

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2022

Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization RANCHO SANTA FE FOUNDATION		<b>D</b> Employer identification number 95-3709639
	Doing business as		<b>E</b> 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		<b>G</b> Gross receipts \$ 82,389,007.
	City or town, state or province, country, and ZIP or foreign postal code RANCHO SANTA FE, CA 92067		
<b>F</b> Name and address of principal officer: KAREN SPRIGLE SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> 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		Prior Year	Current Year
Activities & Governance	<b>1</b> 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.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	20
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	20
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	10
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	20
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	11,709,562.	11,736,649.
	<b>9</b> Program service revenue (Part VIII, line 2g)	380,989.	463,700.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,192,726.	4,977,888.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,283,277.	17,178,237.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,945,192.	9,725,565.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	911,215.	867,634.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	333,302.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	465,596.	455,748.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,322,003.	11,048,947.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	8,961,274.	6,129,290.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 166,599,422.	End of Year 146,635,800.
	<b>21</b> Total liabilities (Part X, line 26)	49,462,725.	42,485,132.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	117,136,697.	104,150,668.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer KAREN SPRIGLE, INTERIM CEO	Date			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name AMY A. O'LOUGHLIN	Preparer's signature	Date 10/02/23	Check if self-employed <input type="checkbox"/>	PTIN 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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 8,155,188. including grants of \$ 7,848,984. ) (Revenue \$ 347,516. ) THE RANCHO SANTA FE FOUNDATION SUPPORTS A WIDE VARIETY OF CAUSES EVERY YEAR THROUGH GRANTS MADE FROM ITS DONOR ADVISED FUNDS AND UNRESTRICTED ENDOWMENT FUNDS. GRANTS THAT ARE FUNDED FROM DONOR ADVISED FUNDS ARE BASED ON DONOR-ADVISOR RECOMMENDATIONS AND THOSE FROM UNRESTRICTED ENDOWMENT FUNDS ARE AT THE DISCRETION OF THE ORGANIZATION'S GRANTS AND PROJECTS COMMITTEE.

4b (Code: ) (Expenses \$ 1,260,581. including grants of \$ 1,260,581. ) (Revenue \$ 116,184. ) THE CITY OF SAN MARCOS PROVIDED \$3,000,000 OF FEDERAL STIMULUS FUNDING TO THE CITY OF SAN MARCOS COVID-19 COMMUNITY GRANTS PROGRAM FUND AT THE RANCHO SANTA FE FOUNDATION. FUNDS WILL BE DISTRIBUTED TO NONPROFIT ORGANIZATIONS FOR THE SOLE BENEFIT OF CITY OF SAN MARCOS RESIDENTS. COASTAL COMMUNITY FOUNDATION, IMPACT CUBED AND RANCHO SANTA FE FOUNDATION WILL SERVE AS THE PROGRAM ADMINISTRATORS WITH RESPONSIBILITY FOR THE GRANTING PROCESS AND AWARD DECISIONS IN ACCORDANCE WITH CITY OF SAN MARCOS AGREEMENT.

4c (Code: ) (Expenses \$ 616,000. including grants of \$ 616,000. ) (Revenue \$ ) THE PATRIOTS CONNECTION, A PROGRAM OF THE RANCHO SANTA FE FOUNDATION, STRIVES TO RAISE THE AWARENESS OF AND PROVIDE FUNDING FOR THE NEEDS OF THE MILITARY THROUGH NONPROFIT SERVICE PROVIDERS IN SAN DIEGO COUNTY. SAN DIEGO HAS THE LARGEST CONCENTRATION OF MILITARY ACTIVE & RETIRED PERSONNEL IN THE NATION. IN 2022, ACTIVE DUTY, VETERANS AND THEIR DEPENDENTS BENEFITTED FROM GRANTS RANGING FROM \$15,000 TO \$70,000 TO 15 DIFFERENT ORGANIZATIONS FOR A TOTAL OF \$616,100.

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

4e Total program service expenses 10,031,769.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

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, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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 of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses 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 on 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 on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (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
KAREN SPRIGLE - 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) CHRIS SICHEL PRESIDENT & CEO	40.00 10.00			X				279,800.	0.	13,990.
(2) KAREN SPRIGLE CHIEF OPERATING OFFICER	40.00			X				116,281.	0.	10,831.
(3) ED BLODGETT CHAIRMAN	4.00	X						0.	0.	0.
(4) TOM BUCHHOLZ DIRECTOR	1.00	X						0.	0.	0.
(5) KEVIN CRAWFORD DIRECTOR	1.00	X						0.	0.	0.
(6) ELAINE DODGE DIRECTOR	1.00	X						0.	0.	0.
(7) MICHAEL DYER DIRECTOR	1.00	X						0.	0.	0.
(8) MICHAEL GREGOIRE DIRECTOR	1.00	X						0.	0.	0.
(9) ROBERT HILL DIRECTOR	1.00	X						0.	0.	0.
(10) LINDA KITCHENS TREASURER	1.00	X		X				0.	0.	0.
(11) BARBARA KYRILLOS DIRECTOR	1.00	X						0.	0.	0.
(12) KEN LITTLE DIRECTOR	1.00	X						0.	0.	0.
(13) MATT MILLER DIRECTOR	1.00	X						0.	0.	0.
(14) TRACY MITCHELL DIRECTOR	1.00	X						0.	0.	0.
(15) RICHARD MONTANO DIRECTOR	1.00 1.00	X						0.	0.	0.
(16) RICK NORLING DIRECTOR	1.00	X						0.	0.	0.
(17) RAZIA RICHTER SECRETARY	1.00	X		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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MICHAEL SCHUMACHER DIRECTOR	1.00	X						0.	0.	0.
(19) DENISE STILLINGER DIRECTOR	1.00	X						0.	0.	0.
(20) ROBERT STINE DIRECTOR	1.00	X						0.	0.	0.
(21) PAUL THIEL DIRECTOR	1.00	X						0.	0.	0.
(22) CARL WIESE DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								396,081.	0.	24,821.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								396,081.	0.	24,821.

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	925,413.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	322,659.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	10,488,577.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,610,647.				
	<b>h Total.</b> Add lines 1a-1f .....			11,736,649.			
Program Service Revenue	<b>2 a</b> MANAGEMENT FEE REVENUE	Business Code					
		525920	347,516.	347,516.			
	<b>b</b> PROGRAM SERVICE FEE RE	525920	116,184.	116,184.			
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			463,700.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,155,269.			2,155,269.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				68,033,389.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	65,210,770.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	2,822,619.				
	<b>d</b> Net gain or (loss) .....			2,822,619.		2,822,619.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> _____	Business Code					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			17,178,237.	463,700.	0.	4,977,888.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	9,725,565.	9,725,565.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	420,902.	127,112.	293,790.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	396,669.	103,482.	109,814.	183,373.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....				
<b>10</b> Payroll taxes .....	50,063.	13,925.	24,440.	11,698.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	15,320.		15,320.	
<b>c</b> Accounting .....	46,984.	1,581.	44,075.	1,328.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	208.		208.	
<b>12</b> Advertising and promotion .....	28,584.			28,584.
<b>13</b> Office expenses .....	20,331.	6,777.	6,777.	6,777.
<b>14</b> Information technology .....	66,687.	3,080.	63,607.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	97,737.	32,579.	32,579.	32,579.
<b>17</b> Travel .....	5,965.		5,965.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	26,683.	519.	26,164.	
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	10,749.		10,749.	
<b>23</b> Insurance .....	28,413.	583.	27,340.	490.
<b>24</b> 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.)				
<b>a</b> DUES AND SUBSCRIPTIONS	26,010.	8,670.	8,670.	8,670.
<b>b</b> UTILITIES	12,213.	4,071.	4,071.	4,071.
<b>c</b> BANK SERVICE CHARGES	3,943.	1,353.	2,590.	
<b>d</b> _____				
<b>e</b> All other expenses _____	65,921.	2,472.	7,717.	55,732.
<b>25</b> Total functional expenses. Add lines 1 through 24e	11,048,947.	10,031,769.	683,876.	333,302.
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,037,241.	<b>1</b>	1,783,180.
	<b>2</b> Savings and temporary cash investments .....	621,783.	<b>2</b>	631,435.
	<b>3</b> Pledges and grants receivable, net .....	437,414.	<b>3</b>	283,781.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	4,100.	<b>9</b>	4,100.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 166,929.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 143,847.	28,860.	<b>10c</b> 23,082.
	<b>11</b> Investments - publicly traded securities .....	116,078,039.	<b>11</b>	102,993,021.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	47,391,985.	<b>15</b>	40,917,201.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	166,599,422.	<b>16</b>	146,635,800.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	300,493.	<b>17</b>	70,135.
	<b>18</b> Grants payable .....	1,772,654.	<b>18</b>	1,543,269.
	<b>19</b> Deferred revenue .....	80,603.	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	46,966,081.	<b>21</b>	40,602,944.
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	342,894.	<b>25</b>	268,784.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	49,462,725.	<b>26</b>	42,485,132.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	58,378,402.	<b>27</b>	55,011,668.
	<b>28</b> Net assets with donor restrictions .....	58,758,295.	<b>28</b>	49,139,000.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	117,136,697.	<b>32</b>	104,150,668.
<b>33</b> Total liabilities and net assets/fund balances .....	166,599,422.	<b>33</b>	146,635,800.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	17,178,237.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	11,048,947.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	6,129,290.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	117,136,697.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-18,842,522.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-272,797.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	104,150,668.

**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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? \_\_\_\_\_
- 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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2022)

**SCHEDULE A**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

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).)
- 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 on 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		
<b>Total</b>						

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	11,573,771.	6,821,209.	8,371,022.	11,709,562.	11,736,649.	50,212,213.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	11,573,771.	6,821,209.	8,371,022.	11,709,562.	11,736,649.	50,212,213.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						14,968,157.
<b>6 Public support.</b> Subtract line 5 from line 4.						35,244,056.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	11,573,771.	6,821,209.	8,371,022.	11,709,562.	11,736,649.	50,212,213.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2,098,571.	2,421,356.	2,026,593.	1,788,731.	2,155,269.	10,490,520.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	3,424.	3,638.	5,434.			12,496.
<b>11 Total support.</b> Add lines 7 through 10						60,715,229.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,649,375.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	58.05 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	60.96 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described on 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>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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>b</b> Did the activities described on 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>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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>b</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>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022

**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

2018 AMOUNT: \$ 3,424.

2019 AMOUNT: \$ 3,638.

2020 AMOUNT: \$ 5,434.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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), 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), 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).

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/>	\$ 401,959.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 322,659.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 4,850,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>925,413.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 401,959.	12/22/22
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____



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

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

2022

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure); 2. Conservation contribution details (table with 2 columns: Description, Held at the End of the Tax Year); 3-9. Various questions about monitoring, expenses, and reporting requirements.

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.

Form with questions 1a, 1b, 2, a, b regarding reporting requirements for art and historical treasures, including revenue and asset inclusion details.

**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	51,019,419.	46,414,748.	41,770,562.	39,806,244.	44,039,253.
b Contributions	55,083.	92,822.	15,832.	143,614.	13,813.
c Net investment earnings, gains, and losses	-6,137,122.	5,961,703.	5,992,871.	6,599,733.	-2,254,721.
d Grants or scholarships	992,854.	1,079,290.	1,045,240.	4,466,628.	1,663,813.
e Other expenditures for facilities and programs	12,538.				6,847.
f Administrative expenses	352,591.	370,564.	319,277.	312,401.	321,441.
g End of year balance	43,579,397.	51,019,419.	46,414,748.	41,770,562.	39,806,244.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 1.8700 %
  - b Permanent endowment 97.8200 %
  - c Term endowment .3100 %
- 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  |     | X  |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input checked="" type="checkbox"/> | 3b  |    |
- 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		30,916.	26,826.	4,090.
d Equipment		136,013.	117,021.	18,992.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				23,082.

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" 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	40,602,944.
(2) ASSETS HELD IN CRT	314,257.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	40,917,201.

**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	268,784.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	268,784.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	-1,666,000.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-18,842,522.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-1,715.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-18,844,237.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	17,178,237.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	17,178,237.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	11,122,000.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	73,053.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	73,053.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	11,048,947.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	11,048,947.

**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 \$40,602,944 AT

DECEMBER 31, 2022.

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, 2022. AT DECEMBER 31, 2022, THE FEDERAL STATUTE OF LIMITATIONS REMAINS OPEN FOR 2019 THROUGH 2022 YEARS. THE STATUTE OF LIMITATIONS FOR THE STATE INCOME TAX RETURNS REMAINS OPEN FOR THE 2018 THROUGH 2022 YEARS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING	-200.
ACTIVITY INCLUDED IN THE CHARITABLE SPECIAL ASSETS FUND	271,067.
CHANGE IN CHARITABLE REMAINDER TRUST	-272,582.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-1,715.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES REPORTED ON RELATED ORGANIZATION - RSFF CSAF	73,053.
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**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
24/7/365 MINISTRY, INC. 2901 BLOOMING COURT WASHINGTON, MD 20744	47-3673295	501(C)(3)	7,000.	0.			RELIGIOUS
A STEP BEYOND 340 N. ESCONDIDO BLVD. ESCONDIDO, CA 92025	46-2857532	501(C)(3)	111,500.	0.			SOCIAL SERVICES
ABC YOUTH FOUNDATION 3131 MARKET ST. SAN DIEGO, CA 92102	33-0659706	501(C)(3)	25,000.	0.			RECREATION/SPORTS/ACTIVITIES
ALL HALLOWS CATHOLIC CHURCH 6602 LA JOLLA SCENIC DR. S LA JOLLA, CA 92037	27-3861154	501(C)(3)	35,000.	0.			RELIGIOUS
ALPHA PROJECT FOR THE HOMELESS 3737 FIFTH AVENUE, STE. 203 SAN DIEGO, CA 92103	33-0215585	501(C)(3)	40,500.	0.			MILITARY
ALZHEIMER'S SAN DIEGO 3635 RUFFIN ROAD, SUITE 300 SAN DIEGO, CA 92123	47-5534541	501(C)(3)	10,000.	0.			AGING

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 239.
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY, SAN DIEGO PO BOX 910549 SAN DIEGO, CA 92191	13-1788491	501(C)(3)	7,000.	0.			HEALTH
AMERICAN FRIENDS OF CHICKEN SHED, INC. - 1441 BROADWAY, 5TH FLOOR - NEW YORK, NY 10018	30-0099170	501(C)(3)	56,000.	0.			ARTS & CULTURE
AMERICAN FRIENDS OF OUR ARMED FORCES - 232 WILD HORSE DR. - PALM DESERT, CA 92211	20-1961737	501(C)(3)	10,000.	0.			MILITARY
ARMED SERVICES YMCA CAMP PENDLETON BOX 555028 CAMP PENDLETON, CA 92055	95-2486118	501(C)(3)	25,000.	0.			MILITARY
ARMED SERVICES YMCA SAN DIEGO 3293 SANTO ROAD SAN DIEGO, CA 92124	95-1679700	501(C)(3)	50,000.	0.			MILITARY
ART OF ELAN 6165 RADCLIFFE DR SAN DIEGO, CA 92122	20-8136710	501(C)(3)	50,000.	0.			ARTS & CULTURE
ASSISTANCE LEAGUE OF RANCHO SAN DIEGUITO - 270F NORTH EL CAMINO REAL BOX #368 - ENCINITAS, CA 92024	33-0556542	501(C)(3)	15,000.	0.			SOCIAL SERVICES
BARABBAS ROAD CHURCH PO BOX 12461 LA JOLLA, CA 92039	94-1347058	501(C)(3)	95,000.	0.			RELIGIOUS
BOYS & GIRLS CLUB OF SAN MARCOS 1 POSITIVE PLACE SAN MARCOS, CA 92069	95-3330218	501(C)(3)	25,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF THE AUSTIN AREA - 6648 ED BLUESTEIN BLVD - AUSTIN, TX 78723	74-6087356	501(C)(3)	60,000.	0.			RECREATION/SPORTS/ACTIVITIES
BOYS AND GIRLS CLUBS OF SAN DIEGUITO FOUNDATION - 533 LOMAS SANTA FE DR. - SOLANA BEACH, CA 92075	95-3201906	501(C)(3)	56,735.	0.			RECREATION/SPORTS/ACTIVITIES
BULAMU HEALTHCARE 1933 WAVERLEY STREET PALO ALTO, CA 94301	47-4196766	501(C)(3)	31,000.	0.			HEALTH
CALIFORNIA STATE SAN MARCOS UNIVERSITY FOUNDATION - 333 S TWIN OAKS VALLEY ROAD - SAN MARCOS, CA 92096-0001	80-0390564	501(C)(3)	22,439.	0.			SOCIAL SERVICES
CALVARY CHAPEL CHICO HILLS 4201 EUCALYPTUS AVENUE CHICO, CA 91710	33-0419808	501(C)(3)	5,250.	0.			RELIGIOUS
CAMPUS CRUSADE FOR CHRIST PO BOX 628222 ORLANDO, FL 32862-8222	95-6006173	501(C)(3)	27,500.	0.			RELIGIOUS
CANINE COMPANIONS FOR INDEPENDENCE 124 RANCHO DEL ORO DRIVE OCEANSIDE, CA 92057	94-2494324	501(C)(3)	50,000.	0.			ANIMAL WELFARE
CARDINAL ALLIANCE PARENT ORGANIZATION - 1 MISSION HILLS CT. - SAN MARCOS, CA 92069	81-5159740	501(C)(3)	15,000.	0.			ARTS & CULTURE
CASA DE AMPARO 325 BUENA CREEK ROAD SAN MARCOS, CA 92069	95-3315571	501(C)(3)	30,100.	0.			SOCIAL SERVICES

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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CATHOLIC CHARITIES DIOCESE OF SAN DIEGO - PO BOX 121831 - SAN DIEGO, CA 92112-1831	23-7334012	501(C)(3)	50,000.	0.			SOCIAL SERVICES
CENTRAL TEXAS FOOD BANK 6500 METROPOLIS DRIVE AUSTIN, TX 78744	74-2217350	501(C)(3)	110,000.	0.			SOCIAL SERVICES
CENTRAL TEXAS TABLE OF GRACE, INC. PO BOX 52 ROUND ROCK, TX 78680	46-5500774	501(C)(3)	10,000.	0.			SOCIAL SERVICES
CHALLENGED ATHLETES, INC. 9591 WAPLES STREET SAN DIEGO, CA 92121	33-0739596	501(C)(3)	37,000.	0.			RECREATION/SPORTS/ACTIVITIES
CHANGE REACTION 15301 VENTURA BLVD STE B570 SHERMAN OAKS, CA 91403-6650	38-4128902	501(C)(3)	6,500.	0.			ADVOCACY
CHATTANOOGA CHRISTIAN COMMUNITY FOUNDATION - 345 FRAZIER AVENUE, UNIT 205 - CHATTANOOGA, TN 37405	62-1536731	501(C)(3)	12,600.	0.			RELIGIOUS
CHILDRENS HEALTH DEFENSE 1227 N PEACHTREE PARKWAY #202 PEACHTREE CITY, GA 30269	26-0388604	501(C)(3)	10,000.	0.			HEALTH
CHILDREN'S LITERACY FOUNDATION 1536 LOOMIS HILL ROAD WATERBURY CENTER, VT 05677	02-0498154	501(C)(3)	25,000.	0.			EDUCATION
CHRISTIAN CENTER OF PARK CITY PO BOX 683480 PARK CITY, UT 84068	87-0643778	501(C)(3)	110,000.	0.			SOCIAL SERVICES

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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COACHELLA VALLEY RESCUE MISSION PO BOX 10660 INDIO, CA 92202-2564	95-2684844	501(C)(3)	6,000.	0.			SOCIAL SERVICES
COASTAL ROOTS FARM 441 SAXONY ROAD ENCINITAS, CA 92024	47-1570910	501(C)(3)	79,100.	0.			SOCIAL SERVICES
COLGATE UNIVERSITY P.O. BOX 313 CANAJOHARIE, NY 13317-0313	15-0532078	501(C)(3)	50,000.	0.			EDUCATION
COLLEGE AREA PREGNANCY SERVICES, INC. - PO BOX 15115 - SAN DIEGO, CA 92175	33-0782841	501(C)(3)	26,400.	0.			HEALTH
COMMUNITY CONCERTS OF RANCHO SANTA FE INC - P. O. BOX 2781 - RANCHO SANTA FE, CA 92067	87-0694238	501(C)(3)	6,051.	0.			ARTS & CULTURE
COMMUNITY RESOURCE CENTER 650 2ND ST. ENCINITAS, CA 92024	95-3497926	501(C)(3)	56,474.	0.			SOCIAL SERVICES
CONGREGATION BETH AM 5050 DEL MAR HEIGHTS RD SAN DIEGO, CA 92130	95-3754483	501(C)(3)	8,700.	0.			RELIGIOUS
CSU SAN MARCOS FOUNDATION 333 S. TWIN OAKS VALLEY ROAD SAN MARCOS, CA 92096	80-0390564	501(C)(3)	32,500.	0.			EDUCATION
CURE INTERNATIONAL, INC. 70 IONIA AVE, SW, SUITE 200 GRAND RAPIDS, MI 49503	58-2248383	501(C)(3)	250,000.	0.			HEALTH

Schedule I (Form 990)

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CUREBOUND, INC. 9191 TOWNE CENTER DRIVE, STE 310 SAN DIEGO, CA 92122	46-0552414	501(C)(3)	32,600.	0.			RECREATION/SPORTS/ACTIVITIES
DAVID'S HARP FOUNDATION 705 16TH STREET SAN DIEGO, CA 92101	27-0910766	501(C)(3)	50,000.	0.			ARTS & CULTURE
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	18,134.	0.			HUMANITARIAN-GLOBAL
DUKE UNIVERSITY PO BOX 90581 DURHAM, NC 27708-0581	56-0532129	501(C)(3)	12,000.	0.			EDUCATION
EDIFY 8825 AERO DRIVE, SUITE 220 SAN DIEGO, CA 92123	27-0892545	501(C)(3)	10,000.	0.			RELIGIOUS
EISENHOWER MEDICAL CENTER FOUNDATION - 39000 BOB HOPE DRIVE - RANCHO MIRAGE, CA 92270-3221	95-6130458	501(C)(3)	49,225.	0.			HEALTH
ELDERHELP OF SAN DIEGO 5095 MURPHY CANYON RD, #100 SAN DIEGO, CA 92123	95-2880426	501(C)(3)	15,000.	0.			AGING
ELEMENTARY INSTITUTE OF SCIENCE 608 51ST STREET SAN DIEGO, CA 92114-2201	94-1669545	501(C)(3)	8,593.	0.			EDUCATION
EMPOWERING LATINO FUTURES (FORMERLY LATINO LITERACY NOW - 624 HILLCREST LN - FALLBROOK, CA 92028	33-0868486	501(C)(3)	25,000.	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.)

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FACE FOUNDATION 10505 SORRENTO VALLEY ROAD, SUITE 1 SAN DIEGO, CA 92121	20-5333261	501(C)(3)	7,000.	0.			ANIMAL WELFARE
FATHER JOE'S VILLAGES 3350 'E' STREET SAN DIEGO, CA 92102	33-0492302	501(C)(3)	36,114.	0.			SOCIAL SERVICES
FEEDING SAN DIEGO 9455 WAPLES STREET, STE. 135 SAN DIEGO, CA 92121	26-0457477	501(C)(3)	84,650.	0.			EDUCATION
FELLOWSHIP OF CHRISTIAN ATHLETES - GREATER AUSTIN - 104 HI STIRRUP - MARBLE FALLS, TX 78657	44-0610626	501(C)(3)	20,000.	0.			RECREATION/SPORTS/ACTIVITIES
FELLOWSHIP OF CHRISTIAN ATHLETES- PACIFIC SOUTHWEST REGION - PO BOX 231443 - ENCINITAS, CA 92024	44-0610626	501(C)(3)	30,500.	0.			RECREATION/SPORTS/ACTIVITIES
FELLOWSHIP OF CHRISTIAN ATHLETES, SAN DIEGO COUNTY - PO BOX 2429 - CARLSBAD, CA 92018	44-0610626	501(C)(3)	15,500.	0.			RECREATION/SPORTS/ACTIVITIES
FIRST CHURCH OF CHRIST, SCIENTIST P.O. BOX 422 RANCHO SANTA FE, CA 92067	95-2322997	501(C)(3)	8,487.	0.			RELIGIOUS
FIRST LIBERTY INSTITUTE 2001 W. PLANO PARKWAY, #1600 PLANO, TX 75075	75-1403169	501(C)(3)	28,000.	0.			ADVOCACY
FISHER HOUSE SOUTHERN CALIFORNIA, INC. - PO BOX 110 - LONG BEACH, CA 90801	46-1815286	501(C)(3)	60,000.	0.			MILITARY

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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FISTULA FOUNDATION 1922 THE ALAMEDA #302 SAN JOSE, CA 95126	77-0547201	501(C)(3)	50,000.	0.			HEALTH
FLOWER MOUND HIGH SCHOOL BAND BOOSTER CLUB - 3411 PETERS COLONY ROAD - FLOWER MOUND, TX 75022	75-2828571	501(C)(3)	10,000.	0.			ARTS & CULTURE
FOOTHILL COUNTRY DAY SCHOOL 1035 WEST HARRISON AVENUE CLAREMONT, CA 91711	95-1816057	501(C)(3)	22,171.	0.			EDUCATION
FOREVER BALBOA PARK 1549 EL PRADO STE #1 SAN DIEGO, CA 92101	33-0849518	501(C)(3)	8,500.	0.			ENVIRONMENTAL
FOUNDATION FOR WOMEN WARRIORS 1185 PARK CENTER DR SUITE R VISTA, CA 92081	20-5523954	501(C)(3)	122,500.	0.			MILITARY
FRANK LLOYD WRIGHT BUILDING CONSERVANCY - 53 W. JACKSON BLVD., #1120 - CHICAGO, IL 60604-3548	36-3703598	501(C)(3)	7,500.	0.			HISTORIC PRESERVATION
FREE TO THRIVE 1050 UNIVERSITY AVE. SAN DIEGO, CA 92103	82-0860894	501(C)(3)	18,000.	0.			ADVOCACY
FRESH START SURGICAL GIFTS, INC. 2011 PALOMAR AIRPORT RD. CARLSBAD, CA 92011	33-0460177	501(C)(3)	101,000.	0.			HEALTH
FRIENDS OF RICHLAND ELEMENTARY SCHOOL PTO - 910 BORDEN ROAD - SAN MARCOS, CA 92069	23-7074629	501(C)(3)	5,500.	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.)

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FRIENDS OF UNITED HATZALAH INC. 208 EAST 51ST STREET, SUITE 303 NEW YORK, NY 10022	11-3533002	501(C)(3)	16,200.	0.			HUMANITARIAN-GLOBAL
FULLER THEOLOGICAL SEMINARY OFFICE OF DEVELOPMENT PASADENA, CA 91182-0001	95-1699394	501(C)(3)	15,000.	0.			EDUCATION
GENERATEHOPE, INC. 4025 CAMINO DEL RIO SUITE #300 SAN DIEGO, CA 92108	26-3405689	501(C)(3)	52,000.	0.			SOCIAL SERVICES
GIRL SCOUTS OF THE USA PO BOX 5046 NEW YORK, NY 10087-5046	13-1624016	501(C)(3)	25,000.	0.			RECREATION/SPORTS/ACTIVITIES
GIRL SCOUTS SAN DIEGO 1231 UPAS STREET SAN DIEGO, CA 92103-5199	95-1644585	501(C)(3)	26,300.	0.			RECREATION/SPORTS/ACTIVITIES
GRACE COMMUNITY CHURCH 13248 ROSCOE BLVD. SUN VALLEY, CA 91352	95-6006357	501(C)(3)	5,250.	0.			RELIGIOUS
H3O FOUNDATION PO BOX 1695 SOLANA BEACH, CA 92075	45-3719707	501(C)(3)	10,600.	0.			HUMANITARIAN-GLOBAL
HARBOR MINISTRIES PO BOX 21984 LINCOLN, NE 68542	20-4894998	501(C)(3)	25,000.	0.			RELIGIOUS
HAZELDEN BETTY FORD FOUNDATION 39000 BOB HOPE DRIVE RANCHO MIRAGE, CA 92270	41-0682405	501(C)(3)	50,000.	0.			HEALTH

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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HEALING WAVE AQUATICS 2657 ARIANE DR. SAN DIEGO, CA 92117	36-4690777	501(C)(3)	50,000.	0.			HEALTH
HEALTHNETWORK FOUNDATION, INC. 3550 LANDER ROAD, SUITE 225 PEPPER PIKE, OH 44124	04-3804600	501(C)(3)	7,000.	0.			HEALTH
HONORARY DEPUTY SHERIFF'S ASSOCIATION - PO BOX 421260 - SAN DIEGO, CA 92123	23-7386902	501(C)(3)	24,063.	0.			CIVIC ENGAGEMENT
HOOVER INSTITUTION 434 GALVEZ MALL STANFORD, CA 94305-6003	94-1156365	501(C)(3)	10,000.	0.			EDUCATION
HOPE FOR SAN DIEGO 4075 PARK BLVD, SUITE 102-348 SAN DIEGO, CA 92103	77-0605178	501(C)(3)	7,400.	0.			RELIGIOUS
HOPE THROUGH HOUSING FOUNDATION 9421 HAVEN AVE RANCHO CUCAMONGA, CA 91730	33-0802554	501(C)(3)	40,000.	0.			MILITARY
HORIZON CHRISTIAN FELLOWSHIP RANCHO SANTA FE - P.O. BOX 9070 - RANCHO SANTA FE, CA 92067	33-0736434	501(C)(3)	5,250.	0.			RELIGIOUS
IDYLLWILD ANIMAL RESCUE FRIENDS PO BOX 719 IDYLLWILD, CA 92549	77-0648417	501(C)(3)	15,000.	0.			ANIMAL WELFARE
IMPACT CUBED 441 SAXONY ROAD ENCINITAS, CA 92024	83-2215503	501(C)(3)	26,000.	0.			HUMANITARIAN-GLOBAL

Schedule I (Form 990)



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INFO LINE OF SAN DIEGO COUNTY 3860 CALLE FORTUNADA SAN DIEGO, CA 92103	33-1029843	501(C)(3)	20,000.	0.			MILITARY
INSTITUTE OF CONTEMPORARY ART, SAN DIEGO - 1550 S. EL CAMINO REAL - ENCINITAS, CA 92024	95-1816068	501(C)(3)	102,750.	0.			ARTS & CULTURE
INTERNATIONAL RESCUE COMMITTEE PO BOX 6068 ALBERT LEA, MN 56007-9847	13-5660870	501(C)(3)	8,500.	0.			HUMANITARIAN-GLOBAL
INTERVARSITY CHRISTIAN FELLOWSHIP - USA - PO BOX 7895 - MADISON, WY 53707-7895	36-2171714	501(C)(3)	10,000.	0.			RELIGIOUS
JACKIE ROBINSON YMCA 151 YMCA WAY SAN DIEGO, CA 92102	81-1048646	501(C)(3)	20,000.	0.			RECREATION/SPORTS/ACTIVITIES
JACOBS & CUSHMAN SAN DIEGO FOOD BANK - 9850 DISTRIBUTION AVENUE - SAN DIEGO, CA 92121-2320	20-4374795	501(C)(3)	45,100.	0.			SOCIAL SERVICES
JACOBSON JEWISH COMMUNITY FOUNDATION - JEWISH FEDERATION OF SOUTH PALM BEACH COUNTY - BOCA RATON, FL 33428	59-1945109	501(C)(3)	29,551.	0.			CIVIC ENGAGEMENT
JDC PO BOX 4124 NEW YORK, NY 10163	13-1656634	501(C)(3)	15,630.	0.			HUMANITARIAN-GLOBAL
JEWISH FEDERATION OF SAN DIEGO COUNTY - 4950 MURPHY CANYON ROAD - SAN DIEGO, CA 92123	95-1319015	501(C)(3)	12,200.	0.			RELIGIOUS

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

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JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS - PO BOX 101510 - ARLINGTON, VA 22210	53-0245017	501(C)(3)	15,000.	0.			ARTS & CULTURE
JOIN FREEWORLD, INC 1043 GARLAND AVE., UNIT C#950 SAN JOSE, CA 95126	85-1834696	501(C)(3)	40,500.	0.			ADVOCACY
JUDICIAL WATCH 425 THIRD STREET SW WASHINGTON, DC 20024	52-1885088	501(C)(3)	15,000.	0.			ADVOCACY
JUST IN TIME FOR FOSTER YOUTH PO BOX 601627 SAN DIEGO, CA 92160	20-5448416	501(C)(3)	124,100.	0.			SOCIAL SERVICES
KIDS' TURN SAN DIEGO 4909 MURPHY CANYON RD, SUITE 515 SAN DIEGO, CA 92123	33-0724932	501(C)(3)	113,400.	0.			MILITARY
KPBS PUBLIC BROADCASTING 5200 CAMPANILE DRIVE SAN DIEGO, CA 92182-5400	95-6042721	501(C)(3)	13,950.	0.			ADVOCACY
KRAEMER ENDOWMENT FOUNDATION 2119 EAST MADISON AVENUE EL CAJON, CA 92019	33-0573935	501(C)(3)	16,500.	0.			EDUCATION
KYOTO SYMPOSIUM ORGANIZATION PO BOX 3303 LA JOLLA, CA 92038	20-3117897	501(C)(3)	6,000.	0.			EDUCATION
LA JOLLA INSTITUTE FOR IMMUNOLOGY 9420 ATHENA CIRCLE LA JOLLA, CA 92037	33-0328688	501(C)(3)	69,900.	0.			HEALTH

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LA JOLLA MUSIC SOCIETY 7600 FAY AVENUE LA JOLLA, CA 92037	23-7148171	501(C)(3)	39,864.	0.			ARTS & CULTURE
LABRATS SAN DIEGO 533 2ND STREET ENCINITAS, CA 92024	82-0839046	501(C)(3)	15,000.	0.			EDUCATION
LAMB'S PLAYERS THEATRE 1142 ORANGE AVE CORONADO, CA 92118	33-0592567	501(C)(3)	6,500.	0.			ARTS & CULTURE
LEADERSHIP INSTITUTE 1101 N. HIGHLAND STREET ARLINGTON, VA 22201	51-0235174	501(C)(3)	15,000.	0.			ADVOCACY
LEAP TO SUCCESS 5205 AVENIDA ENCINAS, STE A CARLSBAD, CA 92008	46-3198240	501(C)(3)	50,000.	0.			SOCIAL SERVICES
LEGAL AID SOCIETY OF SAN DIEGO 110 S. EUCLID AVENUE SAN DIEGO, CA 92114	95-1869806	501(C)(3)	25,000.	0.			ADVOCACY
LINCOLN MEDIA FOUNDATION 444 W. C STREET, STE 230 SAN DIEGO, CA 92101	86-3820336	501(C)(3)	10,000.	0.			ADVOCACY
LOVE HAS NO LIMITS 32565 B. GOLDEN LANTERN #354 DANA POINT, CA 92629	84-3661235	501(C)(3)	7,500.	0.			RELIGIOUS
MAINLY MOZART 404 EUCLID AVENUE, #221 SAN DIEGO, CA 92114	33-0320305	501(C)(3)	15,700.	0.			ARTS & CULTURE

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MAMA'S KITCHEN 3960 HOME AVENUE SAN DIEGO, CA 92105	33-0434246	501(C)(3)	35,600.	0.			HEALTH
MARANATHA CHAPEL 10752 COASTWOOD ROAD SAN DIEGO, CA 92127	33-0070042	501(C)(3)	16,200.	0.			HUMANITARIAN-GLOBAL
MCALISTER INSTITUTE 1400 N. JOHNSON AVENUE, SUITE 101 EL CAJON, CA 92020	95-3140767	501(C)(3)	28,000.	0.			HEALTH
MEALS-ON-WHEELS GREATER SAN DIEGO, INC. D.B.A. MEALS ON WHEELS SAN DIEGO COUNTY - 2254 SAN DIEGO AVE. SUITE 200 - SAN DIEGO, CA 92110	95-2660509	501(C)(3)	42,225.	0.			AGING
MERCY CHEFS INC. 711 WASHINGTON STREET PORTSMOUTH, VA 23704	20-5050449	501(C)(3)	45,000.	0.			SOCIAL SERVICES
MIRACOSTA COLLEGE FOUNDATION 1 BARNARD DRIVE MS 7 OCEANSIDE, CA 92056-9989	95-6151938	501(C)(3)	125,000.	0.			EDUCATION
MIRAGLO FOUNDATION PO BOX 1270 LA JOLLA, CA 92038	45-2499438	501(C)(3)	200,000.	0.			HEALTH
MOISHE HOUSE 441 SAXONY ROAD, BARN 2 ENCINITAS, CA 92024	26-2599786	501(C)(3)	12,430.	0.			HUMANITARIAN-GLOBAL
MONARCH SCHOOL 1625 NEWTON AVENUE SAN DIEGO, CA 92113	33-0871354	501(C)(3)	23,000.	0.			EDUCATION

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MOTHER OF DIVINE GRACE SCHOOL 407 BRYANT CIRCLE, SUITE C OJAI, CA 93023	38-3860486	501(C)(3)	25,000.	0.			EDUCATION
NATURE COLLECTIVE PO BOX 230634 ENCINITAS, CA 92023-0634	33-0358660	501(C)(3)	96,805.	0.			ENVIRONMENTAL
NEIGHBORHOOD HEALTHCARE 425 N. DATE STREET ESCONDIDO, CA 92025	95-2796316	501(C)(3)	32,315.	0.			HEALTH
NEIGHBORHOOD LEGAL SERVICES OF LOS ANGELES COUNTY - 1102 EAST CHEVY CHASE DRIVE - GLENDALE, CA 91205	95-2408642	501(C)(3)	7,500.	0.			ADVOCACY
NOAH HOMES, INC. 12526 CAMPO ROAD SPRING VALLEY, CA 91978-2329	95-3821566	501(C)(3)	5,300.	0.			SOCIAL SERVICES
NORTH COAST REPERTORY THEATRE 987 LOMAS SANTA FE DRIVE SUITE D SOLANA BEACH, CA 92075	95-3819307	501(C)(3)	20,500.	0.			ARTS & CULTURE
NORTH COUNTY LGBTQ RESOURCE CENTER 3220 MISSION AVENUE SUITE #2 OCEANSIDE, CA 92058	39-2069596	501(C)(3)	13,910.	0.			HEALTH
NORTH COUNTY SAN DIEGO VETERANS STAND DOWN - 230 E PARK AVE - ESCONDIDO, CA 92025	81-2357784	501(C)(3)	60,000.	0.			MILITARY
NORTH SAN DIEGO COUNTY PROMISE 603 SEAGAZE DRIVE, #734 OCEANSIDE, CA 92054	47-2158619	501(C)(3)	25,000.	0.			CIVIC ENGAGEMENT

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NROTC UNIVERSITY OF SAN DIEGO DEGHERI ALUMNI CENTER, SUITE 214 SAN DIEGO, CA 92110	95-2544535	501(C)(3)	25,000.	0.			MILITARY
OPERATION HOPE-NORTH COUNTY 859 EAST VISTA WAY VISTA, CA 92084	57-1214920	501(C)(3)	35,000.	0.			MILITARY
PACIFIC RIDGE SCHOOL 6269 EL FUERTE CARLSBAD, CA 92009	86-1061606	501(C)(3)	7,363.	0.			EDUCATION
PADRES PEDAL THE CAUSE 9191 TOWNE CENTER DR. SUITE 310 SAN DIEGO, CA 92122	46-0552414	501(C)(3)	35,645.	0.			RECREATION/SPORTS/ACTIVITIES
PALOMAR COLLEGE FOUNDATION 1140 WEST MISSION ROAD SAN MARCOS, CA 92069-1487	95-6094128	501(C)(3)	83,500.	0.			EDUCATION
PALOMAR FAMILY COUNSELING SERVICE, INC. - 1002 E. GRAND AVENUE - ESCONDIDO, CA 92025	33-0629248	501(C)(3)	9,000.	0.			SOCIAL SERVICES
PARALYZED VETERANS OF AMERICA, CAL-DIEGO CHAPTER - 3350 LA JOLLA VILLAGE DRIVE - SAN DIEGO, CA 92161	95-3691162	501(C)(3)	10,000.	0.			MILITARY
PLEASANTS COUNTY LIBRARY 101 LAFAYETTE STREET ST. MARYS, WA 26170	55-0596254	501(C)(3)	14,511.	0.			ARTS & CULTURE
POINT LOMA NAZARENE UNIVERSITY 3900 LOMALAND DRIVE SAN DIEGO, CA 92106	95-1644035	501(C)(3)	16,000.	0.			EDUCATION

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POWELL GARDENS, INC. 1609 NW US HWY 50 KINGSVILLE, WV 64061	43-1483357	501(C)(3)	7,000.	0.			ENVIRONMENTAL
PRAGER UNIVERSITY FOUNDATION 15021 VENTURA BLVD. #552 SHERMAN OAKS, CA 91403	27-1763901	501(C)(4)	12,500.	0.			ADVOCACY
PRESBYTERIAN CHURCH OF BIG WOOD PO BOX 660 KETCHUM, ID 83340-0660	82-0374595	501(C)(3)	12,000.	0.			RELIGIOUS
PRODUCEGOOD 4057 VIA DE LA PAZ OCEANSIDE, CA 92057	47-2289712	501(C)(3)	20,404.	0.			SOCIAL SERVICES
PROJECT KESHER 2660 BROADWAY #16 NEW YORK, NY 10025	36-3673594	501(C)(3)	5,640.	0.			HUMANITARIAN-GLOBAL
PROMISES2KIDS 9440 RUFFIN CT., STE. A SAN DIEGO, CA 92123	95-3655288	501(C)(3)	50,900.	0.			EDUCATION
RANCHO SANTA FE COMMUNITY CENTER P.O. BOX 1834 RANCHO SANTA FE, CA 92067	95-2842837	501(C)(3)	23,670.	0.			RECREATION/SPORTS/ACTIVITIES
REINS THERAPEUTIC HORSEMANSHIP PROGRAM - PO BOX 1283 - BONSALL, CA 92003	33-0035455	501(C)(3)	24,000.	0.			ANIMAL WELFARE
RENEW DEMOCRACY INITIATIVE PO BOX 35533 WASHINGTON, DC 20033	82-2547275	501(C)(3)	22,500.	0.			ADVOCACY

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RESOUNDING JOY INC. 11300 SORRENTO VALLEY RD., STE. 104 SAN DIEGO, CA 92121	75-3190962	501(C)(3)	25,300.	0.			MILITARY
RESPONSIBILITY PO BOX 433199 SAN YSIDRO, CA 92143	33-0437290	501(C)(3)	5,500.	0.			EDUCATION
RETRIEVERS AND FRIENDS OF SOUTHERN CA INC - PO BOX 1822 - TEMECULA, CA 92593	27-0443768	501(C)(3)	36,000.	0.			ANIMAL WELFARE
ROCK CHURCH SAN MARCOS 1370 W SAN MARCOS BLVD, STE. 110 SAN MARCOS, CA 92078	33-0888725	501(C)(3)	25,000.	0.			SOCIAL SERVICES
ROTARY INTERNATIONAL 14280 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	36-3245072	501(C)(3)	36,050.	0.			HUMANITARIAN-GLOBAL
SAINT JEANNE DE LESTONNAC SCHOOL 32650 AVENIDA LESTONNAC TEMECULA, CA 92592	95-2462907	501(C)(3)	25,084.	0.			EDUCATION
SALK INSTITUTE FOR BIOLOGICAL STUDIES - 10010 N. TORREY PINES RD. - LA JOLLA, CA 92037	95-2160097	501(C)(3)	15,000.	0.			EDUCATION
SALVATION ARMY: AUSTIN AREA COMMAND - 4700 MANOR ROAD - AUSTIN, TX 78723	58-0660607	501(C)(3)	20,000.	0.			SOCIAL SERVICES
SALVATION ARMY: SAN DIEGO 6845 UNIVERSITY AVENUE SAN DIEGO, CA 92115	94-1156347	501(C)(3)	39,100.	0.			SOCIAL SERVICES

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SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	11,000.	0.			HUMANITARIAN-GLOBAL
SAN DIEGO BIOMEDICAL RESEARCH INSTITUTE - 3525 JOHN HOPKINS CT., STE 200 - SAN DIEGO, CA 92121	46-3481092	501(C)(3)	100,000.	0.			HEALTH
SAN DIEGO IMPERIAL SWIMMING ASSOCIATION - PO BOX 1347 - FALLBROOK, CA 92088	74-2277325	501(C)(3)	7,176.	0.			EDUCATION
SAN DIEGO REGIONAL FIRE FOUNDATION 2508 HISTORIC DECATUR RD, SUITE 200 SAN DIEGO, CA 92106-6138	33-0386687	501(C)(3)	20,000.	0.			CIVIC ENGAGEMENT
SAN DIEGO RESCUE MISSION INC. PO BOX 80427 SAN DIEGO, CA 92138-0427	95-1874073	501(C)(3)	65,400.	0.			SOCIAL SERVICES
SAN DIEGO STATE UNIVERSITY 5500 CAMPANILE DRIVE SAN DIEGO, CA 92182-8045	33-0868418	501(C)(3)	9,500.	0.			EDUCATION
SAN DIEGUITO RIVER PARK JPA 18372 SYCAMORE CREEK ROAD ESCONDIDO, CA 92025	95-6000934	501(C)(3)	56,151.	0.			ENVIRONMENTAL
SAN DIEGUITO RIVER VALLEY CONSERVANCY - 3030 BUNKER HILL STREET, #309-1 - SAN DIEGO, CA 92109	33-0191772	501(C)(3)	20,976.	0.			ENVIRONMENTAL
SAN ELIJO MIDDLE SCHOOL BAND BOOSTERS - 1600 SCHOOL HOUSE WAY - SAN MARCOS, CA 92078	20-1360655	501(C)(3)	9,326.	0.			ARTS & CULTURE

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SAN MARCOS HIGH SCHOOL BANDS MUSIC BOOSTERS - 663 S. RANCHO SANTA FE RD, STE. 658 - SAN MARCOS, CA 92078	33-0874556	501(C)(3)	30,000.	0.			ARTS & CULTURE
SAN MARCOS MIDDLE SCHOOL PTO 650 WEST MISSION ROAD SAN MARCOS, CA 92069	33-0698809	501(C)(3)	14,407.	0.			EDUCATION
SAN MARCOS POP WARNER PO BOX 1654 SAN MARCOS, CA 92079	33-0561483	501(C)(3)	6,800.	0.			RECREATION/SPORTS/ACTIVITIES
SAN MARCOS PREVENTION COALITION 920 CITRINE WAY SAN MARCOS, CA 92078	47-1395112	501(C)(3)	11,650.	0.			HEALTH
SAN MARCOS YOUTH BASEBALL P.O. BOX 111 SAN MARCOS, CA 92079-0111	95-3337487	501(C)(3)	6,100.	0.			RECREATION/SPORTS/ACTIVITIES
SANTA FE CHRISTIAN SCHOOLS 838 ACADEMY DRIVE SOLANA BEACH, CA 92075	33-0103052	501(C)(3)	29,850.	0.			EDUCATION
SCRIPPS HEALTH FOUNDATION PO BOX 2669 LA JOLLA, CA 92038-2669	95-1684089	501(C)(3)	13,750.	0.			HEALTH
SHALOM HARTMAN INSTITUTE OF NORTH AMERICA - 475 RIVERSIDE DRIVE, SUITE 1450 - NEW YORK, NY 10115	13-3014387	501(C)(3)	15,000.	0.			RELIGIOUS
SHARP HEALTHCARE FOUNDATION 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	95-3492461	501(C)(3)	10,000.	0.			HEALTH

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SOCIAL ADVOCATES FOR YOUTH SAN DIEGO, INC. - 4775 VIEWRIDGE AVENUE - SAN DIEGO, CA 92123	23-7107958	501(C)(3)	40,600.	0.			MILITARY
SOCIAL VENTURE PARTNERS SAN DIEGO PO BOX 60234 SAN DIEGO, CA 92166	26-4671099	501(C)(3)	16,500.	0.			ADVOCACY
SOILLE SAN DIEGO HEBREW DAY 3630 AFTON RD SAN DIEGO, CA 92123	95-2305570	501(C)(3)	25,000.	0.			EDUCATION
SOLANA BEACH SCHOOLS FOUNDATION 309 NORTH RIOS AVENUE SOLANA BEACH, CA 92075	33-0206854	501(C)(3)	5,909.	0.			EDUCATION
SOLUTIONS FOR CHANGE, INC. 722 W. CALIFORNIA AVENUE VISTA, CA 92083	33-0902617	501(C)(3)	8,500.	0.			SOCIAL SERVICES
SOUTHERN CA GOLDEN RETRIEVER RESCUE - PO BOX 25698 - LOS ANGELES, CA 90025	30-0454968	501(C)(3)	24,000.	0.			ANIMAL WELFARE
ST. AUGUSTINE ACADEMY 130 SOUTH WELLS ROAD VENTURA, CA 93004	77-0379150	501(C)(3)	34,030.	0.			EDUCATION
ST. BENEDICT'S MONASTERY 1012 MONASTERY ROAD SNOWMASS, CO 81654	84-0455251	501(C)(3)	10,000.	0.			RELIGIOUS
ST. FRANCIS EPISCOPAL CHURCH PO BOX 1220 PAUMA VALLEY, CA 92061	95-2861286	501(C)(3)	53,500.	0.			RELIGIOUS

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ST. JOSEPH ACADEMY 500 LAS FLORES DRIVE SAN MARCOS, CA 92078	33-0643364	501(C)(3)	34,452.	0.			EDUCATION
ST. MADELEINE SOPHIE'S TRAINING CENTER - 2119 E. MADISON AVENUE - EL CAJON, CA 92019-1111	95-1957332	501(C)(3)	12,750.	0.			EDUCATION
STANFORD GRADUATE SCHOOL OF BUSINESS - P.O. BOX 20466 - STANFORD, CA 94309-0466	94-1156365	501(C)(3)	100,000.	0.			EDUCATION
STANFORD UNIVERSITY PO BOX 20466 STANFORD, CA 94309-0466	94-1156365	501(C)(3)	27,000.	0.			EDUCATION
STEM NOLA 4910 DREXEL DRIVE NEW ORLEANS, LA 70125	46-4516976	501(C)(3)	300,000.	0.			EDUCATION
STEP PO BOX 26747 SAN DIEGO, CA 92196	20-3051279	501(C)(3)	15,000.	0.			SOCIAL SERVICES
TEDXSANDIEGO 500 W. HARBOR DR. UNIT 915 SAN DIEGO, CA 92101	27-3027343	501(C)(3)	25,000.	0.			ADVOCACY
TERI, INC. 251 AIRPORT ROAD OCEANSIDE, CA 92058	95-3532129	501(C)(3)	30,578.	0.			AGING
THE BISHOP'S SCHOOL 7607 LA JOLLA BOULEVARD LA JOLLA, CA 92037	95-1642362	501(C)(3)	13,500.	0.			EDUCATION

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THE BROTHER BENNO FOUNDATION, INC. 3260 PRODUCTION AVENUE OCEANSIDE, CA 92058	33-0051575	501(C)(3)	27,200.	0.			SOCIAL SERVICES
THE ELIZABETH HOSPICE 500 LA TERRAZA BLVD. STE. 130 ESCONDIDO, CA 92025	95-3275679	501(C)(3)	25,000.	0.			HEALTH
THE KIDS COLLEGE 380 SOUTH MELROSE DRIVE SUITE 356 VISTA, CA 92081	33-0933622	501(C)(3)	83,975.	0.			EDUCATION
THE LYCEUM 1545 S. GREEN ROAD SOUTH EUCLID, OH 44121	32-0079287	501(C)(3)	32,395.	0.			EDUCATION
THE OLD GLOBE PO BOX 122171 SAN DIEGO, CA 92112-2171	95-1543396	501(C)(3)	71,000.	0.			ARTS & CULTURE
THE OUTREACH FOUNDATION 381 RIVERSIDE DRIVE, #465 FRANKLIN, TN 37064	58-1375506	501(C)(3)	43,250.	0.			EDUCATION
THE REALCLEAR FOUNDATION 666 DUNDEE ROAD NORTHBROOK, IL 60062	52-2128875	501(C)(3)	7,000.	0.			ADVOCACY
THE SAN MARCOS PROMISE 255 PICO AVE., SUITE 103 SAN MARCOS, CA 92069	46-5460510	501(C)(3)	104,200.	0.			EDUCATION
THE VILLAGE CHURCH PO BOX 704 RANCHO SANTA FE, CA 92067	95-6006164	501(C)(3)	212,200.	0.			HUMANITARIAN-GLOBAL

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THE WEBB SCHOOLS 1175 W. BASELINE ROAD CLAREMONT, CA 91711	95-1856591	501(C)(3)	30,527.	0.			EDUCATION
THEATRE FORWARD 505 EIGHTH AVENUE, SUITE 2303 NEW YORK, NY 10018	13-2913176	501(C)(3)	6,500.	0.			ARTS & CULTURE
THUNDERBIRD LODGE PRESERVATION SOCIETY - PO BOX 6812 - INCLINE VILLAGE, NV 89450	88-0434866	501(C)(3)	10,000.	0.			ENVIRONMENTAL
TRANSFAMILY SUPPORT SERVICES 12463 RANCHO BERNARDO ROAD, SUITE 2 SAN DIEGO, CA 92128	47-3880841	501(C)(3)	7,500.	0.			SOCIAL SERVICES
TRI-CITY CHRISTIAN SCHOOL 302 N. EMERALD DRIVE VISTA, CA 92083	95-1950608	501(C)(3)	25,000.	0.			EDUCATION
TRUECARE 150 VALPREDA RD SAN MARCOS, CA 92069	95-2847102	501(C)(3)	35,000.	0.			SOCIAL SERVICES
UC SAN DIEGO FOUNDATION 9500 GILMAN DRIVE, #0940 LA JOLLA, CA 92093-0940	95-2872494	501(C)(3)	285,510.	0.			EDUCATION
UCSD SHILEY EYE INSTITUTE 9415 CAMPUS POINT DRIVE, RM 241B LA JOLLA, CA 92093-0946	95-2872494	501(C)(3)	30,000.	0.			HEALTH
UNICEF USA 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	6,000.	0.			HUMANITARIAN-GLOBAL

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED IN PURPOSE 550 RESERVE ST., SUITE 460 SOUTHLAKE, TX 76092	26-2495973	501(C)(3)	8,000.	0.			RELIGIOUS
UNITED THROUGH READING 1455 FRAZEE ROAD, SUITE 500 SAN DIEGO, CA 92108	33-0373000	501(C)(3)	41,000.	0.			MILITARY
UNITED WAY OF SAN DIEGO COUNTY 4699 MURPHY CANYON RD. SAN DIEGO, CA 92123	95-2213995	501(C)(3)	26,500.	0.			ADVOCACY
UNIVERSITY OF MONTANA FOUNDATION PO BOX 7159 MISSOULA, MT 59807-7159	81-0362989	501(C)(3)	25,000.	0.			EDUCATION
UNIVERSITY OF SAN DIEGO, SCHOOL OF LAW - 201 A GUADALUPE HALL - SAN DIEGO, CA 92130	95-2544535	501(C)(3)	26,170.	0.			EDUCATION
URBAN YOUTH COLLABORATIVE PO BOX 124708 SAN DIEGO, CA 92112	90-0355477	501(C)(3)	13,000.	0.			RELIGIOUS
VIA VERITAS, INC. 345 FRAZIER AVENUE, UNIT 205 CHATTANOOGA, TN 37405	45-4885299	501(C)(3)	9,000.	0.			RELIGIOUS
VILLAGE NURSERY SCHOOL PO BOX 704 RANCHO SANTA FE, CA 92067	95-6006164	501(C)(3)	17,862.	0.			EDUCATION
VISIONSYNERGY 113 CHERRY STREET #38307 SEATTLE, WA 98104	20-0351801	501(C)(3)	25,000.	0.			HEALTH

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISTA COMMUNITY CLINIC 1000 VALE TERRACE VISTA, CA 92084	95-2815615	501(C)(3)	173,000.	0.			HEALTH
VOICES FOR CHILDREN PO BOX 7219 RIVERSIDE, CA 92513	95-3786047	501(C)(3)	20,000.	0.			ADVOCACY
WE CHARITY 6500 MAIN STREET, #5 WILLIAMSVILLE, NY 14221	16-1533544	501(C)(3)	291,667.	0.			HUMANITARIAN-GLOBAL
WELLBEING FOUNDATION AMERICA, INC. 6500 MAIN ST, SUITE 5 WILLIAMSVILLE, NY 14221	83-4588770	501(C)(3)	221,667.	0.			HEALTH
WELLS OF LIFE, INC. 29222 RANCHO VIEJO RD, SUITE 204 SAN JUAN CAPISTRANO, CA 92675	45-1496631	501(C)(3)	75,000.	0.			HUMANITARIAN-GLOBAL
WINDWALKERS P.O. BOX 504 CARBONDALE, CO 81623	38-3716992	501(C)(3)	10,000.	0.			ANIMAL WELFARE
WORDS ALIVE 5111 SANTA FE ST., SUITE 219 SAN DIEGO, CA 92109	33-0857381	501(C)(3)	30,100.	0.			EDUCATION
WORKSHOPS FOR WARRIORS 2970 MAIN STREET SAN DIEGO, CA 92113	26-1721255	501(C)(3)	94,050.	0.			MILITARY
WORLD CENTRAL KITCHEN 200 MASSACHUSETTS AVE NW, 7TH FLOOR WASHINGTON, DC 20001-5654	27-3521132	501(C)(3)	9,000.	0.			HUMANITARIAN-GLOBAL

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD OUTREACH MINISTRIES INC PO BOX B MARIETTA, GA 30061	58-1387722	501(C)(3)	6,000.	0.			RELIGIOUS
WORLD VISION, INC. PO BOX 9716 FEDERAL WAY, WA 98063-9716	95-1922279	501(C)(3)	9,500.	0.			SOCIAL SERVICES
WOUNDED WARRIOR HOMES, INC. 1145 LINDA VISTA DRIVE, #104 SAN MARCOS, CA 92078	27-1537405	501(C)(3)	95,000.	0.			MILITARY
WYCLIFFE ASSOCIATES INC. PO BOX 620143 ORLANDO, FL 32862	95-2584324	501(C)(3)	7,000.	0.			RELIGIOUS
YMCA OF SAN DIEGO COUNTY 3708 RUFFIN ROAD SAN DIEGO, CA 92123	95-2039198	501(C)(3)	5,500.	0.			RECREATION/SPORTS/ACTIVITIES
YOUNG LIFE - INNER CITY SAN DIEGO 4193 UNIVERSITY AVENUE, #5906 SAN DIEGO, CA 92105	84-0385934	501(C)(3)	7,500.	0.			RELIGIOUS
YOUNG LIFE - RANCHO DEL SOL PO BOX 733 SOLANA BEACH, CA 92075	84-0385934	501(C)(3)	38,324.	0.			RECREATION/SPORTS/ACTIVITIES
YOUNG LIFE FOUNDATION PO BOX 5184 HARLAN, IA 51593-0684	84-0385934	501(C)(3)	5,500.	0.			RELIGIOUS
ZERO8HUNDRED 4699 MURPHY CANYON ROAD, SUITE 104 SAN DIEGO, CA 92123	83-1268486	501(C)(3)	41,500.	0.			MILITARY

Schedule I (Form 990)

**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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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 .....

**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? .....

**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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 .....

**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 .....

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

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

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

Schedule J (Form 990) 2022

**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 and/or 1099-NEC 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) CHRIS SICHEL PRESIDENT & CEO	(i)	279,800.	0.	0.	13,990.	0.	293,790.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>RANCHO SANTA FE FOUNDATION</b>	Employer identification number <b>95-3709639</b>
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**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	29	1,610,647.	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
--	----	---

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

	Yes	No
30a	X	
31	X	
32a	X	

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

Schedule M (Form 990) 2022

**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)**

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

RANCHO SANTA FE FOUNDATION

Employer identification number

95-3709639

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

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 COO ARE 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.



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization <p align="center">RANCHO SANTA FE FOUNDATION</p>	Employer identification number <p align="center">95-3709639</p>
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**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

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



