

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

CHRISTINA P. WILSON

- The books are in the care of ▶ 162 S. RANCHO SANTA FE RD, B30 - ENCINITAS, CA 92024
Telephone No. ▶ 858-756-6557 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2020 or
▶ tax year beginning _____, and ending _____.

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

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

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

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

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

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ 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

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization RANCHO SANTA FE FOUNDATION		D Employer identification number 95-3709639
	Doing business as		E Telephone number (858) 756-6557
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	P.O. BOX 811		G Gross receipts \$ 83,688,275.
	City or town, state or province, country, and ZIP or foreign postal code RANCHO SANTA FE, CA 92067		
F Name and address of principal officer: CHRISTINA P. WILSON SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.RSFFFOUNDATION.ORG

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1981 **M** State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO BE A COMPREHENSIVE CENTER FOR IMPACTFUL PHILANTHROPY THAT INSPIRES THE JOY OF PURPOSEFUL GIVING.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	23
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,821,209.	8,371,022.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	261,129.	273,532.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,161,546.	3,281,674.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,663.	5,969.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,258,547.	11,932,197.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	11,036,413.	11,609,394.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	766,708.	902,546.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 376,263.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	445,558.	397,430.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,248,679.	12,909,370.
19 Revenue less expenses. Subtract line 18 from line 12	9,868.	-977,173.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	133,002,190.	147,599,725.
	22 Net assets or fund balances. Subtract line 21 from line 20	36,063,706.	42,056,315.
		96,938,484.	105,543,410.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	CHRISTINA P. WILSON, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	AMY A. O'LOUGHLIN		07/29/21		P00869687
	Firm's name ▶ CBIZ MHM, LLC	Firm's EIN ▶ 34-1884125			
	Firm's address ▶ 4722 N 24TH ST, STE 300 PHOENIX, AZ 85016	Phone no. 602-264-6835			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO CONNECT DONORS WITH REGIONAL AND GLOBAL NEEDS THROUGH VISIONARY COMMUNITY LEADERSHIP, PERSONALIZED SERVICE AND EFFECTIVE GRANTMAKING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No

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

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

4a (Code:) (Expenses \$ 10,353,612. including grants of \$ 10,110,440.) (Revenue \$ 273,532.) THE RANCHO SANTA FE FOUNDATION SUPPORTS A WIDE VARIETY OF CAUSES EVERY YEAR THROUGH GRANTS MADE FROM ITS DONOR ADVISED FUNDS AND UNRESTRICTED ENDOWMENT FUNDS.

4b (Code:) (Expenses \$ 858,505. including grants of \$ 858,505.) (Revenue \$) IN 2020, THE RANCHO SANTA FE FOUNDATION, IN COLLABORATION WITH THE COASTAL COMMUNITY FOUNDATION AND THE LEICHTAG FOUNDATION, MADE GRANTS IN EXCESS OF \$858,000 TO NON-PROFITS IN THE NORTH SAN DIEGO COUNTY AREA TO PROVIDE EMERGENCY SERVICES, INCLUDING FOOD, SHELTER AND MEDICAL NEEDS RESULTING FROM THE COVID-19 PANDEMIC.

4c (Code:) (Expenses \$ 357,000. including grants of \$ 357,000.) (Revenue \$) IN 2020, THE RANCHO SANTA FE WOMEN'S FUND MADE 10 GRANTS TOTALING \$357,000. GRANTS RANGED IN SIZE FROM \$21,000 - \$50,500 AND FOCUSED ON NONPROFITS WORKING IN THE AREAS OF HOMELESSNESS, YOUTH, MILITARY VETERAN AND WOMEN'S SERVICES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 283,449. including grants of \$ 283,449.) (Revenue \$)

4e Total program service expenses 11,852,566.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 23; 1b Enter the number of voting members included on line 1a... 23; 2 Did any officer, director, trustee, or key employee have a family relationship...; 3 Did the organization delegate control over management duties...; 4 Did the organization make any significant changes to its governing documents...; 5 Did the organization become aware during the year of a significant diversion of the organization's assets...; 6 Did the organization have members or stockholders...; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body...; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body...; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?; b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] 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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
CHRISTINA P. WILSON - 858-756-6557
162 S. RANCHO SANTA FE RD, B30, ENCINITAS, CA 92024

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTINA WILSON PRESIDENT & CEO	40.00 10.00			X				206,599.	0.	14,503.
(2) KAREN SPRIGLE CHIEF OPERATING OFFICER	40.00			X				121,740.	0.	6,299.
(3) DANIEL BEALS FINANCE DIRECTOR	32.00			X				108,982.	0.	9,161.
(4) ALYCE ASHCRAFT DIRECTOR	1.00	X						0.	0.	0.
(5) JANE ALLISON AUSTIN DIRECTOR	1.00	X						0.	0.	0.
(6) ED BLODGETT DIRECTOR	1.00	X						0.	0.	0.
(7) TOM BUCHHOLZ DIRECTOR	1.00	X						0.	0.	0.
(8) TED BUTZ DIRECTOR	1.00	X						0.	0.	0.
(9) KEVIN CRAWFORD CHAIRMAN	4.00	X		X				0.	0.	0.
(10) BILL DAVIDSON DIRECTOR	1.00	X						0.	0.	0.
(11) ELAINE DODGE DIRECTOR	1.00	X						0.	0.	0.
(12) MARK EMKJER DIRECTOR	1.00	X						0.	0.	0.
(13) KENT FREUNDT DIRECTOR	1.00	X						0.	0.	0.
(14) MIKE GREGOIRE DIRECTOR	1.00	X						0.	0.	0.
(15) ROBERT HILL DIRECTOR	1.00	X						0.	0.	0.
(16) LINDA KITCHENS DIRECTOR	1.00	X						0.	0.	0.
(17) KEN LITTLE DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LOU MEZZULLO DIRECTOR	1.00	X					0.	0.	0.	
(19) MATT MILLER DIRECTOR	1.00	X					0.	0.	0.	
(20) RICHARD MONTANO DIRECTOR	1.00	X					0.	0.	0.	
(21) RICK NORLING DIRECTOR	1.00	X					0.	0.	0.	
(22) DANIEL PLATT TREASURER	4.00	X		X			0.	0.	0.	
(23) PAULA POWERS SECRETARY	4.00	X		X			0.	0.	0.	
(24) RAZIA RICHTER DIRECTOR	1.00	X					0.	0.	0.	
(25) DENISE STILLINGER DIRECTOR	1.00	X					0.	0.	0.	
(26) BOB STINE DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							437,321.	0.	29,963.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							437,321.	0.	29,963.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CARL WIESE DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	104,395.				
	e Government grants (contributions)	1e	117,900.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	8,148,727.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,092,890.				
	h Total. Add lines 1a-1f			8,371,022.			
Program Service Revenue	2 a MANAGEMENT FEE REVENUE	Business Code					
		525920		273,532.	273,532.		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			273,532.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,026,058.		2,026,058.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal	535.			
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	535.				
	d Net rental income or (loss)			535.		535.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other	73,011,694.			
	b Less: cost or other basis and sales expenses	7b	71,756,078.				
	c Gain or (loss)	7c	1,255,616.				
d Net gain or (loss)			1,255,616.		1,255,616.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code					
		900099		5,434.		5,434.	
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			5,434.				
12 Total revenue. See instructions			11,932,197.	273,532.	0.	3,287,643.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	11,609,394.	11,609,394.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	488,740.	18,424.	309,827.	160,489.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	331,198.	113,146.	104,052.	114,000.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,539.	5,042.	4,320.	5,177.
9 Other employee benefits	17,069.	6,373.	5,635.	5,061.
10 Payroll taxes	51,000.	8,528.	25,327.	17,145.
11 Fees for services (nonemployees):				
a Management				
b Legal	499.		499.	
c Accounting	45,006.	1,038.	41,882.	2,086.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	50,793.	23,373.	27,420.	
12 Advertising and promotion	20,264.			20,264.
13 Office expenses	19,538.	9,636.	4,951.	4,951.
14 Information technology	65,419.	2,032.	63,387.	
15 Royalties				
16 Occupancy	91,269.	30,423.	30,423.	30,423.
17 Travel	3,088.		3,088.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	10,065.	8,446.	1,619.	
20 Interest	216.	72.	72.	72.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,198.		10,198.	
23 Insurance	25,159.	470.	23,743.	946.
24 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.)				
a DUES AND SUBSCRIPTIONS	25,566.	8,700.	8,433.	8,433.
b UTILITIES	14,910.	4,970.	4,970.	4,970.
c PRINTING/REPRODUCTION	2,703.	1,005.	849.	849.
d BANK SERVICE CHARGES	2,545.	35.	2,510.	
e All other expenses	10,192.	1,459.	7,336.	1,397.
25 Total functional expenses. Add lines 1 through 24e	12,909,370.	11,852,566.	680,541.	376,263.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	630,468.	1	1,610,023.
	2 Savings and temporary cash investments	550,696.	2	553,179.
	3 Pledges and grants receivable, net	334,214.	3	422,193.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from 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		5	
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,100.	9	4,100.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 156,366.		
	b Less: accumulated depreciation	10b 134,409.		
		27,770.	10c	21,957.
	11 Investments - publicly traded securities	98,223,713.	11	105,249,667.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	33,231,229.	15	39,738,606.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	133,002,190.	16	147,599,725.	
Liabilities	17 Accounts payable and accrued expenses	87,652.	17	67,723.
	18 Grants payable	2,816,356.	18	2,323,528.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	32,825,536.	21	39,324,792.
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	334,162.	25	340,272.
	26 Total liabilities. Add lines 17 through 25	36,063,706.	26	42,056,315.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	50,211,650.	27	53,420,908.
	28 Net assets with donor restrictions	46,726,834.	28	52,122,502.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	96,938,484.	32	105,543,410.
33 Total liabilities and net assets/fund balances	133,002,190.	33	147,599,725.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,932,197.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,909,370.
3	Revenue less expenses. Subtract line 2 from line 1	3	-977,173.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	96,938,484.
5	Net unrealized gains (losses) on investments	5	9,539,517.
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	42,582.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	105,543,410.

Part XII Financial Statements and Reporting

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

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

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

Form 990 (2020)

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

2020

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,939,597.	6,611,223.	11,573,771.	6,821,209.	8,371,022.	43,316,822.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9,939,597.	6,611,223.	11,573,771.	6,821,209.	8,371,022.	43,316,822.
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)						13,524,037.
6 Public support. Subtract line 5 from line 4.						29,792,785.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	9,939,597.	6,611,223.	11,573,771.	6,821,209.	8,371,022.	43,316,822.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,846,564.	1,930,440.	2,098,571.	2,421,356.	2,026,593.	10,323,524.
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.)	2,976.	3,403.	3,424.	3,638.	5,434.	18,875.
11 Total support. Add lines 7 through 10						53,659,221.
12 Gross receipts from related activities, etc. (see instructions)					12	1,242,146.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	55.52 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	53.52 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No	
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

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

OTHER

2016 AMOUNT: \$ 2,976.

2017 AMOUNT: \$ 3,403.

2018 AMOUNT: \$ 3,424.

2019 AMOUNT: \$ 3,638.

2020 AMOUNT: \$ 5,434.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

RANCHO SANTA FE FOUNDATION

Employer identification number

95-3709639

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 291,660.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,329,614.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,014,553.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,102,641.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 368,896.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 340,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 200,146.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 188,670.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	REALTY INCOME CORP STOCK _____ _____ _____	\$ 291,660.	12/21/20
2	JOHNSON & JOHNSON AND MICROSOFT STOCK _____ _____ _____	\$ 429,614.	04/08/20
3	VEEVA SYSTEMS STOCK _____ _____ _____	\$ 1,014,553.	10/13/20
6	ALIBABA, MICROSOFT, EATON CORP, APPLE, WILLIAMS SONOMA, MERCK STOCK _____ _____ _____	\$ 363,896.	09/08/20
8	COSTCO, EQUINOX, MASTERCARD, NVIDIA, ZOETIS, SALESFORCE, SPLUNK S&P GLOBAL, TRADEDESK, PAYPAL, ALPHABET, AMAZON, AMERICANTOWER, ADOBE STOCK _____ _____ _____	\$ 200,146.	12/18/20
	_____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	162	
2 Aggregate value of contributions to (during year)	7,665,456.	
3 Aggregate value of grants from (during year)	10,200,038.	
4 Aggregate value at end of year	56,512,890.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	41,770,562.	39,806,244.	44,039,253.	42,379,808.	38,889,553.
b Contributions	15,832.	143,614.	13,813.	-2,033,946.	2,380,830.
c Net investment earnings, gains, and losses	5,992,871.	6,599,733.	-2,254,721.	5,639,547.	2,662,388.
d Grants or scholarships	1,045,240.	4,466,628.	1,663,813.	1,646,348.	1,289,470.
e Other expenditures for facilities and programs			6,847.		
f Administrative expenses	319,277.	312,401.	321,441.	299,808.	263,493.
g End of year balance	46,414,748.	41,770,562.	39,806,244.	44,039,253.	42,379,808.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 1.9000 %
 - b Permanent endowment 78.6000 %
 - c Term endowment 19.5000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		26,319.	21,962.	4,357.
d Equipment		118,696.	102,234.	16,462.
e Other		11,351.	10,213.	1,138.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				21,957.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INVESTMENTS HELD FOR OTHER AGENCIES	39,324,792.
(2) ASSETS HELD IN CRT	392,214.
(3) INTERCOMPANY RECEIVABLES	21,600.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	39,738,606.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY UNDER CRT	340,272.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	340,272.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	20,118,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	9,539,517.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-1,353,714.
e	Add lines 2a through 2d	2e	8,185,803.
3	Subtract line 2e from line 1	3	11,932,197.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	11,932,197.

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

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

1	Total expenses and losses per audited financial statements	1	12,914,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	4,630.
e	Add lines 2a through 2d	2e	4,630.
3	Subtract line 2e from line 1	3	12,909,370.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	12,909,370.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

THE FOUNDATION RECEIVES CONTRIBUTIONS ON BEHALF OF UNAFFILIATED

NOT-FOR-PROFIT AGENCIES, WHICH ARE NOT REFLECTED IN THE FOUNDATION'S

STATEMENT OF ACTIVITIES AS THEY DO NOT REPRESENT CONTRIBUTIONS TO THE

FOUNDATION. THE AMOUNTS DUE TO THE OTHER AGENCIES TOTAL \$39,324,792 AT

DECEMBER 31, 2020.

PART V, LINE 4:

TO PROVIDE PERPETUAL SUPPORT FOR THE OPERATIONS AND PROGRAMS OF VARIOUS

NON-PROFIT AGENCIES THROUGHOUT SAN DIEGO COUNTY AND BEYOND. IN THE CURRENT

YEAR, DEFICIENCIES EXISTED IN ONE (1) DONOR-RESTRICTED ENDOWMENT FUND THAT

HAS AN ORIGINAL GIFT VALUE OF \$14,000, A CURRENT FAIR VALUE OF \$13,000 AND

Part XIII Supplemental Information (continued)

A DEFICIENCY OF \$1,000. THIS DEFICIENCY RESULTED FROM UNFAVORABLE MARKET

FLUCTUATIONS THAT OCCURRED SHORTLY AFTER THE FUND WAS OPENED IN 2008 AND

THE DONOR'S DECISION TO KEEP THE FUND'S ASSETS IN CASH AFTER THAT TIME.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER THE CURRENT PROVISIONS OF

INTERNAL REVENUE CODE SECTION 501(C)(3) AND SECTION 23701(D) OF THE

CALIFORNIA FRANCHISE TAX CODE. THE FOUNDATION, HOWEVER, MAY BE SUBJECT TO

TAX ON INCOME WHICH IS NOT RELATED TO ITS EXEMPT PURPOSE. THE FOUNDATION

HAD NO UNRELATED BUSINESS INCOME TAX FOR THE YEAR ENDED DECEMBER 31, 2020.

AT DECEMBER 31, 2020, THE FEDERAL STATUTE OF LIMITATIONS REMAINS OPEN FOR

2017 THROUGH 2020 YEARS. THE STATUTE OF LIMITATIONS FOR THE STATE INCOME

TAX RETURNS REMAINS OPEN FOR THE 2016 THROUGH 2020 YEARS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	42,582.
---------------------------------------------	---------

REVENUE REPORTED ON RELATED ORGANIZATION - RSFF CSAF	-769.
------------------------------------------------------	-------

IMPAIRMENT OF ASSET REPORTED ON RELATED ORGANIZATION - RSFF

CSAF	-1,290,036.
------	-------------

INTERCOMPANY ELIMINATIONS	-104,395.
---------------------------	-----------

ROUNDING	-1,096.
----------	---------

TOTAL TO SCHEDULE D, PART XI, LINE 2D	-1,353,714.
---------------------------------------	-------------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES REPORTED ON RELATED ORGANIZATION - RSFF CSAF	108,813.
-------------------------------------------------------	----------

INTERCOMPANY ELIMINATIONS	-104,395.
---------------------------	-----------

ROUNDING	212.
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TOTAL TO SCHEDULE D, PART XII, LINE 2D	4,630.
----------------------------------------	--------

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
211 SAN DIEGO P.O. BOX 420039 SAN DIEGO, CA 92142	33-1029843	501(C)(3)	15,000.	0.			COMMUNITY DEVELOPMENT
A STEP BEYOND 340 N ESCONDIDO BLVD. ESCONDIDO, CA 92025	46-2857532	501(C)(3)	255,000.	0.			YOUTH DEVELOPMENT
ALL HALLOWS CATHOLIC 6602 LA JOLLA SCENIC DR. S LA JOLLA, CA 92037	27-3861154	501(C)(3)	20,000.	0.			WORSHIP
ALLIANCE SAN DIEGO P.O. BOX 12266 SAN DIEGO, CA 92112	26-1712580	501(C)(3)	30,000.	0.			HUMAN RIGHTS
ALPHA PROJECT 3737 FIFTH AVENUE, STE. 203 SAN DIEGO, CA 92103	33-0215585	501(C)(3)	20,500.	0.			HOUSING/SHELTER
AMERICAN FRIENDS OF CHICKEN SHED, INC. - 1441 BROADWAY, SUITE 5037 - NEW YORK, NY 10018	30-0099170	501(C)(3)	6,000.	0.			THEATRE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **217.**

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

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCS FOUNDATION, INC P.O. BOX 8394 RANCHO SANTA FE, CA 92067	33-0164533	501(C)(3)	10,000.	0.			SCIENCE/TECH/ENGINEERING/MATH
BELLA MENTE QUANTUM RACING ASSOCIATION - 333 S 7TH ST - MINNEAPOLIS, MN 55402	82-2576323	501(C)(3)	10,000.	0.			INCLUSION
BIG BROTHERS BIG SISTERS OF SAN DIEGO COUNTY - 4305 UNIVERSITY AVENUE, #300 - SAN DIEGO, CA 92105	95-2151526	501(C)(3)	15,000.	0.			AFTER SCHOOL PROGRAMS
BISHOP'S SCHOOL 7607 LA JOLLA BOULEVARD LA JOLLA, CA 92037	95-1642362	501(C)(3)	11,000.	0.			K-12
BITTER ROOT HUMANE ASSOCIATION P.O. BOX 57 HAMILTON, MT 59840	81-0351709	501(C)(3)	12,500.	0.			ANIMAL HEALTH
BLUE STAR FAMILIES P.O. BOX 230637 ENCINITAS, CA 92023	80-0369895	501(C)(3)	10,000.	0.			MILITARY
BOYS & GIRLS CLUB OF OCEANSIDE 401 COUNTRY CLUB LANE OCEANSIDE, CA 92054	95-1744805	501(C)(3)	21,460.	0.			AFTER SCHOOL PROGRAMS
BOYS & GIRLS CLUB OF SAN MARCOS 1 POSITIVE PLACE SAN MARCOS, CA 92069	95-3330218	501(C)(3)	22,500.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUBS OF CARLSBAD 2730 BRESSI RANCH WAY CARLSBAD, CA 92009	95-2131503	501(C)(3)	20,000.	0.			AFTER SCHOOL PROGRAMS

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BOYS & GIRLS CLUBS OF SOLANA BEACH P. O. BOX 871 SOLANA BEACH, CA 92075	95-3201906	501(C)(3)	6,462.	0.			YOUTH DEVELOPMENT
BOYS AND GIRLS CLUB OF VISTA INC 410 W. CALIFORNIA AVENUE VISTA, CA 92083	95-2266749	501(C)(3)	20,000.	0.			AFTER SCHOOL PROGRAMS
BOYS AND GIRLS CLUBS OF THE AUSTIN AREA - 6648 ED BLUESTEIN BLVD - AUSTIN, TX 78723	74-6087356	501(C)(3)	40,000.	0.			YOUTH DEVELOPMENT
BOYS TO MEN MENTORING NETWORK, INC. - 9587 TROPICO DRIVE - LA MESA, CA 91941	33-0800308	501(C)(3)	10,150.	0.			YOUTH DEVELOPMENT
BREAD OF LIFE RESCUE 1919 APPLE STREET, SUITE O OCEANSIDE, CA 92054	33-0871721	501(C)(3)	10,000.	0.			FOOD
BUCKET LIST PROJECT FOUNDATION 338 ST. JOSEPH AVENUE LONG BEACH, CA 90814	82-1579349	501(C)(3)	10,000.	0.			PHILANTHROPY PROMOTION
BURN INSTITUTE 8825 AERO DRIVE SAN DIEGO, CA 92123	23-7260718	501(C)(3)	5,300.	0.			EDUCATION
CAL STATE UNIVERSITY SAN MARCOS FOUNDATION - 333 S. TWIN OAKS VALLEY ROAD - SAN MARCOS, CA 92096	80-0390564	501(C)(3)	16,500.	0.			COLLEGE/UNIVERSITY
CAMP PENDLETON ARMED SERVICES YMCA BOX 555028 CAMP PENDLETON, CA 92055	36-3274346	501(C)(3)	40,000.	0.			MILITARY

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CAMPUS CRUSADE FOR CHRIST P. O. BOX 628222 ORLANDO, FL 32862	95-6006173	501(C)(3)	17,700.	0.			RELIGIOUS STUDIES
CASA DE AMISTAD CENTRO DE ENSEÑANZA - 120 STEVENS AVENUE - SOLANA BEACH, CA 92075	26-0016331	501(C)(3)	14,750.	0.			YOUTH DEVELOPMENT
CASA DE AMPARO 325 BUENA CREEK ROAD SAN MARCOS, CA 92069	95-3315571	501(C)(3)	47,600.	0.			HOUSING/SHELTER
CATALYST OF SAN DIEGO & IMPERIAL COUNTIES - 5060 SHOREHAM PLACE, SUITE 350 - SAN DIEGO, CA 92122	33-0868261	501(C)(3)	7,000.	0.			NON PROFIT EFFECTIVENESS
CENTER FOR COMMUNITY SOLUTIONS 4508 MISSION BAY DR SAN DIEGO, CA 92109	95-6379598	501(C)(3)	20,000.	0.			PREVENTION
CENTRAL TEXAS FOOD BANK 6500 METROPOLIS DRIVE AUSTIN, TX 78744	74-2217350	501(C)(3)	175,000.	0.			FOOD
CENTURY CLUB OF SAN DIEGO 9404 GENESSEE AVE. STE. 310 LA JOLLA, CA 92037	95-2145967	501(C)(3)	15,000.	0.			YOUTH DEVELOPMENT
CHALLENGED ATHLETES, INC. 9591 WAPLES STREET SAN DIEGO, CA 92121	33-0739596	501(C)(3)	20,800.	0.			INCLUSION
CHILDREN'S LITERACY FOUNDATION 1536 LOOMIS HILL ROAD WATERBURY CENTER, VT 05677	02-0498154	501(C)(3)	20,000.	0.			LITERACY

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CHRISTIAN CENTER OF PARK CITY P.O. BOX 683480 PARK CITY, UT 84060	87-0643778	501(C)(3)	70,000.	0.			WORSHIP
COASTAL ROOTS FARM 441 SAXONY ROAD ENCINITAS, CA 92024	47-1570910	501(C)(3)	57,100.	0.			FOOD
COLLEGE AREA PREGNANCY SERVICES, INC. - PO BOX 15115 - SAN DIEGO, CA 92175	33-0782841	501(C)(3)	20,000.	0.			WOMEN'S HEALTH
COMMUNITY RESOURCE CENTER 650 2ND STREET ENCINITAS, CA 92024	95-3497926	501(C)(3)	91,731.	0.			HOUSING/SHELTER
DEL MAR WOMEN'S GIVING COLLECTIVE P.O. BOX 214 DEL MAR, CA 92014	84-3562395	501(C)(3)	17,348.	0.			GRANTMAKERS
DISABLED SPORTS EASTERN SIERRA P.O. BOX 7275 MAMMOTH LAKES, CA 93546	31-1732524	501(C)(3)	16,250.	0.			INCLUSION
DREAMS FOR CHANGE P.O. BOX 16327 SAN DIEGO, CA 92176	27-0447059	501(C)(3)	8,000.	0.			FOOD
EDIFY 8825 AERO DRIVE, SUITE 220 SAN DIEGO, CA 92123	27-0892545	501(C)(3)	7,000.	0.			EDUCATION
ELDER HELP 3860 CALLE FORTUNADA, SUITE #101 SAN DIEGO, CA 92123	95-2880426	501(C)(3)	23,750.	0.			AGING SERVICES

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ELEMENTARY INSTITUTE OF SCIENCE 608 51ST STREET SAN DIEGO, CA 92114	94-1669545	501(C)(3)	33,057.	0.			SCIENCE/TECH/ENGINEERING/MATH
ETERNAL HOPE INC P.O. BOX 8575 SPOKANE, WA 99203	46-3276542	501(C)(3)	9,000.	0.			ECONOMIC DEVELOPMENT
FACE FOUNDATION 10505 SORRENTO VALLEY ROAD, SUITE 1 SAN DIEGO, CA 92121	20-5333261	501(C)(3)	131,200.	0.			ANIMAL HEALTH
FAMILY HEALTH CENTER 823 GATEWAY CENTER WAY SAN DIEGO, CA 92102	95-2833205	501(C)(3)	10,000.	0.			DISASTER RELIEF
FEEDING SAN DIEGO 9455 WAPLES STREET, STE. 135 SAN DIEGO, CA 92121	26-0457477	501(C)(3)	108,050.	0.			FOOD
FELLOWSHIP OF CHRISTIAN ATHLETES P.O. BOX 7677 HUNTINGTON BEACH, CA 92615	44-0610626	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
FELLOWSHIP OF CHRISTIAN ATHLETES - CARLSBAD - P.O. BOX 2429 - CARLSBAD, CA 92018	44-0610626	501(C)(3)	24,500.	0.			YOUTH DEVELOPMENT
FELLOWSHIP OF CHRISTIAN ATHLETES - GREATER AUSTIN - 104 HI STIRRUP - HORSESHOE BAY, TX 78657	44-0610626	501(C)(3)	40,000.	0.			YOUTH DEVELOPMENT
FIRST CHURCH OF CHRIST, SCIENTIST P.O. BOX 422 RANCHO SANTA FE, CA 92067	95-2322997	501(C)(3)	8,143.	0.			RELIGIOUS STUDIES

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FIRST LIBERTY INSTITUTE 2001 W. PLANO PARKWAY, #1600 PLANO, TX 75075	75-1403169	501(C)(3)	26,000.	0.			RELIGIOUS FREEDOM
FIRSTLINE SCHOOLS, INC. 300 N. BROAD STREET, SUITE 207 NEW ORLEANS, LA 70119	72-1409800	501(C)(3)	15,000.	0.			K-12
FOOD BANK FOR NEW YORK CITY 39 BROADWAY - 10TH FLOOR NEW YORK, NY 10006	13-3179546	501(C)(3)	8,500.	0.			FOOD
FOOTHILL COUNTRY DAY SCHOOL 1035 WEST HARRISON AVENUE CLAREMONT, CA 91711	95-1816057	501(C)(3)	23,908.	0.			K-12
FOUNDATION COMMUNITIES 3000 S IH 35, STE. 300 AUSTIN, TX 78704	74-2563260	501(C)(3)	50,000.	0.			HOUSING/SHELTER
FOUNDATION FOR BARNES-JEWISH HOSPITAL - 1001 HIGHLANDS PLAZA DRIVE WEST, SUITE 140 - ST. LOUIS, MO 63110	43-1648435	501(C)(3)	10,000.	0.			HOSPITALS
FOUNDATION FOR WOMEN WARRIORS 1185 PARK CENTER DRIVE VISTA, CA 92081	20-5523954	501(C)(3)	60,000.	0.			BASIC NEEDS
FRIENDS OF THE CARDIFF-BY-THE-SEA LIBRARY - P.O. BOX 657 - CARDIFF BY THE SEA, CA 92007	33-0311593	501(C)(3)	15,337.	0.			LIBRARIES
FRIENDS OF W. WASHINGTON COUNTY FIREFIGHTERS - 1919 ASH STREET - FOREST GROVE, OR 97116	47-2690449	501(C)(3)	6,400.	0.			DISASTER RELIEF

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FUTURE LEGENDS SCHOLARSHIP FUND P.O. BOX 1873 RANCHO SANTA FE, CA 92067	81-2380227	501(C)(3)	6,700.	0.			YOUTH DEVELOPMENT
GATEWAY CHURCH 500 S. NOLEN DRIVE, SUITE 300 SOUTHLAKE, TX 76092	75-2870806	501(C)(3)	15,000.	0.			WORSHIP
GIRL SCOUTS SAN DIEGO 1231 UPAS STREET SAN DIEGO, CA 92103	95-1644585	501(C)(3)	32,000.	0.			YOUTH DEVELOPMENT
GIRLS RISING PO BOX 161218 SAN DIEGO, CA 92176	45-5037616	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
GLOBAL WELLNESS INSTITUTE 333 SE 2ND AVENUE, #2048 MIAMI, FL 33131	47-3850534	501(C)(3)	100,000.	0.			RESEARCH
GREYHOUND ADOPTION CENTER P.O. BOX 2433 LA MESA, CA 91943	95-4132021	501(C)(3)	12,000.	0.			ANIMAL HEALTH
HAZELDEN BETTY FORD FOUNDATION P.O. BOX 64348 ST. PAUL, MN 55164	41-0682405	501(C)(3)	21,500.	0.			SUBSTANCE ABUSE
HEALTH CENTER WELLNESS FUND 1950 CALLE BARCELONA CARLSBAD, CA 92009	20-3373808	501(C)(3)	30,000.	0.			MEDICAL CARE
HEAVENLY HORSE HAVEN, INC P.O. BOX 391998 ANZA, CA 92539	30-0403311	501(C)(3)	30,000.	0.			ANIMAL HEALTH

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HEIGHTS SCHOOL 10400 SEVEN LOCKS ROAD POTOMAC, MD 20854	52-1128002	501(C)(3)	10,000.	0.			K-12
HELEN WOODWARD ANIMAL CENTER P.O. BOX 64 RANCHO SANTA FE, CA 92067	23-7228287	501(C)(3)	7,500.	0.			ANIMAL HEALTH
HOPE THROUGH HOUSING FOUNDATION 9421 HAVEN AVE RANCHO CUCAMONGA, CA 91730	33-0802554	501(C)(3)	41,460.	0.			HOUSING/SHELTER
HUMANE LEAGUE P.O. BOX 10476 ROCKVILLE, MD 20849	04-3817491	501(C)(3)	120,000.	0.			ANIMAL HEALTH
HUMANE SOCIETY 1255 23RD STREET, NW, SUITE 450 WASHINGTON, DC 20037	53-0225390	501(C)(3)	10,000.	0.			ANIMAL HEALTH
IMPRINT CHANGING TOMORROW TODAY P.O. BOX 538 CARLSBAD, CA 92018	81-4468715	501(C)(3)	7,700.	0.			WORSHIP
IN DEED AND TRUTH MINISTRIES P.O. BOX 4355 COSTA MESA, CA 92628	26-0343662	501(C)(3)	5,400.	0.			WORSHIP
INTERFAITH COMMUNITY SERVICES 550 W. WASHINGTON AVE. ESCONDIDO, CA 92025	95-3837714	501(C)(3)	52,250.	0.			BASIC NEEDS
INTERVARSITY CHRISTIAN FELLOWSHIP - USA - PO BOX 7895 - MADISON, WI 53707	36-2171714	501(C)(3)	10,000.	0.			WORSHIP

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INVESTIGATIVE NEWSOURCE 5500 CAMPANILE DRIVE, PSFA 361C SAN DIEGO, CA 92182	27-0732786	501(C)(3)	6,500.	0.			MEDIA/COMMUNICATIONS
JACOBS & CUSHMAN SAN DIEGO FOOD BANK - 9850 DISTRIBUTION AVENUE - SAN DIEGO, CA 92121	20-4374795	501(C)(3)	80,500.	0.			FOOD
JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVENUE SAN DIEGO, CA 92123	95-1644024	501(C)(3)	10,500.	0.			MENTAL HEALTH
JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS - P.O. BOX 101510 - ARLINGTON, VA 20566	53-0245017	501(C)(3)	10,000.	0.			THEATRE
JOHN PAUL THE GREAT CATHOLIC UNIVERSITY - 220 W GRAND AVE. - ESCONDIDO, CA 92025	20-0471061	501(C)(3)	10,000.	0.			COLLEGE/UNIVERSITY
JUDICIAL WATCH 425 THIRD STREET SW, SUITE 800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	10,240.	0.			PUBLIC POLICY
JUST IN TIME FOR FOSTER YOUTH P. O. BOX 601627 SAN DIEGO, CA 92160	20-5448416	501(C)(3)	128,000.	0.			YOUTH DEVELOPMENT
KIDS COLLEGE 261 AUTUMN DR. SUITE 115 SAN MARCOS, CA 92069	33-0933622	501(C)(3)	20,000.	0.			K-12
KIDS' TURN SAN DIEGO 4909 MURPHY CANYON ROAD SAN DIEGO, CA 92127	33-0724932	501(C)(3)	12,500.	0.			YOUTH DEVELOPMENT

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KINGDOM BUILDER FOUNDATION 120 STEVENS AVENUE SOLANA BEACH, CA 92075	26-0605414	501(C)(3)	30,000.	0.			WORSHIP
KITCHENS FOR GOOD 404 EUCLID AVENUE SAN DIEGO, CA 92114	46-3278605	501(C)(3)	82,000.	0.			FOOD
KPBS 5200 CAMPANILE DRIVE SAN DIEGO, CA 92182	95-6042721	501(C)(3)	606,000.	0.			MEDIA/COMMUNICATIONS
LA COSTA CANYON HIGH SCHOOL FOUNDATION INC. - 1 MAVERICK WAY - CARLSBAD, CA 92009	33-0708190	501(C)(3)	201,000.	0.			K-12
LA JOLLA INSTITUTE FOR ALLERGY & IMMUNOLOGY - 9420 ATHENA CIRCLE - LA JOLLA, CA 92037	33-0328688	501(C)(3)	95,000.	0.			RESEARCH
LA JOLLA MUSIC SOCIETY 7600 FAY AVENUE LA JOLLA, CA 92037	23-7148171	501(C)(3)	32,600.	0.			MUSIC
L'ABRI FELLOWSHIP FOUNDATION 1465 12TH AVE NE ROCHESTER, MN 55906	51-6017949	501(C)(3)	7,200.	0.			RELIGIOUS STUDIES
LAST CHANCE AT LIFE 3308 MISSION AVENUE OCEANSIDE, CA 92058	45-4931153	501(C)(3)	10,000.	0.			ANIMAL HEALTH
LEAH'S PANTRY 3019 MISSION STREET SAN FRANCISCO, CA 94110	20-5512442	501(C)(3)	125,000.	0.			FOOD

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LEAP TO SUCCESS 5205 AVENIDA ENCINAS, SUITE A CARLSBAD, CA 92008	46-3198240	501(C)(3)	30,000.	0.			MENTAL HEALTH
LIVING ON THE EDGE P.O. BOX 3007 SUWANEE, GA 30024	46-0484695	501(C)(3)	12,500.	0.			WORSHIP
LOCAL FIRST ARIZONA 407 E. ROOSEVELT STREET PHOENIX, AZ 85004	26-1657951	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
LOS ANGELES REGIONAL FOOD BANK 1734 EAST 41ST STREET LOS ANGELES, CA 90058	95-3135649	501(C)(3)	25,000.	0.			FOOD
LUX ART INSTITUTE 1550 SOUTH EL CAMINO REAL ENCINITAS, CA 92024	33-0802336	501(C)(3)	169,500.	0.			VISUAL ARTS
LYCEUM 1545 S. GREEN ROAD SOUTH EUCLID, OH 44121	32-0079287	501(C)(3)	13,825.	0.			K-12
MAINLY MOZART 404 EUCLID AVENUE, #301 SAN DIEGO, CA 92114	33-0320305	501(C)(3)	14,800.	0.			MUSIC
MALASHOCK DANCE COMP 2650 TRUXTUN ROAD, #202 SAN DIEGO, CA 92106	33-0394537	501(C)(3)	10,000.	0.			DANCE
MAMA'S KITCHEN 3960 HOME AVENUE SAN DIEGO, CA 92105	33-0434246	501(C)(3)	52,150.	0.			FOOD

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MARANATHA CHAPEL 10752 COASTWOOD ROAD SAN DIEGO, CA 92127	33-0070042	501(C)(3)	6,300.	0.			WORSHIP
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST., SUITE 540 BOSTON, MA 02114	04-1564655	501(C)(3)	10,000.	0.			HOSPITALS
MERCY CHEFS INC. 711 WASHINGTON STREET PORTSMOUTH, VA 23704	20-5050449	501(C)(3)	35,000.	0.			DISASTER RELIEF
MINGEI INTERNATIONAL INC. 1439 EL PRADO SAN DIEGO, CA 92101	23-7433357	501(C)(3)	101,000.	0.			MUSEUM
MIQLAT INC 1850 LAKE MORENO DRIVE CAMPO, CA 91906	81-0599806	501(C)(3)	6,200.	0.			BASIC NEEDS
MIRA COSTA COLLEGE FOUNDATION 1 BARNARD DRIVE MS 7 OCEANSIDE, CA 92056	95-6151938	501(C)(3)	12,750.	0.			DISASTER RELIEF
MIRAGLO FOUNDATION P.O. BOX 1270 LA JOLLA, CA 92038	45-2499438	501(C)(3)	300,000.	0.			RESEARCH
MISSION VIEJO CHRISTIAN SCHOOL 26558 MARGUERITE PKWY MISSION VIEJO, CA 92692	33-0487937	501(C)(3)	8,000.	0.			PRE-SCHOOL
MISSIONS, INC. 3409 EAST MEDICINE LAKE BLVD. PLYMOUTH, MN 55441	41-0693952	501(C)(3)	10,000.	0.			BASIC NEEDS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOCHARY FOUNDATION 26 PARK STREET, SUITE 101 MONTCLAIR, NJ 07042	41-2254108	501(C)(3)	54,000.	0.			VOCATIONAL TRAINING
MONARCH SCHOOL 1625 NEWTON AVENUE SAN DIEGO, CA 92113	33-0871354	501(C)(3)	44,000.	0.			K-12
MOTHER OF DIVINE GRACE CLASSICAL EDUCATION FOUNDATION INC - 407 BRYANT CIRCLE, #C - OJAI, CA 93023	38-3860486	501(C)(3)	25,000.	0.			K-12
NAACP LEGAL DEFENSE AND EDUCATIONAL FUND, INC. - 700 14TH STREET N.W. STE. 600 - WASHINGTON, DC 20005	13-1655255	501(C)(3)	5,500.	0.			CIVIL RIGHTS
NATIVITY PREP ACADEMY 4463 COLLEGE AVENUE SAN DIEGO, CA 92115	33-0886247	501(C)(3)	101,000.	0.			K-12
NOAH HOMES, INC. 12526 CAMPO ROAD SPRING VALLEY, CA 91978	95-3821566	501(C)(3)	5,300.	0.			HOUSING/SHELTER
NORTH COAST CALVARY CHAPEL 1330 POINSETTIA LANE CARLSBAD, CA 92011	95-3063132	501(C)(3)	9,000.	0.			WORSHIP
NORTH COAST CHRISTIAN MINISTRIES, INC. - 1831 S. EL CAMINO REAL - ENCINITAS, CA 92024	77-0605178	501(C)(3)	17,300.	0.			BASIC NEEDS
NORTH COAST PRESBYTERIAN CHURCH 1831 S. EL CAMINO REAL ENCINITAS, CA 92024	58-1638487	501(C)(3)	44,000.	0.			WORSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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NORTH COAST REPERTORY THEATRE 987 LOMAS SANTA FE DRIVE SUITE D SOLANA BEACH, CA 92075	95-3819307	501(C)(3)	9,900.	0.			THEATRE
NORTH COUNTY HEALTH PROJECT INC. 150 VALPREDA ROAD SAN MARCOS, CA 92069	95-2847102	501(C)(3)	100,000.	0.			MEDICAL CARE
NORTH COUNTY IMMIGRATION AND CITIZENSHIP CENTER - 120 STEVENS AVE - SOLANA BEACH, CA 92075	46-2522640	501(C)(3)	13,500.	0.			EDUCATION
NORTH COUNTY LGBTQ RESOURCE CENTER 3220 MISSION AVENUE SUITE #2 OCEANSIDE, CA 92058	39-2069596	501(C)(3)	30,000.	0.			HUMAN RIGHTS
NORTH COUNTY LIFELINE, INC. 3142 VISTA WAY, SUITE 400 OCEANSIDE, CA 92056	95-2794253	501(C)(3)	60,000.	0.			HUMAN TRAFFICKING
NORTHEASTERN UNIVERSITY 716 COLUMBUS AVENUE - SUITE CP402 BOSTON, MA 02120	04-1679980	501(C)(3)	25,000.	0.			COLLEGE/UNIVERSITY
OLD GLOBE THEATRE P. O. BOX 122171 SAN DIEGO, CA 92112	95-1543396	501(C)(3)	96,250.	0.			THEATRE
OPERATION HOMEFRONT-CALIFORNIA 2525 CAMINO DEL RIO SOUTH, #255 SAN DIEGO, CA 92108	32-0033325	501(C)(3)	48,450.	0.			BASIC NEEDS
ORCHARD GROUP, INC. P.O. BOX 980 NEWTOWN, PA 18904	11-6014701	501(C)(3)	10,000.	0.			WORSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC RIDGE SCHOOL 6269 EL FUERTE CARLSBAD, CA 92009	86-1061606	501(C)(3)	33,000.	0.			K-12
PADRES PEDAL THE CAUSE 2445 5TH AVENUE, #345 SAN DIEGO, CA 92101	46-0552414	501(C)(3)	10,000.	0.			RESEARCH
PALOMAR COLLEGE FOUNDATION 1140 WEST MISSION ROAD SAN MARCOS, CA 92069	95-6094128	501(C)(3)	6,000.	0.			COMMUNITY COLLEGE
PARK CITY COMMUNITY METHODIST CHURCH - 4501 N. HIGHWAY 224 - PARK CITY, UT 84098	87-0395038	501(C)(3)	20,000.	0.			WORSHIP
PLANT WITH PURPOSE 4747 MORENA BLVD, STE 100 SAN DIEGO, CA 92117	33-0052976	501(C)(3)	11,500.	0.			ECONOMIC DEVELOPMENT
PLEASANTS COUNTY LIBRARY 101 LAFAYETTE STREET ST. MARYS, WV 26170	55-0596254	501(C)(3)	15,181.	0.			LIBRARIES
PRESBYTERIAN CHURCH OF BIG WOOD P. O. BOX 660 KETCHUM, ID 83340	82-0374595	501(C)(3)	6,000.	0.			WORSHIP
PRODUCEGOOD 4057 VIA DE LA PAZ OCEANSIDE, CA 92057	47-2289712	501(C)(3)	11,000.	0.			FOOD
PROJECT CONCERN INTERNATIONAL 5151 MURPHY CANYON ROAD, #320 SAN DIEGO, CA 92123	95-2248462	501(C)(3)	6,000.	0.			ECONOMIC DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROSTATE CANCER FOUNDATION 1250 FOURTH STREET SANTA MONICA, CA 90401	95-4418411	501(C)(3)	25,000.	0.			RESEARCH
RANCHO SANTA FE ASSOCIATION P.O. BOX A RANCHO SANTA FE, CA 92067	95-1132930	501(C)(4)	17,000.	0.			BEAUTIFICATION
RANCHO SANTA FE LIBRARY GUILD P.O. BOX 348 RANCHO SANTA FE, CA 92067	95-6091588	501(C)(3)	28,553.	0.			LIBRARIES
RANCHO SANTA FE ROTARY FOUNDATION P.O. BOX 766 RANCHO SANTA FE, CA 92067	33-0066601	501(C)(3)	10,000.	0.			PHILANTHROPY PROMOTION
RANCHO SANTA FE SENIORS, INC. P.O. BOX 223 RANCHO SANTA FE, CA 92067	95-6113493	501(C)(3)	30,546.	0.			AGING SERVICES
REALITY CHANGERS 3910 UNIVERSITY AVENUE, #400 SAN DIEGO, CA 92105	26-3757305	501(C)(3)	104,600.	0.			YOUTH DEVELOPMENT
REFUGE FOR WOMEN 10755 SCRIPPS POWAY PARKWAY #260 SAN DIEGO, CA 92131	26-4388243	501(C)(3)	50,000.	0.			HOUSING/SHELTER
REINS P.O. BOX 1283 BONSALL, CA 92003	33-0035455	501(C)(3)	21,250.	0.			MEDICAL CARE
RESPONSIBILITY P.O. BOX 433199 SAN YSIDRO, CA 92143	33-0437290	501(C)(3)	5,100.	0.			EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESTORE ELIKIA 71 S MERKLE RD COLUMBUS, OH 43209	47-2042093	501(C)(3)	18,000.	0.			BASIC NEEDS
RETRIEVERS AND FRIENDS OF SOUTHERN CA INC - P.O. BOX 1822 - TEMECULA, CA 92593	27-0443768	501(C)(3)	36,000.	0.			ANIMAL HEALTH
ROLLIN FROM THE HEART THE IAN POODS BARRY FOUNDATION - 2063 SHADOW GROVE WAY - ENCINITAS, CA 92024	46-2211352	501(C)(3)	6,600.	0.			YOUTH DEVELOPMENT
ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 1560 SHERMAN AVENUE - EVANSTON, IL 60201	36-3245072	501(C)(3)	19,000.	0.			COMMUNITY DEVELOPMENT
SALK INSTITUTE FOR BIOLOGICAL STUDIES - 10010 N. TORREY PINES RD. - LA JOLLA, CA 92037	95-2160097	501(C)(3)	11,250.	0.			RESEARCH
SALVATION ARMY - AUSTIN METROPOLITAN AREA - P.O. BOX 1000 - AUSTIN, TX 78767	58-0660607	501(C)(3)	20,000.	0.			BASIC NEEDS
SALVATION ARMY SAN DIEGO 6605 UNIVERSITY AVENUE SAN DIEGO, CA 92115	94-1156347	501(C)(3)	77,300.	0.			HUMAN TRAFFICKING
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	21,500.	0.			BASIC NEEDS
SAN DIEGO BOTANIC GARDEN P. O. BOX 230005 ENCINITAS, CA 92023	95-6120581	501(C)(3)	22,500.	0.			BOTANIC GARDENS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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SAN DIEGO CENTER FOR THE BLIND AND VISION IMPAIRED - 5922 EL CAJON BLVD - SAN DIEGO, CA 92115	95-3076944	501(C)(3)	10,000.	0.			VISION CARE
SAN DIEGO FOUNDATION 2508 HISTORIC DECATUR RD, #200 SAN DIEGO, CA 92106	95-2942582	501(C)(3)	94,335.	0.			COMMUNITY FOUNDATION
SAN DIEGO OASIS 5500 GROSSMONT CENTER DRIVE, #269 LA MESA, CA 91942	30-0403895	501(C)(3)	20,000.	0.			INTERGENERATIONAL
SAN DIEGO RESCUE MISSION INC. P.O. BOX 80427 SAN DIEGO, CA 92138	95-1874073	501(C)(3)	55,355.	0.			HOUSING/SHELTER
SAN DIEGO SYMPHONY FOUNDATION 1245 SEVENTH AVENUE SAN DIEGO, CA 92101	14-1858753	501(C)(3)	35,250.	0.			MUSIC
SAN DIEGO SYMPHONY ORCHESTRA ASSOCIATION - 1245 SEVENTH AVENUE - SAN DIEGO, CA 92101	95-2040874	501(C)(3)	6,000.	0.			MUSIC
SAN DIEGUITO RIVER VALLEY LAND CONSERVANCY - 3030 BUNKER HILL STREET, #309-1 - SAN DIEGO, CA 92109	33-0191772	501(C)(3)	8,200.	0.			ENVIRONMENTAL CONSERVATION
SANTA FE CHRISTIAN SCHOOLS 838 ACADEMY DRIVE SOLANA BEACH, CA 92075	33-0103052	501(C)(3)	8,024.	0.			K-12
SCHWAB CHARITABLE FUND 1958 SUMMIT PARK DRIVE, #200 ORLANDO, FL 32810	31-1640316	501(C)(3)	2,424,185.	0.			FUND CLOSURE & TRANSFER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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SCRIPPS HEALTH FOUNDATION 354 SANTA FE DRIVE, ENC63 ENCINITAS, CA 92024	95-1684089	501(C)(3)	24,500.	0.			HOSPITALS
SCRIPPS HEALTH FOUNDATION P.O. BOX 2669 LA JOLLA, CA 92038	95-1684089	501(C)(3)	163,000.	0.			HOSPITALS
SECOND CHANCE SAN DIEGO 6145 IMPERIAL AVENUE SAN DIEGO, CA 92114	33-0539640	501(C)(3)	20,000.	0.			ECONOMIC DEVELOPMENT
SEMPER FI & AMERICA'S FUND 825 COLLEGE BLVD. OCEANSIDE, CA 92057	26-0086305	501(C)(3)	25,000.	0.			INCLUSION
SHALOM HARTMAN INSTITUTE OF NORTH AMERICA - 475 RIVERSIDE DRIVE, SUITE 1450 - NEW YORK, NY 10115	13-3014387	501(C)(3)	20,000.	0.			RELIGIOUS STUDIES
SHARP HEALTHCARE FOUNDATION 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	95-3492461	501(C)(3)	20,000.	0.			HOSPITALS
SOLUTIONS FOR CHANGE, INC. 722 W. CALIFORNIA AVENUE VISTA, CA 92083	33-0902617	501(C)(3)	10,500.	0.			HOUSING/SHELTER
SOUTHERN CA GOLDEN RETRIEVER RESCUE - PO BOX 25698 - LOS ANGELES, CA 90025	30-0454968	501(C)(3)	24,000.	0.			ANIMAL HEALTH
SOUTHWEST COMMUNITY CHURCH OF PALM DESERT - 44-175 WASHINGTON STREET - INDIAN WELLS, CA 92210	95-2816362	501(C)(3)	9,000.	0.			WORSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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ST. AUGUSTINE ACADEMY INC 130 SOUTH WELLS ROAD VENTURA, CA 93004	77-0379150	501(C)(3)	13,200.	0.			K-12
ST. BENEDICT'S MONASTERY 1012 MONASTERY ROAD SNOWMASS, CO 81654	84-0455251	501(C)(3)	10,000.	0.			WORSHIP
ST. CLARE OF ASSISI CATHOLIC SCHOOL - 31622 US HWY 6 - EDWARDS, CO 81632	84-1237387	501(C)(3)	23,500.	0.			K-12
ST. JEANNE DE LESTONNAC SCHOOL 32650 AVENIDA LESTONNAC TEMECULA, CA 92592	95-2462907	501(C)(3)	22,651.	0.			K-12
ST. JOHN'S UNIVERSITY P.O. BOX 2000 COLLEGEVILLE, MN 56321	45-3656162	501(C)(3)	15,000.	0.			COLLEGE/UNIVERSITY
ST. JOSEPH ACADEMY 500 LAS FLORES DRIVE SAN MARCOS, CA 92078	33-0643364	501(C)(3)	18,583.	0.			K-12
ST. MADELEINE SOPHIE'S TRAINING CENTER - 2119 E. MADISON AVENUE - EL CAJON, CA 92019	95-1957332	501(C)(3)	50,000.	0.			INCLUSION
ST. VINCENT DE PAUL VILLAGE, INC. 3350 E STREET SAN DIEGO, CA 92102	33-0492302	501(C)(3)	53,500.	0.			BASIC NEEDS
STRAY CAT ALLIANCE P. O. BOX 661277 LOS ANGELES, CA 90066	95-4787231	501(C)(3)	10,000.	0.			ANIMAL HEALTH

Schedule I (Form 990)

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SUPPORT THE ENLISTED PROJECT P.O. BOX 26747 SAN DIEGO, CA 92196	20-3051279	501(C)(3)	36,350.	0.			BASIC NEEDS
UC SAN DIEGO FOUNDATION 9500 GILMAN DRIVE, #0940 LA JOLLA, CA 92093	95-2872494	501(C)(3)	537,165.	0.			COLLEGE/UNIVERSITY
UHAMBO USA 305 W. MAGNOLIA STREET, #177 FORT COLLINS, CO 80521	27-3621672	501(C)(3)	10,000.	0.			EDUCATION
UNDER THE SUN FOUNDATION 5017 MARLBOROUGH DRIVE SAN DIEGO, CA 92216	82-1632182	501(C)(3)	50,000.	0.			VISUAL ARTS
UNITED STATES SAILING ASSOCIATION INC - 1 ROGER WILLIAMS UNIVERSITY WAY - BRISTOL, RI 02809	13-1671529	501(C)(3)	25,000.	0.			YOUTH DEVELOPMENT
UNITED THROUGH READING 1455 FRAZEE ROAD, SUITE 500 SAN DIEGO, CA 92108	33-0373000	501(C)(3)	14,500.	0.			LITERACY
UNITED WAY OF SAN DIEGO 4699 MURPHY CANYON RD. SAN DIEGO, CA 92123	95-2213995	501(C)(3)	81,250.	0.			COMMUNITY DEVELOPMENT
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN STREET URBANA, IL 61801	37-6006007	501(C)(3)	15,000.	0.			COLLEGE/UNIVERSITY
UNIVERSITY OF SAN DIEGO 5998 ALCALA PARK SAN DIEGO, CA 92110	95-2544535	501(C)(3)	28,000.	0.			COLLEGE/UNIVERSITY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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UNIVERSITY OF SOUTHERN CALIFORNIA ADM 160, MC4017 LOS ANGELES, CA 90089	95-1642394	501(C)(3)	10,000.	0.			COLLEGE/UNIVERSITY
URBANLIFE MINISTRIES, INC. 4141 FAIRMOUNT AVENUE #101 SAN DIEGO, CA 92105	27-2778158	501(C)(3)	6,600.	0.			YOUTH DEVELOPMENT
VICTORY BAPTIST CHURCH P.O. BOX 1488 JACKSONVILLE, NC 28541	56-1766236	501(C)(3)	10,000.	0.			DISASTER RELIEF
VILLAGE CHURCH P.O. BOX 704 RANCHO SANTA FE, CA 92067	95-6006164	501(C)(3)	214,600.	0.			WORSHIP
VIP COMMUNITY MENTAL HEALTH CLINIC 1721 GRIFFIN AVENUE LOS ANGELES, CA 90031	30-0017808	501(C)(3)	10,000.	0.			BASIC NEEDS
VISION OF CHILDREN 12555 HIGH BLUFF DR. SUITE 330 SAN DIEGO, CA 92130	95-4271785	501(C)(3)	24,450.	0.			VISION CARE
VISTA COMMUNITY CLINIC 1000 VALE TERRACE VISTA, CA 92084	95-2815615	501(C)(3)	57,600.	0.			MEDICAL CARE
VOICES FOR CHILDREN 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	95-3786047	501(C)(3)	13,000.	0.			LEGAL
WAVE ACADEMY 4699 MURPHY CANYON RD., SUITE 209 SAN DIEGO, CA 92123	36-4690777	501(C)(3)	7,000.	0.			MEDICAL CARE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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WE CHARITY 6500 MAIN STREET, #5 WILLIAMSVILLE, NY 14221	16-1533544	501(C)(3)	50,000.	0.			ECONOMIC DEVELOPMENT
WEBB SCHOOLS 1175 W. BASELINE ROAD CLAREMONT, CA 91711	95-1856591	501(C)(3)	23,500.	0.			K-12
WELLS OF LIFE, INC. 200 SPECTRUM CENTER DRIVE, SUITE 300 IRVINE, CA 92618	45-1496631	501(C)(3)	37,200.	0.			BASIC NEEDS
WEST LAKE HILLS PRESBYTERIAN CHURCH FOUNDATION - 7127 BEE CAVE ROAD - AUSTIN, TX 78746	20-0031358	501(C)(3)	60,000.	0.			WORSHIP
WINSTON SCHOOL OF SAN DIEGO 215 9TH STREET DEL MAR, CA 92014	33-0294043	501(C)(3)	20,000.	0.			EDUCATION
WOMEN'S RESOURCE CENTER 1963 APPLE STREET OCEANSIDE, CA 92054	95-2932237	501(C)(3)	91,750.	0.			HOUSING/SHELTER
WOUNDED WARRIOR HOMES 1145 LINDA VISTA DRIVE, #104 SAN MARCOS, CA 92078	27-1537405	501(C)(3)	50,000.	0.			HOUSING/SHELTER
WREATHS ACROSS AMERICA P.O. BOX 249 COLUMBIA FALLS, ME 04623	20-8362270	501(C)(3)	19,949.	0.			MILITARY
YMCA OF GREATER LONG BEACH 3605 LONG BEACH BLVD, SUITE 210 LONG BEACH, CA 90807	95-1643396	501(C)(3)	10,000.	0.			DISASTER RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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YMCA OF SAN DIEGO COUNTY 3708 RUFFIN ROAD SAN DIEGO, CA 92123	95-2039198	501(C)(3)	14,400.	0.			YOUTH DEVELOPMENT
YMCA OF THE EAST VALLEY 500 E. CITRUS AVENUE REDLANDS, CA 92373	95-1684787	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
YOUNG LIFE - RANCHO DEL SOL P.O. BOX 733 SOLANA BEACH, CA 92075	84-0385934	501(C)(3)	23,000.	0.			AFTER SCHOOL PROGRAMS
ZERO8HUNDRED 4420 HOTEL CIRCLE COURT, SUITE 250 SAN DIEGO, CA 92108	83-1268486	501(C)(3)	22,750.	0.			BASIC NEEDS
ZOOLOGICAL SOCIETY OF SAN DIEGO P.O. BOX 120551 SAN DIEGO, CA 92112	95-1648219	501(C)(3)	55,500.	0.			ZOOS

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

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

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

PART I, LINE 2:

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

Part IV Supplemental Information

WHILE GRANTS FROM DONOR ADVISED FUNDS ARE ISSUED TO ANY 501(C)(3)

CHARITABLE ORGANIZATION IN THE UNITED STATES, GRANTS FROM THE FOUNDATION'S

DISCRETIONARY FUNDS ARE LIMITED TO ORGANIZATIONS LOCATED IN SAN DIEGO

COUNTY, CA.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHRISTINA WILSON PRESIDENT & CEO	(i)	206,599.	0.	0.	10,508.	3,995.	221,102.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	33	3,092,890.	STOCK QUOTE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	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 exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M, LINE 32B:

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

RANCHO SANTA FE FOUNDATION

Employer identification number

95-3709639

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN 2020, THE RANCHO SANTA FE FOUNDATION, IN COLLABORATION WITH THE

COASTAL COMMUNITY FOUNDATION AND THE LEICHTAG FOUNDATION, MADE GRANTS

IN EXCESS OF \$858,000 TO NON-PROFITS IN THE NORTH SAN DIEGO COUNTY AREA

TO PROVIDE EMERGENCY SERVICES, INCLUDING FOOD, SHELTER AND MEDICAL

NEEDS RESULTING FROM THE COVID-19 PANDEMIC.

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

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

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

THE MILITARY THROUGH NONPROFIT SERVICE PROVIDERS IN SAN DIEGO COUNTY.

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

IN 2020, ACTIVE DUTY, VETERANS AND THEIR DEPENDENTS BENEFITTED FROM

GRANTS RANGING FROM \$4,000 TO \$25,000 TO 18 DIFFERENT ORGANIZATIONS FOR

A TOTAL OF \$283,449.

EXPENSES \$ 283,449. INCLUDING GRANTS OF \$ 283,449. REVENUE \$ 0.

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

THE FORM 990 IS REVIEWED BY THE PRESIDENT & CEO FOR ACCURACY AND

COMPLETENESS. A FULL FILING COPY WAS PROVIDED ELECTRONICALLY TO ALL THE

BOARD MEMBERS PRIOR TO FILING.

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

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

RANCHO SANTA FE FOUNDATION BOARD OF DIRECTORS. ANNUALLY A REQUEST IS MADE

FOR MEMBERS OF GOVERNANCE AND MANAGEMENT TO COMPLETE THE FOUNDATION'S

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

Schedule O (Form 990 or 990-EZ) 2020

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

INTERESTED PERSONS QUESTIONNAIRE. BEYOND THE INTERESTED PERSONS QUESTIONNAIRE, THE BOARD CHAIRMAN WILL ROUTINELY ASK BOARD MEMBERS TO RECUSE THEMSELVES FROM VOTING ON ISSUES AT MEETING THAT WOULD CREATE A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:
THE COMPENSATION OF THE CEO AND FINANCE DIRECTOR IS SET BY THE EXECUTIVE COMMITTEE, BASED UPON COMPETITIVE SALARY DATA REVIEWED BY THE GOVERNANCE & NOMINATING COMMITTEE AND THE ANNUAL PERFORMANCE REVIEW CONDUCTED BY THE BOARD CHAIRMAN.

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 42,582.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
RSFF CHARITABLE SPECIAL ASSETS FUND - 32-0194805, P.O. BOX 811, RANCHO SANTA FE, CA 92067	ACCEPTANCE OF REAL ESTATE AND OTHER NON-CASH DONATIONS FOR THE RSFF	CALIFORNIA	501(C)(3)	LINE 12A, I	RSFF		X

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.