must equal				0.	1,403,474.							
		Grants and similar amounts paid (Part IX, column (				0.	0.							
	1		nefits paid to or for members (Part IX, column (A), line 4)											
S	15	Salaries, other compensation, employee benefits (F				0.	0.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), li				0.	0.							
per	. ь	Total fundraising expenses (Part IX, column (D), line		_										
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d,				0.	25,340.							
		Total expenses. Add lines 13-17 (must equal Part I)				0.	25,340.							
	19	Revenue less expenses. Subtract line 18 from line				0.	1,378,134.							
Net Assets or	3			Е	Beginning of	Current Year	End of Year							
sets	20	Total assets (Part X, line 16)				0.	1,403,474.							
ASS	21	Total liabilities (Part X, line 26)				0.	25,441.							
		Net assets or fund balances. Subtract line 21 from	line 20			0.	1,378,033.							
Pa	art II	Signature Block												
		lties of perjury, I declare that I have examined this return,				-	knowledge and belief, it is							
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich prepare	er has any kn	owledge.								
		0:				D-1-								
Sig	n	Signature of officer				Date								
Her	е	CHRISTINA P. WILSON, EXECUTIVE DI	RECTOR											
		Type or print name and title			Doto		DTIN							
		Print/Type preparer's name	Preparer's signature		Date	Check if	PTIN							
Paid		AMY A. O'LOUGHLIN			08/05/20	self-employe								
	parer	Firm's name CBIZ MHM, LLC			Firm's EIN 🕨	34-1884125								
Use	Only	Firm's address 4722 N 24TH ST, STE 300					064 6025							
_		PHOENIX, AZ 85016	0/ 1 : :: :			Phone no.602								
Ma	/ the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)				X Yes No							

Pa	art III Statement of Program Service Accomplishments	<u></u>
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE CORPORATION SHALL SUPPORT THE CHARITABLE ASPECTS OF THE MISS	SION OF
	THE RANCHO SANTA FE FOUNDATION. THE ORGANIZATION WILL ACCEPT TI	TLE TO
	AND MANAGE REAL ESTATE AND RELATED OR AUXILIAR PERSONAL, AND OTHER	HER
	PERSONAL PROPERTY (WHETHER TANGIBLE OR INTANGIBLE), CONTRIBUTED	ВУ
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	s, any program services?
	If "Yes," describe these changes on Schedule O.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Describe the organization's program service accomplishments for each of its three larger	nest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gran	
	revenue, if any, for each program service reported.	its and anocations to others, the total expenses, and
40		) (Revenue \$
4a	(Code:) (Expenses \$ including grants of \$  THE RANCHO SANTA FE FOUNDATION CHARITABLE REAL ESTATE FUND (CRE)	
	ESTABLISHED FOR THE PURPOSES OF HELPING DONORS BECOME IMPACTFUL	1 / W115
	PHILANTHROPISTS THROUGH GIFTS OF REAL ESTATE AND OTHER ILLIQUID	ACCEMC
	- THIDANIINCOFISIS INCOOGN GIFTS OF KEAD ESTATE AND OTHER INDIQUID	ASSETS.
	DUDING 2010 MUD ODDE ACCEPTED THE GIRTS OF DRIVETLY HELD CHOOL	7. 173.1 UDD
	DURING 2019, THE CREF ACCEPTED TWO GIFTS OF PRIVATELY-HELD STOCE	
	AT \$1,404,000. BOTH OF THESE GIFTS WILL BE LIQUIDATED AS SOON A	
	POSSIBLE WITH PROCEEDS BEING TRANSFERRED INTO THE RESPECTIVE DOI	
	DONOR ADVISED FUNDS AT THE RANCHO SANTA FE FOUNDATION, THE SUPPO	ORTED
	501(C)(3) ORGANIZATION.	
4b	O (Code:) (Expenses \$ including grants of \$	) (Revenue \$)
4c	Code:) (Expenses \$including grants of \$	) (Revenue \$
		,
	-	
	-	
4d	,	
	(Expenses \$ including grants of \$	) (Revenue \$
4e	Total program service expenses	000
		Form <b>990</b> (2019)

Page 3

#### 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		Х
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		Х
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		х
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? 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			
0	, , ,	8		x
^	Schedule D, Part III	<u> </u>		
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?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.,
	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, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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		Х
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''		
10		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		<del></del>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
00-	complete Schedule G, Part III	19		X
20a	1	20a		_ A
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		$\vdash$
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Page 4

# Form 990 (2019) CHARITABLE REAL ESTATE FUNI Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<del></del>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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	04-		
4	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes." <i>complete</i>			
	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			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	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		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 31		
UZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<b></b>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		•	
Par	Note: All Form 990 filers are required to complete Schedule O  t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. 41	Check if Schedule O contains a response or note to any line in this Part V			
	Shock is Sociodate & Sociation a response of note to dry line in this rait v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
932004	01-20-20	Form	990	(2019)

## Part 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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			l
	were not tax deductible?	6b		
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 payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<b>—</b>
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	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	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 required?	7g		<b>—</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-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.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<del>                                     </del>
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
··	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
-	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		
	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.			1
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
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
		Form	990	(2010)

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			Х							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year										
	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 1b 3										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6	Did the organization have members or stockholders?	6	Х								
7a											
	more members of the governing body?	7a	Х								
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	Х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	х								
b	Each committee with authority to act on behalf of the governing body?	8b		х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
	This couldn't requests information about policies not required by the internal netwine code.		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		х							
	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?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a		12a	х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a		х							
	Other officers or key employees of the organization	15b		х							
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure		•								
17	List the states with which a copy of this Form 990 is required to be filed ▶CA										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3):	onlv)	availa	ble							
-	for public inspection. Indicate how you made these available. Check all that apply.	,/									
	Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	CHRISTINA P. WILSON - 858-756-6557										
	162 S. RANCHO SANTA FE ROAD, B30, ENCINITAS, CA 92024										

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

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

Section A.	Officers, Directors,	Trustees Key	v Employees.	and Highest	Compensated Fm	nlovees
OCCUOII A.	Officers, Directors,	i i i u o lo co o i i v o	y Lilipioyees,	ana mgnest	Compensated Lin	PICYCCS

- 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.

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

<b>(A)</b> Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatior from the organization and related organizations
(1) CHRISTINA P. WILSON	10.00	ļ								
EXECUTIVE DIRECTOR	40.00	Х		Х				0.	194,816.	13,888
(2) GREGORY HILLGREN	2.00								•	
BOARD CHAIR & CEO (3) DON OLIPHANT	2.00	Х		Х				0.	0.	(
SECRETARY	2.00	х		Х				0.	0.	1
(4) RON KIMURA	2.00	^		Λ		$\vdash$		0.	0.	
VP & TREASURER		х		х				0.	0.	
(5) CHARLES KENDALL	1.00									
DIRECTOR (RESIGNED 10/2019)		х						0.	0.	

Form **990** (2019)

FE FOUNDAT EAT. ESTATE		D						32-01	94805		D.	age 8
			anc	l Hi	nhas	et C	omnensated Employee		.54005		Г	age <b>o</b>
(B) Average hours per week	(do box	not c	Pos heck iss per	c) ition more rson i	<b>1</b> than dis both	one n an	( <b>D</b> ) Reportable compensation	(E)  Reportable compensation	on	am	ount	
(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization	ns	comp fro orga and	ensa om the nizat relat	e ion ed
							0.	194,	816.		13,	888.
						<u> </u>	0.	194,	816.		13,	888.
ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	<del></del>		Voc	0 <b>No</b>
•		еу е	empl	loye	e, or	hig	hest compensated empl	oyee on			100	Х
um of reportabl	е со	-					•	-		4	Х	
												77
<u>iplete Schedule</u>	e J fo	or st	ıch <u>ı</u>	oers	on .					5		Х
									 oensatio	on fro	m	
			<u>.g</u>				(B)		Co			n
									1	•		
	tees, Key Emp (B) Average hours per week (list any hours for related organizations below line)  II, Section A  ot limited to the control of t	REAL ESTATE FUN  Itees, Key Employe  (B)  Average hours per week (list any hours for related organizations below line)  II, Section A  III, Se	tees, Key Employees, (B) Average hours per week (list any hours for related organizations below line) II, Section A  III, Section A  III, Section A  IIII imited to those lister and or reportable compensated independent the calendar year endirect and or setting the properties of the calendar year endirect and or setting the properties of the calendar year endirect and or setting the properties of the calendar year endirect and or setting the properties of the calendar year endirect and or setting the properties of the calendar year endirect and or setting the properties of the calendar year endirect and or setting the properties of the calendar year endirect and or setting the properties of the calendar year endirect and or setting the properties of the calendar year endirect and or setting the properties of the	REAL ESTATE FUND  Itees, Key Employees, and  (B)  Average hours per week (list any hours for related organizations below line)  II, Section A  III, Section A  III, Section A  III, Section A  III, Section A  IIII I I I I I I I I I I I I I I I I	REAL ESTATE FUND  Itees, Key Employees, and Hi  (B)  Average hours per week (list any hours for related organizations below line)  In Section A  In Section A  In Girector, trustee, key employees, and Hi  In Grampensated independent contrates the calendar year ending with organizations and a director officer officer and	REAL ESTATE FUND  Itees, Key Employees, and Highes  (B) Average hours per week (list any hours for related organizations below line)  In Section A  In Section A  In Girector, trustee, key employee, or such individual and of reportable compensation and concrue compensated independent contractor the calendar year ending with or wind the calendar year ending with the calendar year ending with the calendar year ending with or wind the calendar year ending with the calendar year	REAL ESTATE FUND  Itees, Key Employees, and Highest C  (B)  Average hours per week (list any hours for related organizations below line)  In Section A  In Section A  In Girector, trustee, key employee, or high and of reportable compensation and other contractors the calendar year ending with or within interest and incomplete Schedule J for such person	REAL ESTATE FUND    Content   Conten	tees, Key Employees, and Highest Compensated Employees (continued)  (B) Average hours perweek (list any hours for related organizations below line)  In Section A  Average (list any hours for related organizations)  Average (list any hours for related organizations)  Average (list any hours for related organizations)  Below (line)  In Section A  Average (list any hours for related organizations)  Average (list any hours for related organizations)  Average (list any hours for related organizations)  Below (line)  Average (list any hours for related organizations)  Average (list any hours for related organization)  Average (list any hours for many list and director/trustee)  Average (list any hours for many list and director/trustee)  Average (list any hours for many list and director/trustee)  Average (list any hours for many list and director/trustee)  Average (list any hours for many list and director/trustee)  Average (list any hours for many list and director/trustee)  Average (list any hours for many list and director/trustee)  Average (list any hours for many list and director/trustee)  Average (list any hours for many list and director/trustee)  Average (list any hours for many list and director/trustee)  Average (list any hours for many list and director/trustee)  Average (list any hours for many list and director/trustee)  Average (list any hours for many list and director/trustee)  Average (list any hours for many list and director/trustee)  Average (list any hours for many list and director/trustee)  Average (list any hours for many list and direc	tees, Key Employees, and Highest Compensated Employees (continued)  (B) Average hours per week (list any) hours for related organization spelow line)  In Section A  In Section A  A Description (do not check more than one low, unless person is both an officer and a director/hustee)  In Section A  A Description (do not check more than one low, unless person is both an officer and a director/hustee)  In Section A  A Description (W-2/1099-MISC)  A Description (W-2/	tess, Key Employees, and Highest Compensated Employees (continued)  (B) Average hours per week (list any) hours for related organizations below line)  (B)  Average hours per week (list any) hours for related organizations below line)  (B)  Average hours per week (list any) hours for related organizations below line)  (B)  Average hours per week (list any) hours for related organizations below line)  (B)  Average hours per week (list any) hours for related organizations below line)  (B)  Average hours per week (list any) hours for related organizations below line)  (B)  Average hours per week (list any) hours for related organizations below line)  (W-2/1099-MISC)  (W-2/1099-MISC	tees, Key Employees, and Highest Compensated Employees (continued)  (B) Average (list any) hours for related organizations below line)

Form **990** (2019)

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

Form 990 (2019) CHARITABLE

Part VIII Statement of Revenue

			Check if Schedule O c	onts	ains a r	esnonse	or note to any li	ne in this Part VIII			
			Cricol il Coricadic O C	701111	<u> </u>	соропос	or riote to arry in	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
ı						. 1					Sections 512 - 514
nts	1					1a					
ž o			Membership dues			1b					
S, C		С	Fundraising events			1c					
ξ k		d	Related organizations			1d					
s, C		е	Government grants (contri	buti	ons)	1e					
Sign		f	All other contributions, gifts,	grant	s, and						
he E			similar amounts not included			1f	1,403,474.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in I			1g \$	1,403,474.				
Š		_	Total. Add lines 1a-1f					1,403,474.			
<u> </u>			Totali / Ida III ico Ta Ti				Business Code				
_	,						Buomicos cous				
<u>i</u>	2	2 a									
e er		b									
n S		С									
ra Se		d									
Program Service Revenue		е									
Δ.			All other program service								
		g	Total. Add lines 2a-2f				<u> </u>				
	3	3	Investment income (includ								
			other similar amounts)				<b>&gt;</b>				
	4	1	Income from investment o	f tax	-exem	ot bond p	proceeds				
	5	5	Royalties				<b>&gt;</b>				
					(i)	Real	(ii) Personal				
	6	a a	Gross rents	6a							
		b	Less: rental expenses	6b							
		c	Rental income or (loss)	6c				-			
		d	Net rental income or (loss)		l						
	-		Gross amount from sales of		(i) Se	curities	(ii) Other				
	•	a			(1) 00	- Courties	(ii) Other	-			
			assets other than inventory	7a				-			
		b	Less: cost or other basis								
Revenue			and sales expenses	7b				_			
Š			Gain or (loss)	7с			1				
æ			Net gain or (loss)				<u></u>				
her	8	3 a	Gross income from fundraising	ig ev	ents (n	ot					
ᅙ			including \$			of					
			contributions reported on	line	1c). Se	ee					
			Part IV, line 18			8a	1				
		b	Less: direct expenses			8b					
		С	Net income or (loss) from t	fund	raising	events_	<b>&gt;</b>				
	ç	) a	Gross income from gaming	g ac	tivities.	. See					
			Part IV, line 19			9a	ı				
		b	Less: direct expenses				,				
			Net income or (loss) from				<b>•</b>				
	10		Gross sales of inventory, le								
			and allowances				a				
		h									
			Less: cost of goods sold  Net income or (loss) from s				<u>v</u>				
		C	Net income or (loss) from s	sales	S OI IIIV	entory .	Business Code				
sn	4.4	1 ~					Submissa Code				
eo ne	11	1 a						1			
llar		b						+			_
Miscellaneous Revenue		C						+			
Σ			All other revenue								
			Total. Add lines 11a-11d					4 400 4= :	-	-	
	12	2	Total revenue. See instruction	ns			<u></u>	1,403,474.	0.	0.	0.

Page 10 Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management а 25,340. 25,340, Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19

Form **990** (2019)

0.

20

21 22

23

24

d

25

25,340

Check here

All other expenses

Payments to affiliates \_\_\_\_\_

Depreciation, depletion, and amortization .....

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 O.)

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

25,340

0

#### Form 990 (2019) Part X Balance Sheet CHARITABLE REAL ESTATE FUND

					End of year
-	Ocale and between the contrar		Beginning of year	4	101
1				1	101
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net		3		
4	Accounts receivable, net		4		
5					
				_	
				5	
6					
_					
_					
_					
			9		
10a	- · · · · · · · · · · · · · · · · · · ·	1 1			
-		I I		40	
				1 402 272	
				1,403,373	
			1		1,403,474
			+		1,403,474
				21	
22					
				00	
00					
				24	
25					
		nes 17-24). Complete Part X	0	05	25,441
06					25,441
20		phoek hare	0.	26	23,111
		check here			
27			0	27	1,378,033
			•		1,370,033
20				20	
	_	C 956, Check here			
20		oda.		20	
	— · · · · · · · · · · · · · · · · · · ·				1,378,033
					1,403,474
		trustee, key employee, creator or founder, sucontrolled entity or family member of any of the Loans and other receivables from other disquender section 4958(f)(1)), and persons descriped under section 5958(f)(1)), and persons descriped under section 5958(f)(1), and persons descriped under	trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  Notes and loans receivable, net Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  1 Less: accumulated depreciation  1 Investments - publicly traded securities  1 Investments - program-related. See Part IV, line 11  1 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 33)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here   27 Action or capital surplus, or land, building, or equipment fund  28 Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here   and complete lines 29 through 33.  28 Capital stock or trust principal, or current funds  39 Paid-in or capital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  70 Total net assets or fund balances	trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicity traded securities Investments - publicity traded securities Investments - program-related. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Interpolity assets.  Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)  0.  Total assets. Add lines 1 through 15 (must equal line 33)  0.  Foreign for evenue Deferred revenue Deferred revenue Deferred revenue Deferred revenue Deferred revenue Deferred revenue Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Organizations that follow FASB ASC 958, check here  Total liabilities. Add lines 17 through 25 Organizations that do not follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  Pelai-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  7 Notes and loans receivable, net  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  10b Less: accumulated depreciation  10b Investments - publicly traded securities  11 Investments - publicly traded securities  12 Investments - program-related. See Part IV, line 11  13 Investments - program-related. See Part IV, line 11  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 33)  0 16  16 Total assets. Add lines 1 through 15 (must equal line 33)  0 17 Accounts payable and accrued expenses  17 Total revenue  19 Deferred revenue  19 Tax-exempt bond liabilities  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  22 Loans and other liabilities not included on lines 17-24). Complete Part X of Schedule D  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties  26 Total liabilities. Add lines 17 through 25  0 Total liabilities. Add lines 17 through 25  0 Total liabilities. One follow FASB ASC 958, check here  and complete lines 27, 28, 32, and 33.  27 Net assets with out onor restrictions  0 Granizations that do not follow FASB ASC 958, check here  and complete lines 29 through 33.  28 Capital sto

Form **990** (2019)

Form	990 (2019) CHARITABLE REAL ESTATE FUND	32-019480	5	Pag	ge <b>12</b>
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	403,	474.
2	Total expenses (must equal Part IX, column (A), line 25)	2		25,	340.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	378,	134.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5		-	101.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1	378,	033.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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 of	n a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate by				
	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 Scheo				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				
	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 required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

#### **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

Open to Public Inspection

RANCHO SANTA FE FOUNDATION Name of the organization **Employer identification number** CHARITABLE REAL ESTATE FUND 32-0194805 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). 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 X 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) RANCHO SANTA FE FOUNDATION 95-3709639 7 Х 0

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

0.

Schedule A (Form 990 or 990-EZ) 2019 CHARITABLE REAL ESTATE FUND

## 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	<b>(e)</b> 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(a) 2013	(6) 2010	(6) 2017	(4) 2010	(6) 2019	(i) rotai
8	Gross income from interest,						
0	′						
	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	•				12	
13	First five years. If the Form 990 is for	-			-		. $\Box$
80	organization, check this box and stop						<b>&gt;</b>
	ction C. Computation of Publi		_	. (6)			
	Public support percentage for 2019 (li					14	<u>%</u>
15						15	. %
16a	33 1/3% support test - 2019. If the c						
	stop here. The organization qualifies		~				
b	o 33 1/3% support test - 2018. If the o						
	and stop here. The organization quali		• • •				
17a	10% -facts-and-circumstances test	-	-				
	and if the organization meets the "fac-	ts-and-circumstan	ces" test, check th	is box and stop I	<b>here.</b> Explain in Pa	art VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances test	- 2018. If the org	ganization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explai	n in Part VI how the	
	organization meets the "facts-and-circ	umstances" test.	The organization of	jualifies as a public	cly supported orga	nization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	ınd see instructions	<u> </u>
					Sch	edule A (Form 990	or 990-F7) 2019

#### 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.)

Sec	ction A. Public Support	now, picase comp	note i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	.,					,,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
		(a) 2013	(6) 2010	(6) 2017	(4) 2010	(6) 2019	(i) Total
	Amounts from line 6  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						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Public					<del> </del>	
	Public support percentage for 2019 (li	, (,,	,	column (f))		15	%
	Public support percentage from 2018		•			16	%
	ction D. Computation of Inves					т т	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box an	-	-	•			
b	33 1/3% support tests - 2018. If the	•			•	•	. $\square$
00	line 18 is not more than 33 1/3%, chec		•	•		-	
20	Private foundation. If the organization	n did not check a	pox on line 14 19	a or typ check th	us nox and see ins	STRUCTIONS	

932023 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

#### 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")? If "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	х	
•		
2		Х
3a		Х
3b		
3с		
4a		Х
4b		
4c		
5a		Х
5b		
5c		
6		Х
7		Х
		Х
8		Α
9a		Х
34		
9b		Х
90		
9c		Х
90		
10a		Х
10b		

Par	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in (a) above?	11b		Х
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		Х
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	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		х
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 <sup>-</sup>	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 instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstructions)	)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	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		

Schedule A (Form 990 or 990-EZ) 2019 CHARITABLE REAL ESTATE FUND

Pai	rart V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A		
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
_3_	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035.	6				
_7_	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
_4	Enter greater of line 2 or line 3.	4				
_5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	lly integrated	d Type III supporting orga	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2019

Par	t V	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	mpt purposes		
2	Amou				
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose			
4		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	Distrik				
		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			
		arround arrangement of arround	(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	Distrik	outions for 2019 from Section D,			
	line 7:	: \$			
а	Applie	ed to underdistributions of prior years			
		ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5		ining 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		ining 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		down of line 7:			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		ss from 2018			
		as from 2019			
_	し入し付き				

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 CHARITABLE REAL ESTATE FUND	32-0194805	Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Sectior V, Section B, line 1e; Pa	ı C,
-			
-			

RANCHO SANTA FE FOUNDATION CHARITABLE REAL ESTATE FUND

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** 

32-0194805

Organization type (check one):						
Filers of:		Section:				
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(	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. See instructions.				
X	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \ \sigma_{\text{\text{contributions}}} \ \rightarrow \ \sigma_{\text{\text{\text{contributions}}}} \ \rightarrow \ \sigma_{\text{\text{\text{\text{contributions}}}} \ \rightarrow \ \sigma_{\text{\text{\text{\text{contributions}}}}} \ \rightarrow \ \sigma_{\text{\text{\text{\text{contributions}}}}} \ \rightarrow \ \rightarrow \ \sigma_{\text{\text{\text{\text{\text{contributions}}}}} \ \rightarrow \rightarrow \rightarrow \ \rightarrow \rightarrow \rightarrow \ \rightarrow \ \rightarrow \ \rightarrow \rightarrow \rightarrow \rightarrow \rightarrow \rightarrow \ \rightarrow \rightar					
but it <b>m</b> u	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

Name of organization
RANCHO SANTA FE FOUNDATION
CHARITABLE REAL ESTATE FUND
32-0194805

Parti	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	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
		\$	Person 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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person 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

Name of organization
RANCHO SANTA FE FOUNDATION
CHARITABLE REAL ESTATE FUND
32-0194805

Part II	Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	7% INTEREST IN JS MAJOR FUNDING II, LLC	_			
1					
		\$\$	11/12/19		
(a) No.	(6)	(c)	(4)		
from	(b)  Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received		
Part I	95,700 COMMON SHARES OF NOVELTY MAGAZINES, INC.	(Occ manuchons.)			
2	93,700 COMMON SHARES OF NOVELLI MAGAZINES, INC.	_			
_		1 200 026	10/21/10		
		\$1,290,036.	12/31/19		
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
Part I		(See Instructions.)			
		—			
		_ _			
		\$			
(a)		(c)			
No. from Part I	(b)  Description of noncash property given	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		
		_			
		—			
		<del></del>   <sub>\$</sub>			

	rganization		Employer identification number				
	SANTA FE FOUNDATION		20.0104005				
Part III	BLE REAL ESTATE FUND  Fxclusively religious, charitable, etc., contributi	ions to organizations described in	32-0194805 n section 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
T GIT III	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 e charitable, etc., contributions of \$1,000 contributions of \$1,0	entry. For organizations				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
		(e) Transfer of g	gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(b) Fulpose of gift	(c) Use of gift	(d) Description of now girt is field				
-	(e) Transfer of gift						
-	Transferee's name, address, a	Relationship of transferor to transferee					
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(a) Transfer of a					
	(e) Transfer of gift						
-	Transferee's name, address, a	na ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
	(e) Transfer of gift						
-	Transferee's name, address, 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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

RANCHO SANTA FE FOUNDATION CHARITABLE REAL ESTATE FUND

**Employer identification number** 32-0194805

Schedule D (Form 990) 2019

Pa			imilar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. <b>(a)</b> Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised	a idilus	(w) i dilde and other accounts
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets hel	d in donor advised f	unds
Ū	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·		Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a h	istorically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	ition in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
С	Number of conservation easements on a certified historic stru	ıcture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the org	anization during the tax
	year ▶			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, an	d enforcing conserva	ation easements during the year
	<b></b>			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enf	orcing conservation	easements during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	• •		
	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 footness.	ote to the organization's	financial statements	that describes the
Dai	organization's accounting for conservation easements.  † III Organizations Maintaining Collections of	Art Historical Tres	euros or Otho	r Similar Assots
I a	Complete if the organization answered "Yes" on Form		asures, or other	Ollilla Assets.
			nue statement and h	palanaa ahaat warka
ıa	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for pub			erance or public
h	service, provide in Part XIII the text of the footnote to its finan			noe shoot works of
D	If the organization elected, as permitted under FASB ASC 958	· ·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in lurthera	nce of public service,
	provide the following amounts relating to these items:			<b>•</b> \$
	(i) Revenue included on Form 990, Part VIII, line 1			<b>L</b> .
2		neuroe or other similar as		
2	If the organization received or held works of art, historical treation following amounts required to be reported under EASP ASP			iii, provide
_	the following amounts required to be reported under FASB AS	~		<b>•</b>
a	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X			
IJ	ASSERT INCIDITED IN FULL BOOK FAIL A			🕶 🛡

17140805 143399 412450

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply):  a Public exhibition  b Scholarly research  c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets  to be sold to raise funds rather than to be maintained as part of the organization's collection?	Pai	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Other	Simila	r Assets	(contin	ued)	
a Public exhibition d	3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	t make siç	gnificant i	use of its	•	,	
b Scholarly research e Other  Preservation for future generations  A Provide a description of the organizations collections and explain how they further the organization's exempt purpose in Part XIII.  Diving the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rether than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XZ in 21.  Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XZ in 21.  Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XZ in 21.  Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XZ in 21.  Is its did the organization include an amount on Form 990, Part XIII and complete the following table:  C Beginning balance  L Edditions during the year  I to the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Beginning of year balance  L Contributions  C Net investment earnings, gains, and losses  Grants or scholarships  C Other expenditures for facilities  and programs  Administrative expenses  E Rod of year balance  D Other expenditures for facilities  and programs  Administrative expenses  E Rod of year balance  D Other expenditures for facilities  and programs  Administrative expenses  E Rod of year balance  D Other expenditures for facilities  Administrative expenses  E Rod of year balance  D Other expenditures for facilities  T Administrative expe		collection items (check all that apply):										
c Peservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b If "ves," explain the arrangement in Part XIII and complete the following table:  1	а	Public exhibition	C	i 🗌 i	Loan or exc	hange progra	am					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets  to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part Y   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b Is the organization and part year   4   1   4   1   1   1   1   1   1   1	b	Scholarly research	6	, 🔲	Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10   Yes, "explain the arrangement in Part XIII and complete the following table:	С	Preservation for future generations										
To be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exem	npt purpo	se in Part	XIII.		
Part W   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or othe	er similar	assets				
reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  f Ending balance  Distributions during the year  f Ending balance  2 Distributions include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?  Yes No  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XI. line 10.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  b Contributions  c Net investment earnings, gains, and losses of Chere provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment												No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai			ete if the	organizatio	n answered '	"Yes" on	Form 990	), Part IV,	ine 9, or		
on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following table:    Amount   Let   Let		reported an amount on Form 990, Par	t X, line 21.									
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance	1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for o	contribution	s or other ass	sets not ir	ncluded		_		_
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII    Part V   Endowment Funds. Complete if the organization answered "Yes" or Form 990, Part IV, line 10.    Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e)		on Form 990, Part X?							L	Yes		No
c Beginning balance d Additions during the year   1d	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
d Additions during the year    Distributions during the year   1d   1e   1f   1f   1f   1f   1f   1f   1f										Amount	<u> </u>	
e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?  Yes No  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a] Beginning of year balance  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years ba												
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the organization has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  b Contributions  c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment   % b Permanent endowment   % c Term endowment   % c Term endowment   % d rether endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related preparization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in Part XIIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in part XIIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  G) Cost or other basis (other) depreciation  d Equipment  6 Other												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10.    Complete if the organization answered "Yes" on Form 990, Part IX, line 10.    Complete if the organization answered "Yes" on Form 990, Part IX, line 10.    Complete if the organization answered "Yes" on Form 990, Part IX, line 10.    Complete if the organization answered "Yes" on Form 990, Part IX, line 10.    Complete if the organization answered "Yes" on Form 990, Part IX, line 10.    Complete if the organization answered "Yes" on Form 990, Part IX, line 10.    Complete if the organization answered "Yes" on Form 990, Part IX, line 10.    Complete if the organization answered "Yes" on Form 990, Part IX, line 10.    Complete if the organization answered "Yes" on Form 990, Part IX, line 10.    Complete if the organization answered "Yes" on Form 990, Part IX, line 10.    Complete if the organization answered "Yes" on Form 990, Part IX, line 11a. See Form 990, Part IX, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IX, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IX, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IX, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IX, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IX, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IX, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IX, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IX, line 10.    Complete if the organization answered "Yes" on Fo	е											
Describe in Part XIII   Check here if the explanation has been provided on Part XIII										7		
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   Call Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back		_						ty?	L	<b>」Yes</b>		_ No
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (e)												
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	Fai	Elidowillent Fullus. Complete i										<del></del>
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			(a) Current year	(b) P	rior year	(c) Iwo year	rs back   (	(d) Three y	years back	(e) Four	years	back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	-											
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	b											
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	C											
and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	е											
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	_											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶												
a Board designated or quasi-endowment				/: 4		<u> </u>						
b Permanent endowment		•	•	`	j, column (a	)) neid as:						
c Term endowment ►				_%								
The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  (iii) Related organizations  (iiii) Related organizations  (iv) If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  b Buildings  c Leasehold improvements  d Equipment  e Other  Other		· · · · · · · · · · · · · · · · · · ·	<del></del>									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other	C	·										
by:	20		•	ation that	t are held a	ad administar	ad for the	o organiza	otion			
(ii) Unrelated organizations (iii) Related organizations (	Sa		ssion of the organiza	ation tha	t are neid ar	ia administer	ed for the	e organiza	ation	Γ	Voc	No
(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other		-								22(i)	162	INO
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  (b) Cost or other basis (other)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other												
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land (b) Buildings (c) Leasehold improvements (d) Equipment (e) Other (d) Book value (e) Other (e) Other (f)	h	If "Yes" on line 3a(ii) are the related organiza	tions listed as requir	red on So	chedule R2							
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other										COD		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other				WITIOTIC	urido.							
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (e) Description of property  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (e) Description of property  (f) Cost or other basis (other)  (h) Cost or other basis (other)				). Part IV	/. line 11a. S	See Form 990	. Part X. I	line 10.				
basis (investment) basis (other) depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other		-							ed	(d) Bool	k valu	ie
b Buildings			1 ' '		. ,		` '		· ·	,, 200	. 4.0	-
b Buildings c Leasehold improvements d Equipment e Other	1a	Land										
c Leasehold improvements d Equipment e Other												
d Equipmente Other												
e Other												
				X, colum	nn (B), line 1	0c.)			<b>&gt;</b>			0.

Schedule D (Form 990) 2019

32-0194805

CHARITABLE REAL ESTATE FUND

Part VII Investments - Other Securities.  Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part Y line 12	
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
(1) Financial derivatives	(b) Dook raide	(0)	Ta or your marrier raise
(2) Closely held equity interests	1,403,373.	END-OF-YEAR MARKET VALUE	
(3) Other	, , ,		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,403,373.		
Part VIII Investments - Program Related.	, ,		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or el	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		•
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) INTERCOMPANY LIABILITIES			25,441
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
			25,441
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<del>? 25.)    </del>		25,111

932053 10-02-19

Schedule D (Form 990) 2019

32-0194805

Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
			1	22,808,000.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	101		
a Net unrealized gains (losses) on investments		-101.		
b Donated services and use of facilities				
c Recoveries of prior year grants		21 404 627		
d Other (Describe in Part XIII.)		21,404,627.		21 404 526
e Add lines 2a through 2d			2e 3	21,404,526. 1,403,474.
<ul><li>3 Subtract line 2e from line 1</li><li>4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:</li></ul>			3	1,405,474.
	40			
b Other (Describe in Part XIII.) c Add lines 4a and 4b			4c	0.
c Add lines 4a and 4b  5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	1,403,474.
Part XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F		_,===,===
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1 Total expenses and losses per audited financial statements			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>b</b> Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)	2d	12,248,679.		
e Add lines 2a through 2d			2e	12,248,679.
3 Subtract line 2e from line 1			3	25,321.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)	4b	19.		4.0
c Add lines 4a and 4b			4c	19.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, Part XIII Supplemental Information.	)		5	25,340.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV lines 1h	and 2h: Part V. line 4	· Dart V I	ino 2: Part VI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			, ran A, i	ine 2, Part Ai,
into 2d and 45, and 1 art XII, into 2d and 45. 7100 complete time part to provide any	additional inform	iation.		
PART X, LINE 2:				
THE COUNTY IS A SUPPLY TO THE COUNTY TO THE	DOMESTOWS OF			
THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER THE CURRENT P	ROVISIONS OF			
INTERNAL REVENUE CODE SECTION 501(C)(3) AND SECTION 23701(D) O	г тнг			
INTERNAL REVENUE CODE DECITOR SUI(C)(S) AND DECITOR 25701(D) O	F 111B			
CALIFORNIA FRANCHISE TAX CODE. THE FOUNDATION, HOWEVER, MAY BE	SUBJECT TO			
TAX ON INCOME WHICH IS NOT RELATED TO ITS EXEMPT PURPOSE. THE	FOUNDATION			
HAD NO UNRELATED BUSINESS INCOME TAX FOR THE YEAR ENDED DECEMB	ER 3I, 2019.			
AM DECEMBED 21 2010 MUE BEDEDAT CMAMIME OF ITMIMATIONS DEMAN	NC ODEN FOR			
AT DECEMBER 31, 2019, THE FEDERAL STATUTE OF LIMITATIONS REMAI	NS OPEN FOR			
2016 THROUGH 2019 YEARS. THE STATUTE OFLIMITATIONS FOR THE STA	TE INCOME			
TAX RETURNS REMAINS OPEN FOR THE 2015 THROUGH 2019 YEARS.				
PART XI, LINE 2D - OTHER ADJUSTMENTS:				

Part XIII   Supplemental Information (continued)		
SUPPORTED ORGANIZATION)	21,404,168.	
ROUNDING ADJUSTMENT	459.	
TOTAL TO SCHEDULE D, PART XI, LINE 2D	21,404,627.	
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
EXPENSES REPORTED BY RANCHO SANTA FE FOUNDATION (THE		
SUPPORTED ORGANIZATION)	12,248,679.	
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
ROUNDING ADJUSTMENT	19.	

#### **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

Internal Revenue Service Name of the organization

Department of the Treasury

RANCHO SANTA FE FOUNDATION

Employer identification number CHARITABLE REAL ESTATE FUND 32-0194805 **Questions Regarding Compensation** 

			Yes	No
<b>1</b> a	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			
	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)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  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:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
	The organization?	5a		<u>х</u>
b	Any related organization?	5b		Λ
_	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:			х
	The organization?	6a		
D	Any related organization?	6b		A
7	If "Yes" on line 6a or 6b, describe in Part III.			
7		7		х
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8		х
9	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	r		
9	Regulations section 53 (4058-6/c)?	٩		

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

Schedule J (Form 990) 2019

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

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

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

( <b>A</b> ) Name and Title		(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	Denents	(6)(1)-(0)	reported as deferred on prior Form 990
(1) CHRISTINA P. WILSON	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR	(ii)	194,816.	0.	0.	9,927.	3,961.	208,704.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 3

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

RANCHO SANTA FE FOUNDATION

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

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

Open to Public Inspection

**Employer identification number** 

CHARITABLE REAL ESTATE FUND 32-0194805 Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 1,403,474. INDEPENDENT VALUATIONS 10 Securities - Closely held stock ..... Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies ..... 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

932141 09-27-19

LHA

Schedule M (Form 990) 2019

932142 09-27-19 Schedule M (Form 990) 2019

#### SCHEDULE O

(Form 990 or 990-EZ)

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

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

OMB No. 1545-0047

Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service RANCHO SANTA FE FOUNDATION Name of the organization **Employer identification number** CHARITABLE REAL ESTATE FUND 32-0194805 PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DONORS FOR PURPOSES OF FURTHERING ITS CHARITABLE PURPOSE. FORM 990, PART VI, SECTION A, LINE 6: RANCHO SANTA FE FOUNDATION SHALL BE THE SOLE MEMBER OF THE CORPORATION FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE BOARD OF DIRECTORS SHALL BE ELECTED ANNUALLY BY ITS SOLE MEMBER, THE RANCHO SANTA FE FOUNDATION. FORM 990, PART VI, SECTION A, LINE 7B: ALL GOVERNANCE CHANGES ARE SUBJECT TO APPROVIAL BY THE BOARD OF RANCHO SANTA FE FOUNDATION. NONE OF SUCH POWERS SHALL BE IN THE BOARD OF DIRECTORS OF THE CREF. FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. 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:

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD

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)

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

RANCHO SANTA FE FOUNDATION CHARITABLE REAL ESTATE FUND

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

**Employer identification number** 32-0194805

(a)	(b)	(c)	(d)	(e)		(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total incom	e End-of-year		controlling
of disregarded entity		foreign country)			е	ntity
	-					
	-					
	1					
	1					
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990,	Part IV, line 34, be	cause it had one o	or more related tax-exe	empt
(a)	(b)	(c)	(d)	(e)	(f)	(g) Section 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13) controlled
after the state of the state of				-4-4 (:64:	4.94	

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity		rolled ity?
				501(c)(3))		Yes	No
RANCHO SANTA FE FOUNDATION - 95-3709639							
PO BOX 811	SUPPORT A WIDE VARIETY OF						i
RANCHO SANTA FE, CA 92067	CAUSES THROUGH GRANTS.	CALIFORNIA	501(C)(3)	LINE 7	N/A		Х
							ĺ
							<u> </u>

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

Schedule R (Form 990) 2019

Page 2

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.

		,	ı	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner?	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
		l .					l				

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	(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		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-	-								
-									
	-								

Page 3

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

						_	т —				
	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
	During the tax year, did the organization engage in any of the following transactions		· ·								
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х				
	Gift, grant, or capital contribution to related organization(s)				1b		X				
	Gift, grant, or capital contribution from related organization(s)				1c		X				
	Loans or loan guarantees to or for related organization(s)				1d		Х				
е	Loans or loan guarantees by related organization(s)				1e		Х				
f	Dividends from related organization(s)				1f		Х				
g	Sale of assets to related organization(s)				1g		Х				
	Purchase of assets from related organization(s)				1h		Х				
i	Exchange of assets with related organization(s)				1i		Х				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		х				
	Performance of services or membership or fundraising solicitations for related organ				11		Х				
	Performance of services or membership or fundraising solicitations by related organ	()			1m		Х				
	, , , ,	. ,			1n	х					
	n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1         o       Sharing of paid employees with related organization(s)       1										
	3 1 1 7 3 (7										
р	Reimbursement paid to related organization(s) for expenses				1p		х				
q	Reimbursement paid by related organization(s) for expenses				1q	Х					
•					•						
r	Other transfer of cash or property to related organization(s)				1r		Х				
					1s	Х					
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	nis line, including covered r	relationships 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)											
(4)											
(5)											

#### 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)	(b)	(c)	(d)	(e)	(f)	(g)	(h	1)	(i)	(	i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners see 501(c)(3) orgs.?		Share of end-of-year assets	Dispretion allocat	opor- ate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or laging ner?	Percentage ownership
			,	163 140			103	140	,	103	NO	
							$\vdash$					
							$\Box$					
							Н				-	
							Ш					
							Ш					

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

#### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or RANCHO SANTA FE FOUNDATION print CHARITABLE REAL ESTATE FUND 32-0194805 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour P.O. BOX 811 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. RANCHO SANTA FE, CA 92067 Enter the Return Code for the return that this application is for (file a separate application for each return) 1 Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 CHRISTINA P. WILSON The books are in the care of ► 162 S. RANCHO SANTA FE ROAD, B30 - ENCINITAS, CA 92024 Telephone No. ▶ 858-756-6557 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box  $\blacktriangleright$  . If it is for part of the group, check this box  $\blacktriangleright$  and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 16, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

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

, and ending

| Initial return

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

If the tax year entered in line 1 is for less than 12 months, check reason:

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Form **8868** (Rev. 1-2020)

0.

➤ X calendar year \_\_2019 or ➤ \_\_\_ tax year beginning

Change in accounting period

any nonrefundable credits. See instructions.

Final return

3b