** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A 1	OI LITE	zozo calendar year, or tax year beginning	anu	enuing			
B c	Check if pplicable	C Name of organization			D Employer	identifi	ication number
	Addres	RANCHO SANTA FE FOUNDATION					
	Name change	Doing business as			95-3	709639	
Ē	Initial return Final	Number and street (or P.O. box if mail is not del P.O. BOX 811	ivered to street address)	Room/suite	E Telephone		
	return/ termin ated						
_	ated		ZIP or foreign postal code		G Gross receipt		57,719,322.
	return	KANCHO BANTA FE, CA 92007			H(a) Is this a	-	
	Applic tion pendir		IORAGA		for subc		
		SAME AS C ABOVE			H(b) Are all sub		
		empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No,"	attach a	list. See instructions
	Nebsit				H(c) Group e		on number
K F	orm of	organization: X Corporation Trust As Summary	sociation Other	L Year	of formation: 19	981	M State of legal domicile: CA
	_	Briefly describe the organization's mission or most	significant activities: TO BE	A COMPREI	HENSIVE CEN	TER FO	 R
Activities & Governance		IMPACTFUL PHILANTHROPY THAT INSPIRES					
nar	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of it	s net as	sets.
Ver	3	Number of voting members of the governing body				۱ ـ	15
යි	I	Number of independent voting members of the gov	, , , , , , , , , , , , , , , , , , , ,				15
φ		Total number of individuals employed in calendar y					14
Ę.		Total number of volunteers (estimate if necessary)					30
∌		Total unrelated business revenue from Part VIII, col	(-)			1_	0.
Ă	l	Net unrelated business taxable income from Form	· //			··· —	0.
					Prior Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)			11,73	6,649.	11,269,712.
ΞE	l	D ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				3,700.	335,838.
Revenue	l	Investment income (Part VIII, column (A), lines 3, 4,				7,888.	3,394,617.
æ	I .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				0.	0.
	I .	Total revenue - add lines 8 through 11 (must equal			17,17	8 237.	15,000,167.
		Grants and similar amounts paid (Part IX, column (5,565.	11,179,702.
	I	Benefits paid to or for members (Part IX, column (A			,	0.	0.
	45	Salaries, other compensation, employee benefits (F			86	7,634.	1,021,295.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li				0.	0.
Sen	h	Total fundraising expenses (Part IX, column (D), line					
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d,			45	5,748.	705,145.
		Total expenses. Add lines 13-17 (must equal Part I)				8,947.	12,906,142.
		Revenue less expenses. Subtract line 18 from line				9,290.	2,094,025.
ے در		rievende less expenses. Gabitaet line 10 nom line	12		ginning of Curre		End of Year
ets c	20	Total assets (Part X, line 16)			146,63		160,817,877.
Net Assets or	21	Total liabilities (Part X, line 26)				5,132.	45,980,732.
Net.	22	Net assets or fund balances. Subtract line 21 from	line 20		104,15	•	114,837,145.
	art II	Signature Block					, , .
		Ities of perjury, I declare that I have examined this return,	including accompanying schedules	s and statem	ents, and to the b	est of m	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than office			•		,, ,
,	,	,	.,			9	
Sigi	n	Signature of officer			Date		
Her		BEN MORAGA, CEO					
	•	Type or print name and title					
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN
Paid	ı	AMY A. O'LOUGHLIN	1 Toparor o orginaturo	lo	9/25/24	if self-emplo	 ved ₽00869687
	arer	Firm's name CBIZ ADVISORS, LLC		<u> ^</u>	Firm's	•	34-1884125
-	Only	Firm's address 4722 N 24TH ST, STE 300			1111113	LIIV	 _
	J,	PHOENIX, AZ 85016			Phon	e no 602	2-264-6835
VI2v	/ the IF	RS discuss this return with the preparer shown about	ve? See instructions		[1 11011	U 110 3 E	X Yes No
via)	, 11	io diocado ano rotarri with the proparer shown abo					100

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	TO CONNECT DONORS WITH REGIONAL AND GLOBAL NEEDS THROUGH VISIONARY	
	COMMUNITY LEADERSHIP, PERSONALIZED SERVICE AND EFFECTIVE GRANTMAKING.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	exnenses
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	•
		penses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 11,083,930. including grants of \$ 10,729,402.) (Revenue \$)	335,838.)
4a		333,636.
	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 \$ 350 , 300including grants of \$ 350 , 300) (Revenue \$)
	SUPPORTING OUR HEROES (FORMERLY 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 MILITRARY ACTIVE & RETIRED PERSONNEL IN THE NATION. IN 2023, ACTIVE	
	DUTY VETERANS AND THEIR DEPENDENTS BENEFITTED FROM GRANTS TO 14	
	DIFFERENT ORGANIZATIONS FOR A TOTAL OF \$350,300.	
	DIFFERENT ORGANIZATIONS FOR A TOTAL OF \$350,300.	
4c	(Code:) (Expenses \$ 100,000. including grants of \$ 100,000.) (Revenue \$)
	RANCHO SANTA FE FOUNDATION'S ADVANCING EDUCATION GRANT PILLAR IS	
	FOCUSED ON UNLOCKING THE BOUNDLESS POTENTIAL WITHIN OUR COMMUNITY. WE	
	ARE COMMITTED TO SUPPORTING NONPROFITS THAT ARE CREATING A SEAMLESS	
	PIPELINE OF LEARNING OPPORTUNITIES, STARTING WITH EARLY CHILDHOOD	
	EDUCATION AND CONTINUING THROUGH K-12, POST-SECONDARY EDUCATION AND	
	WORKFORCE DEVELOPMENT.IN 2023, 2 ORGANIZATIONS EACH BENEFITTED FROM TWO	_
	YEAR, \$50,000 PER YEAR GRANTS.	
	IMM, 950,000 IMM IMM SIGNAD.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 11,534,230.	
		Form 990 (2023)

Form 990 (2023) RANCHO SANTA FE FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ل		
U			х	
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	21	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		_v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	· · · ·		
u		11d	Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		X	\vdash
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	\vdash
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	—
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	,	19		x
20a	complete Schedule G, Part III	20a		X
	• • •	20a 20b		
b O4	, , , , , , , , , , , , , , , , , , , ,	ZUD		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا ۾ ا	v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

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Form 990 (2023) RANCHO SANTA FE FOUNDATION Part IV Checklist of Required Schedules (continued)

	· /		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		х
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			х
20	"Yes," complete Schedule L, Part IV	28c 29	х	
29 30	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	21	
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
0-	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Do	Note: All Form 990 filers are required to complete Schedule O T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon it contequie o contains a response of note to any line in this Fart v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		163	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Part V	St	tatements Regarding Other IRS Filings and Tax Compliance $_{ m co}$	continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Λ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		Х
٨	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		21
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		х
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 6		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c			
с 14а		14a		Х
	IS THE COURT OF TH	14b		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-fD		
.0	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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.

500	Check if Schedule O contains a response or note to any line in this Part VItion A. Governing Body and Management						X
Sec	tion A. Governing Body and Management				П	· ·	
		۱.	1	15		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		13			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	L	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other				
	officer, director, trustee, or key employee?			. -	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		-	5		X
6	Did the organization have members or stockholders?			. _	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?			. _	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or				
	persons other than the governing body?			. L	7b		Х
8	$ Did the \ organization \ contemporaneously \ document \ the \ meetings \ held \ or \ written \ actions \ undertaken \ during \ the \ year \ year \ during \ year \ during \ the \ year $	r by th	e following:				
а	The governing body?			L	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			. L	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
				_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			. [10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			Ľ	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	Ŀ	11a	Х	
b	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				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			Ľ	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe				
	on Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?			. -	13	Х	
14	Did the organization have a written document retention and destruction policy?			.	14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization			. [15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	ith a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	•					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
<u>C</u>	exempt status with respect to such arrangements?			. '	16b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed CA	-1.000	T /! = == ::	(0)			.1.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	ıa 990	- i (section 501(c)	(3)S C	only) a	availat	oie
	for public inspection. Indicate how you made these available. Check all that apply.	_					
40	X Own website Another's website X Upon request Other (explain		,			1-1	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	or interest policy, a	and f	inanc	ıaı	
	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 boo	ks and	a records				
	BEN MORAGA - 858-764-0519						
	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-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per week	(do box		Posineck i	ition	than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) CHRIS SICHEL	40.00	1								
PRESIDENT & CEO	10.00			Х				211,391.	0.	11,765.
(2) KAREN SPRIGLE	40.00	-								
CHIEF OPERATING OFFICER				Х				161,126.	0.	12,988.
(3) AMY MYERS	40.00	1								
DIRECTOR OF PHILANTHROPY					Х			154,800.	0.	6,957.
(4) JEFF PETERSON	40.00	1								
FINANCE DIRECTOR				Х				78,722.	0.	7,050.
(5) ED BLODGETT	4.00	1								
CHAIRMAN		Х		Х				0.	0.	0.
(6) TOM BUCHHOLZ	1.00	1								
DIRECTOR		Х						0.	0.	0.
(7) ELAINE DODGE	1.00	1								
DIRECTOR		Х						0.	0.	0.
(8) MICHAEL DYER	1.00									
DIRECTOR		Х						0.	0.	0.
(9) MICHAEL GREGOIRE	1.00									
DIRECTOR		Х						0.	0.	0.
(10) ROBERT HILL	1.00									
SECRETARY		Х		Х				0.	0.	0.
(11) LINDA KITCHENS	1.00									
TREASURER		Х		Х				0.	0.	0.
(12) BARBARA KYRILLOS	1.00									
DIRECTOR		Х						0.	0.	0.
(13) KEN LITTLE	1.00									
DIRECTOR		Х						0.	0.	0.
(14) MATT MILLER	1.00									
DIRECTOR		Х						0.	0.	0.
(15) TRACY MITCHELL	1.00									
DIRECTOR		Х						0.	0.	0.
(16) RICHARD MONTANO	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(17) RICK NORLING	1.00]								
DIRECTOR		Х						0.	0.	0.
								-		Form 990 (2022)

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(C	•			(D)	(E)		(F)
Name and title	Average	(do		Posi heck r			one	Reportable	Reportable	- 1	Estima	
	hours per week			ss per id a di				compensation	compensatio	- 1	amoui	
	(list any	-					Ĺ	from the	from related organizations		oth compen	
	hours for	director				ъ		organization	(W-2/1099-MIS		from	
	related	trustee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		organiz	
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	•		and re	lated
	below	Individual t	Institutional trustee	cer	Key employee	Highest compensated employee	Former				organiz	ations
	line)	lndi	lust	Officer	Key	Hig.	Fon					
(18) MICHAEL SCHUMACHER	1.00	ļ										•
DIRECTOR	1 00	Х						0.		0.		0.
(19) DENISE STILLINGER DIRECTOR	1.00	x						0.		0.		0.
(20) ROBERT STINE	1.00	^						0.		-0.		٠.
DIRECTOR	1.00	х						0.		0.		0.
(21) PAUL THIEL	1.00											•••
DIRECTOR		х						0.		0.		0.
(22) CARL WIESE	1.00											
DIRECTOR		х						0.		0.		0.
		_										
4. 0.1								606 030		0.	2	0 760
1b Subtotal								606,039.		0.	3	8,760. 0.
c Total from continuation sheets to Part VI								606,039.		0.	3	8,760.
d Total (add lines 1b and 1c) Total number of individuals (including but n								· · · · · · · · · · · · · · · · · · ·	000 of roportable		3	0,700.
compensation from the organization	ot illilited to til	036	11310	u ab	JOVE	<i>y</i> vvii	016	eceived more man wroo,	ooo or reportable			3
compensation from the organization											Ye	s No
3 Did the organization list any former officer,	director, trust	ee, ł	кеу е	emple	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s			-	-	-		_		•		3	Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	or such individual			4 X	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch r	oers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	•	•							•	ensat	tion from	
the organization. Report compensation for	the calendar y	ear e	endir	ng wi	ith c	or wi	thin T		ear.		(0)	
(A) Name and business	address	NO	MF					(B) Description of s	ervices	C	(C) compensat	tion
		110						2 333р.1131 37.3	5777000			
							Ī					
2 Total number of independent contractors (in	ncluding but n	ot lir	nited	d to t	thos	e lis	ted	above) who received mo	ore than			

Form **990** (2023)

\$100,000 of compensation from the organization

Form 990 (2023) RANCHO SANT

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			Officer if Schedule O contains a response	or note to any iin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenuè excluded
							business revenue	from tax under
								sections 512 - 514
ts st	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
e, E		С	Fundraising events 1c					
ifts			Related organizations 1d					
nis,			Government grants (contributions) 1e					
Sic			All other contributions, gifts, grants, and					
iğ ja		•		11,269,712.				
들			similar amounts not included above 1f	<u> </u>				
ig p		_	Noncash contributions included in lines 1a-1f	9,446,371.	11 000 710			
<u>0</u> <u>6</u>		h	Total. Add lines 1a-1f		11,269,712.			
				Business Code				
ø.	2	а	MANAGEMENT FEE REVENUE	525920	335,838.	335,838.		
کج		b						
Sel		С						
E S		d						
gra Re		e						
Program Service Revenue			All other programme and ice programme					_
_			All other program service revenue		335,838.			
-			Total. Add lines 2a-2f		333,636.			
	3		Investment income (including dividends, interest					
			other similar amounts)		3,077,772.			3,077,772.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	′	а		(II) Other				
			assets other than inventory 7a 43,036,000.					
		b	Less: cost or other basis					
ne			and sales expenses 7b 42,719,155.					
her Revenue		С	Gain or (loss) 7c 316,845.					
Be		d	Net gain or (loss)		316,845.			316,845.
ē			Gross income from fundraising events (not					
₽			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		L						
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 199a					
			Less: direct expenses 9b					
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	1				
		b	Less: cost of goods sold 10t					
			Net income or (loss) from sales of inventory	1				
			THE THEOTIE OF (1033) HOTH Sales OF HIVEHOLY	Business Code				
S				Business Code				
e e	11	_						_
<u>a</u>		b						
e Sel		С						
Miscellaneous Revenue		d	All other revenue					
		е	Total. Add lines 11a-11d					
	12		Total revenue. See instructions		15,000,167.	335,838.	0.	3,394,617.

332009 12-21-23

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 respons ide amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	and other assistance to domestic organizations mestic governments. See Part IV, line 21	11,179,702.	11,179,702.		·
2 Grants	and other assistance to domestic uals. See Part IV, line 22	, ,	, ,		
organi	s and other assistance to foreign zations, foreign governments, and foreign uals. See Part IV, lines 15 and 16				
	ts paid to or for members				
	ensation of current officers, directors,				
•	es, and key employees	650,713.	169,186.	299,327.	182,200.
	nsation not included above to disqualified				
•	s (as defined under section 4958(f)(1)) and				
•	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `				
	s described in section 4958(c)(3)(B)	299,980.	75,217.	140,320.	84,443.
	salaries and wages	255,500.	75,217.	140,320.	01,110.
	n plan accruals and contributions (include				
	401(k) and 403(b) employer contributions)				
	employee benefits	70 (00	17.000	22.020	20 672
	I taxes	70,602.	17,909.	32,020.	20,673.
	or services (nonemployees):				
a Manag	gement				
b Legal		886.		886.	
c Accou	nting	62,376.	3,790.	54,211.	4,375.
d Lobby	ing				
e Profess	sional fundraising services. See Part IV, line 17				
f Invest	ment management fees				
g Other.	(If line 11g amount exceeds 10% of line 25,				
column	(A), amount, list line 11g expenses on Sch 0.)	131,522.		131,522.	
12 Advert	ising and promotion	180,679.			180,679.
13 Office	expenses	21,408.	8,500.	6,454.	6,454.
	ation technology	62,082.	2,700.	59,382.	
	ies				
	pancy	100,734.	33,578.	33,578.	33,578.
17 Travel		8,090.	136.	7,954.	
18 Payme	ents of travel or entertainment expenses				
for any	federal, state, or local public officials				
•	rences, conventions, and meetings	27,687.	21,953.	5,734.	
20 Interes		·	,	,	
	ents to affiliates				
	ciation, depletion, and amortization	11,825.		11,825.	
23 Insura	· · · · · · · · · · · · · · · · · · ·	35,293.	748.	33,682.	863,
24 Other e above. line 24e	xpenses. Itemize expenses not covered (List miscellaneous expenses on line 24e. If a amount exceeds 10% of line 25, column (A), t, list line 24e expenses on Schedule O.)	,			
	AND SUBSCRIPTIONS	31,916.	14,722.	8,597.	8,597.
<u> </u>	LLANEOUS	10,345.	, ,	3,147.	7,198.
c UTILI		8,409.	2,803.	2,803.	2,803.
·	SERVICE CHARGES	4,650.	1,353.	3,297.	_,
	er expenses	7,243.	1,933.	3,377.	1,933.
	unctional expenses. Add lines 1 through 24e	12,906,142.	11,534,230.	838,116.	533,796.
	osts. Complete this line only if the organization	12,500,142.	11,331,230.	330,110.	333,130,
	' ' '				
-	d in column (B) joint costs from a combined				
educati Check I	onal campaign and fundraising solicitation.				
UHEUK I	1ere if following SOP 98-2 (ASC 958-720)				Form 990 (2023

Form 990 (2023) Part X | Balance Sheet

Part X	X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,783,180.	1	1,646,004
:	2	Savings and temporary cash investments			631,435.	2	678,234
;	3	Pledges and grants receivable, net		283,781.	3	4,236,67	
4		Accounts receivable, net			4		
!	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
(6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
္ ၂	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
ž 9	9	Dona del como como a considerado de forma de de como a			4,100.	9	5,26
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	183,630.			
	b	Less: accumulated depreciation	23,082.	10c	27,958		
11	1	Investments - publicly traded securities		102,993,021.	11	109,484,68	
12	2	Investments - other securities. See Part IV, line			12		
1:	3	Investments - program-related. See Part IV, lin		13			
14	4	Intangible assets		14			
14	5	Other assets. See Part IV, line 11	40,917,201.	15	44,739,05		
10	6	Total assets. Add lines 1 through 15 (must ed			146,635,800.	16	160,817,87
10	7	Accounts payable and accrued expenses $\ \dots$		70,135.	17	48,16	
18	8	Grants payable	1,543,269.	18	1,238,43		
19	9	Deferred revenue			19		
20	0	Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complet			40,602,944.	21	44,199,15
န္မ 22	2	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
<u>a</u>		controlled entity or family member of any of the	-			22	
၂ 2	3	Secured mortgages and notes payable to unre				23	
24		Unsecured notes and loans payable to unrelate				24	
2	5	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X	060 804		404.00
		of Schedule D			268,784.		494,986
20	6			T	42,485,132.	26	45,980,73
ဖ		Organizations that follow FASB ASC 958, cl	heck her	e X			
ဦ ္	_	and complete lines 27, 28, 32, and 33.			EE 011 660	0=	57 026 000
2 <u>aa</u>		Net assets without donor restrictions			55,011,668.	27	57,936,000
<u>n</u> 20	8	Net assets with donor restrictions			49,139,000.	28	56,901,14
<u> </u>		Organizations that do not follow FASB ASC	eck nere				
<u> </u>	_	and complete lines 29 through 33.			00		
29		Capital stock or trust principal, or current fund			29		
88 30		Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances S. S. S		Retained earnings, endowment, accumulated		104 150 660	31	114 027 141	
		Total net assets or fund balances		104,150,668.	32	114,837,145	
33	3	Total liabilities and net assets/fund balances			146,635,800.	33	160,817,877 Form 990 (202

Pa	TEXT RECONCILIATION OF NET ASSETS				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,	000,	,167.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,	906,	142.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,	094,	025.
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4				668.
5	Net unrealized gains (losses) on investments	5	8,	391,	252.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		201,	200.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	114,	837,	,145.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С					
	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 Sch	edule O.			
За	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?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u>.</u>	3b		
			Form	990	(2023)

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RANCHO SANTA FE FOUNDATION

Employer identification number

		RANCHO	SANTA FE FOUND	ATION					95-3709639	
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.		
Γhe	orgar	nization is not a private found								
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(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 orga	nization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name	∋,
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in	
		section 170(b)(1)(A)(iv).	Complete Part II.)							
6	Ш	A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental i	unit or from th	e general p	oublic described in	
		section 170(b)(1)(A)(vi). (C								
8	Ш	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
		university:								
10		An organization that norma								
		activities related to its exen		· · · · · · · · · · · · · · · · · · ·					-	
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	ıfter June 30, 1975.	
		See section 509(a)(2). (Con	•							
11	\mathbb{H}	An organization organized a	-	•	•				_	
12		An organization organized a	•	•	•			•		
		more publicly supported or							check the box on	
		lines 12a through 12d that	* *					-	at to a	
а			· · · · · · · · · · · · · · · · · · ·		•	-				
		the supported organization		• • • •	majority o	or the direc	tors or trustee	s of the st	ipporting	
L		organization. You must o	=		ion with it		d araani-atian	(a) by bay	do a	
b			· ·				-	•	-	
		control or management o organization(s). You mus			arrie persor	iis iiiai coi	illioi or manag	e trie supp	oortea	
		Type III functionally inte			in connect	tion with a	and functionall	v integrate	ed with	
·		its supported organization	- ' '					y intograte	With,	
d		Type III non-functionally						ted organiz	zation(s)	
	-	that is not functionally int						-	* *	
		requirement (see instructi	-		•		-			
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type I	I, Type III		
		functionally integrated, or								
f	Ente	er the number of supported o								
g		vide the following information								
	((i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	nization listed ng document?	(v) Amount of	•	(vi) Amount of oth support (see instruct	
		organization		above (see instructions))	Yes	No	support (see in	Structions)	support (see instruct	10(15)

332021 12-21-23

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,821,209.	8,371,022.	11,709,562.	11,736,649.	11,269,712.	49,908,154.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,821,209.	8,371,022.	11,709,562.	11,736,649.	11,269,712.	49,908,154.
5	The portion of total contributions	, ,	, ,	, ,	, ,	, ,	
Ŭ	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,						
							13,617,263.
•	Column (f) Public support. Subtract line 5 from line 4.						36,290,891.
	etion B. Total Support						30,230,031.
		(a) 2010	(h) 2020	(a) 0001	(4) 0000	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2019 6,821,209.	(b) 2020 8,371,022.	(c) 2021 11,709,562.	(d) 2022 11,736,649.	(e) 2023 11,269,712.	(f) Total
	Amounts from line 4	0,021,209.	0,371,022.	11,709,302.	11,730,043.	11,209,712.	49,908,154.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	0 401 256	0 006 503	1 500 531	0 155 060	2 000 000	11 460 501
	and income from similar sources	2,421,356.	2,026,593.	1,788,731.	2,155,269.	3,077,772.	11,469,721.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	3,638.	5,434.				9,072.
11	Total support. Add lines 7 through 10						61,386,947.
	Gross receipts from related activities,	•	,			12	1,724,528.
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi						
	Public support percentage for 2023 (li					14	59.12 %
	Public support percentage from 2022					15	58.05 %
16a	33 1/3% support test - 2023. If the o	organization did not	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did not	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pul	blicly supported or	ganization		
b	10% -facts-and-circumstances test	-	•	*	-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organizatio						
			,	, , -, -, 11-2	,		(Form 990) 2023

332022 12-21-23

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

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

Se	ction A. Public Support	elow, please comp	olete i ait ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(17)	(5)=5=1	(-7	(5) = 5 = 5	χ, το εει
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(4) 2010	(5) 2020	(0) 2021	(a) ESEE	(6) 2020	(i) rotar
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	L				1	
14	First 5 years. If the Form 990 is for the	· ·		*	•	. , . ,	· —
_	check this box and stop here	- 0					
	ction C. Computation of Publi					 	
	Public support percentage for 2023 (I		•	column (f))		15	%
	Public support percentage from 2022 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ine 13 column (f)		17	%
						18	
	Investment income percentage from :						
198	a 33 1/3% support tests - 2023. If the						
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and s t	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 10h check th	nis how and see in	etructions	

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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

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

_		Yes	No
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	3b		
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Pai	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<i>y</i> 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	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			
		1		
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's			
Sac	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	I . I	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations			
1	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.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
_2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting organ	nization (see		
	instructions).	instructions).				

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1				
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported					
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3				
4	Amounts paid to acquire exempt-use assets		4				
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5				
_6	Other distributions (describe in Part VI). See instructions.		6				
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.		8				
9	Distributable amount for 2023 from Section C, line 6		9				
10	Line 8 amount divided by line 9 amount		10				
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023			
1	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2023						
a	From 2018						
b	From 2019						
с	From 2020						
<u>d</u>	From 2021						
<u>e</u>	From 2022						
f_	Total of lines 3a through 3e						
<u>g</u>	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2023 distributable amount						
<u>_i</u>	Carryover from 2018 not applied (see instructions)						
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2023 from Section D,						
	line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
	Applied to 2023 distributable amount						
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2023, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2023. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2024. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
u	Excess from 2022 Excess from 2023						

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				
2019 AMOUNT: \$ 3,638.				
2020 AMOUNT: \$ 5,434.				

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

Ī	RANCHO SANTA FE FOUNDATION	95-3709639			
Organization type (chec	k one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 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				
, ,	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ıle. See instructions.			
General Rule					
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalinary one contributor. Complete Parts I and II. See instructions for determining a contributor				
Special Rules					
sections 509(a)(contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, ar ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	nd that received from any one			
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 \$\$					
answer "No" on Part IV, I	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF illing requirements of Schedule B (Form 990).	• •			
For Paperwork Reduction	Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)			

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

RANCHO SANTA FE FOUNDATION

95-3709639

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 3,021,571. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
2		\$ 960,162. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
3		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5	Ivallie, addless, allu ZIF + 4	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Person Payroll Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3**

Name of organization Employer identification number

RANCHO SANTA FE FOUNDATION 95-3709639

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	VARIOUS STOCK SALES		
1			
		\$3,021,571.	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	1,392 SHARES OF VANGUARD 500 INDEX ADMIRAL (VFIAX),		
2	1,273 SHARES OF JOHNSON AND JOHNSON (JNJ), 551 SHARES OF		
	SALESFORCE, INC. (CRM)	\$960,162.	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	VARIOUS STOCK SALES		
3			
		\$3,460,971.	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	1312 SHARES OF APPLE, INC. (AAPL)		
4			
		\$\$	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	6,637 SHARES OF REALTY INCOME CORP		
5			
		\$378,641.	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	VARIOUS STOCK SALES		
6			
		\$	12/31/23

Schedule B (Form 990) (2023)

Name of o	rganization				Employer identification number							
RANCHO S	SANTA FE FOUNDATION				95-3709639							
Part III	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	through (e) and the following like that the through (e) and the following like that the through (e) and the following like through (e) and through (e) and the following like through (e) and through (e)	ne entry. For orga	nizations								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held							
		(e) Transfer of gift										
	Transferee's name, address, a	nd ZIP + 4	Rela	ationship of trar	nsferor to transferee							
(a) No.												
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held							
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee											
				•								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held							
		(e) Transfer	of gift									
	Transferee's name, address, a	nd ZIP + 4	Rela	ationship of trar	nsferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held							
		(e) Transfer	of gift									
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee									

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

RANCHO SANTA FE FOUNDATION

Employer identification number 95-3709639

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	153	
2	Aggregate value of contributions to (during year)	10,473,114.	
3	Aggregate value of grants from (during year)	9,211,748.	
4	Aggregate value at end of year	64,329,076.	
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	_	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose co	· ·
Day			
Par			ırt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	
	Preservation of land for public use (for example, recreat	<i>'</i> —	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of	Held at the End of the Tax Year
	day of the tax year.		
b			
C	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acqui		
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	rganization during the tax
4	year	amont is located	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l		
Ū	otali and volunteer flours devoted to filoritoring, inspecting, i	mariding of violations, and emoreing conser	vation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year
•	, and an en		caccinionic dailing and year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4	L)(B)(i)
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	-	
	organization's accounting for conservation easements.	Ç	
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and ba	lance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	rance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u>
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		\$
<u>b</u>	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Othe	er Simil	ar Assets	(continu	ued)		
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significan	t use of its				
	collection items (check all that apply).									
а	Public exhibition	d	I Loan or exc	hange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how they further th	e organization's exe	empt purp	ose in Part	XIII.			
5	During the year, did the organization solicit o					_	_			
_	to be sold to raise funds rather than to be ma						Yes	No		
Par	t IV Escrow and Custodial Arrang		te if the organization	answered "Yes" or	Form 99	0, Part IV, li	ne 9, or			
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi						٦.,	□		
	on Form 990, Part X?					L	Yes	X No		
b	b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount									
										
	Additions during the year									
_	Distributions during the year					1				
f	Ending balance						Yes	No		
	If "Yes," explain the arrangement in Part XIII.				•			X		
Par										
	5511,45555	(a) Current year	(b) Prior year	(c) Two years back		e years back	(e) Four	years back		
1a	Beginning of year balance	43,579,397.	51,019,419.		+	770,562.		306,244.		
	F42 2F1 FF 002 02 02 1 1 02 02 142 6						L43,614.			
	Net investment earnings, gains, and losses	5,136,802.	-6,137,122.	5,961,703.	5,	992,871.	6,5	599,733.		
	Grants or scholarships	1,822,391.	992,854.	1,079,290.	1,	045,240.	4,4	166,628.		
	Other expenditures for facilities									
	and programs		12,538.							
f	Administrative expenses		352,591.	370,564.		319,277.	3	312,401.		
g	End of year balance	47,437,159.	43,579,397.	51,019,419.	46,	414,748.	41,7	770,562.		
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	1.8508	_%							
b	Permanent endowment 98.1492	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	-								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for t	the		_			
	organization by:						\`	Yes No		
	(i) Unrelated organizations?						3a(i)	X		
							3a(ii)	X		
b	If "Yes" on line 3a(ii), are the related organiza						3b			
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.							
Fai	Complete if the organization answere		Part IV line 11a S	oo Form 000 Part V	/ line 10					
			· · · · · · · · · · · · · · · · · · ·	j	•		(-1) D1-			
	Description of property	(a) Cost or o basis (investn	` '	1 ' '	Accumula epreciatio		(d) Book	value		
10	Land	<u> </u>	Dasis	(Sallol) U	opi colatil					
	Land									
	Buildings Leasehold improvements			30,916.	28	,617.		2,299.		
	Equipment			152,714.		,055.		25,659.		
	Other			, , , , ,		, , , = •		,		
	. Add lines 1a through 1e. (Column (d) must e		X line 10c column	(R))				27,958.		
<u>. J.u.</u>		<u>quai i Oiiii 330, Fáil i</u>	A, IIIIE TOC, COIUIIIII	(<i>D))</i>			D (Form	990) 2023		

Part VII	Investn	nents -	Other	Secu	rities

Complete if the organization answered	"Vac"	on Form 990	Part IV	line 11h	See Form 990	Part Y line 12
Complete ii the organization answered	165	OH FOHH 990,	railiv.	, iii le i i b.	See Fulli 990.	, rail A, IIIIe 12.

•		, ,
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Oal (b) moved agovel Forms 000 Dowl V line 40 and (D))		

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		
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	44,199,154.
(2) ASSETS HELD IN CRT	318,432.
(3) LEASED OFFICE SPACE	221,467.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	44,739,053.

Other Liabilities Part X

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	272,493.
(3) LEASE LIABILITY	222,493.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. line 25. col. (B))	494,986.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the Х 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

1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				24,054,000.
	· · · · · · · · · · · · · · · · · · ·			1	24,054,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	. 1	0 201 050		
а	Net unrealized gains (losses) on investments	2a	8,391,252.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c	660 501		
d	Other (Describe in Part XIII.)	2d	662,581.		
е	Add lines 2a through 2d			2e	9,053,833.
3	Subtract line 2e from line 1			3	15,000,167.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	15,000,167.
Pai	t XII Reconciliation of Expenses per Audited Financial Statement	ts With	Expenses per F	leturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				10.006.000
1	Total expenses and losses per audited financial statements			1	12,906,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	4.		
е	Add lines 2a through 2d			2e	4.
3	Subtract line 2e from line 1			3	12,905,996.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	146.		
С	Add lines 4a and 4b			4c	146.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	12,906,142.
Par	t XIII Supplemental Information				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1b a	nd 2b; Part V, line 4	; Part X, li	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	nal inform	ation.		
PART	'IV, LINE 2B:				
THE	FOUNDATION RECEIVES CONTRIBUTIONS ON BEHALF OF UNAFFILIATED				
NOT-	FOR-PROFIT AGENCIES, WHICH ARE NOT REFLECTED IN THE FOUNDATION'S	<u> </u>			
	EMENT OF ACTIVITES AS THEY DO NOT REPRESENT CONTRIBUTIONS TO THE	1			
STAT	EMENT OF ACTIVITES AS THEY DO NOT REPRESENT CONTRIBUTIONS TO THE IDATION. THE AMOUNTS DUE TO THE OTHER AGENCIES TOTAL \$44,199,154				
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FOUN DECE	DATION. THE AMOUNTS DUE TO THE OTHER AGENCIES TOTAL \$44,199,154	AT			
FOUN DECE	DATION. THE AMOUNTS DUE TO THE OTHER AGENCIES TOTAL \$44,199,154 MBER 31, 2023. V, LINE 4: ROVIDE PERPETUAL SUPPORT FOR THE OPERATIONS AND PROGRAMS OF VARI	AT			
FOUN DECE	DATION. THE AMOUNTS DUE TO THE OTHER AGENCIES TOTAL \$44,199,154 MBER 31, 2023. V, LINE 4:	AT			
FOUN DECE	DATION. THE AMOUNTS DUE TO THE OTHER AGENCIES TOTAL \$44,199,154 MBER 31, 2023. V, LINE 4: ROVIDE PERPETUAL SUPPORT FOR THE OPERATIONS AND PROGRAMS OF VARI	AT			
STAT FOUN DECE	DATION. THE AMOUNTS DUE TO THE OTHER AGENCIES TOTAL \$44,199,154 MBER 31, 2023. V, LINE 4: ROVIDE PERPETUAL SUPPORT FOR THE OPERATIONS AND PROGRAMS OF VARI	AT			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
RANCHO SANTA I							95-3709639
Part I General Information on Grants a							
Does the organization maintain records t							
criteria used to award the grants or assis	stance?						Yes No
2 Describe in Part IV the organization's properties Part II Grants and Other Assistance to I					anization anawarad "\	/oo" on Form 000 Port	IV line 21 for any
recipient that received more than \$					anization answered i	res on Form 990, Part	iv, line 21, for any
1 (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 noncash assistance	(h) Purpose of grant or assistance
A STEP BEYOND							
340 N. ESCONDIDO BLVD.							
ESCONDIDO, CA 92025	46-2857532	501(C)(3)	186,250.	0.			SOCIAL SERVICES
,			,				
ACCESS YOUTH ACADEMY							
704 EUCLID AVE							
SAN DIEGO, CA 92114	20-5119659	501(C)(3)	50,000.	0.			EDUCATION
ALL HALLOWS CATHOLIC CHURCH 6602 LA JOLLA SCENIC DR. S LA JOLLA, CA 92037	27-3861154	501(C)(3)	25,000.	0.			RELIGIOUS
,			,				
ALZHEIMER'S ASSOCIATION - LONG							
ISLAND - 300 BROADHOLLOW RD.,							
SUITE LL100 - MELVILLE, NY 11747	13-3039601	501(C)(3)	10,000.	0.			HEALTH
AMERICAN CANCER SOCIETY, SAN DIEGO PO BOX 910549							
SAN DIEGO, CA 92191	13-1788491	501(C)(3)	27,000.	0.			HEALTH
AMERICAN FRIENDS OF CHICKEN SHED, INC 1441 BROADWAY, 5TH FLOOR - NEW YORK, NY 10018	30-0099170	501(C)(3)	25,000.	0.			ARTS & CULTURE
2 Enter total number of section 501(c)(3) ar			· · · · · · · · · · · · · · · · · · ·	٠.			256.
3 Enter total number of other organizations	-						

For Paperwork Reduction Act Notice, see the Instructions for 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) AMERICAN FRIENDS OF OUR ARMED FORCES - 232 WILD HORSE DR. - PALM DESERT, CA 92211 20-1961737 501(C)(3) 10,000 0. MILITARY AMERICAN HEART ASSOCIATION, INC. -SAN DIEGO DIVISION - 9404 GENESSEE AVE., STE 240 - LA JOLLA, CA 92037 13-5613797 501(C)(3) 10,300 0. HEALTH AMERICAN LEGION POST 416 FOUNDATION - PO BOX 1651 - RANCHO SANTA FE, CA 92067 83-2451350 501(C)(3) 42,000 0. MILITARY ANGELS FOSTER FAMILY NETWORK 9295 FARNHAM ST. SUITE 200 SAN DIEGO, CA 92123 33-0825875 501(C)(3) 71,000. 0 SOCIAL SERVICES ARMED SERVICES YMCA CAMP PENDLETON BOX 555028 95-2486118 501(C)(3) 0. MILITARY CAMP PENDLETON, CA 92055 27,000, ARMED SERVICES YMCA SAN DIEGO 3293 SANTO ROAD 95-1679700 501(C)(3) 0. MILITARY SAN DIEGO, CA 92124 55,000, BEACH & COUNTRY GUILD PO BOX 3064 95-1866066 501(C)(3) HEALTH RANCHO SANTA FE, CA 92067 10 000 0. BIOCOM INSTITUTE 10996 TORREYANA ROAD, SUITE 200 SAN DIEGO, CA 92121 26-1852884 501(C)(3) 15,000. 0. MILITARY BITTERROOT HEALTH FOUNDATION 1200 WESTWOOD DR. HAMILTON, MT 59840 36-3766000 501(C)(3) 5,500. 0. HEALTH

Page 1

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) BORREGO SPRINGS UNIFIED SCHOOL DISTRICT - 2281 DIEGUENO RD -RECREATION/SPORTS/ACTIVITI BORREGO SPRINGS, CA 92004 46-3502989 501(C)(3) 7,000 0. BOYS & GIRLS CLUBS OF THE AUSTIN AREA - 6648 ED BLUESTEIN BLVD -RECREATION/SPORTS/ACTIVITI AUSTIN, TX 78723 74-6087356 501(C)(3) 20,000 0 BOYS TO MEN MENTORING NETWORK INC. - 3322 SWEETWATER SPRING BLVD. #102 - SPRING VALLEY, CA RECREATION/SPORTS/ACTIVITI 91977-8142 33-0800308 501(C)(3) 25,100 0. BURN INSTITUTE 8825 AERO DRIVE 23-7260718 501(C)(3) SAN DIEGO, CA 92123-2269 110,750, 0 HEALTH CALIFORNIA POLYTECHNIC UNIVERSITY - SLO - ONE GRAND AVE - ADMIN BLDG, 131-E - SAN LUIS OBISPO, CA 20-4927897 501(C)(3) 0. EDUCATION 93407-0501 10,000. CALVARY CHAPEL CHICO HILLS 4201 EUCALYPTUS AVENUE CHICO, CA 91710 33-0419808 501(C)(3) 0. RELIGIOUS 21,000 CAMPUS CRUSADE FOR CHRIST PO BOX 628222 95-6006173 501(C)(3) ORLANDO, FL 32862-8222 38 000. 0. RELIGIOUS CARE HOUSE LIFE MINISTRIES PO BOX 336 BONITA, CA 91908 33-0398700 501(C)(3) 15,000. 0. RELIGIOUS CASA DE AMISTAD CENTRO DE ENSENANZA - 120 STEVENS AVENUE -SOLANA BEACH, CA 92075 26-0016331 501(C)(3) 100 000 0. EDUCATION

Schedule I (Form 990)

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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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) CASA DE AMISTAD CENTRO DE ENSENANZA - 120 STEVENS AVENUE -SOLANA BEACH, CA 92075 26-0016331 501(C)(3) 88,200 0. EDUCATION CENTRAL TEXAS FOOD BANK 6500 METROPOLIS DRIVE AUSTIN, TX 78744 74-2217350 501(C)(3) 90,000 0 SOCIAL SERVICES CHALLENGED ATHLETES, INC. 9591 WAPLES STREET RECREATION/SPORTS/ACTIVITI SAN DIEGO, CA 92121 33-0739596 501(C)(3) 50,000 0. CHANGE REACTION 15301 VENTURA BLVD STE B570 7,000. SHERMAN OAKS, CA 91403-6650 38-4128902 501(C)(3) 0 ADVOCACY CHRISTIAN CENTER OF PARK CITY PO BOX 683480 87-0643778 501(C)(3) PARK CITY, UT 84068 0. 90,000. SOCIAL SERVICES COASTAL COMMUNITY FOUNDATION PO BOX 230415 ENCINITAS, CA 92023-0415 33-0216692 501(C)(3) 0. ARTS & CULTURE 88,393, COLGATE UNIVERSITY P.O. BOX 313 15-0532078 501(C)(3) CANAJOHARIE, NY 13317-0313 63 000. 0. EDUCATION COLLEGE AREA PREGNANCY SERVICES. INC. - PO BOX 15115 - SAN DIEGO. CA 92175 33-0782841 501(C)(3) 30,200. 0. HEALTH COMMUNITY RESOURCE CENTER 650 2ND ST. 95-3497926 501(C)(3) ENCINITAS, CA 92024 6 000. 0. SOCIAL SERVICES

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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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance noncash (book, FMV, assistance appraisal, other) CRISTO REY SAN DIEGO HIGH SCHOOL 3525 DEL MAR HEIGHTS RD. #882 SAN DIEGO, CA 92130 82-1922472 501(C)(3) 100,000 0. EDUCATION CSU SAN MARCOS 333 S. TWIN OAKS VALLEY ROAD SAN MARCOS, CA 92096 80-0390564 501(C)(3) 5,500 0. EDUCATION CSU SAN MARCOS FOUNDATION 333 S. TWIN OAKS VALLEY ROAD SAN MARCOS, CA 92096 80-0390564 501(C)(3) 10,000 0. EDUCATION CUREBOUND, INC. 9191 TOWNE CENTER DRIVE, STE 310 SAN DIEGO, CA 92122 46-0552414 501(C)(3) 23,000, 0 HEALTH DAYBREAK COMMUNITY CHURCH 6515 AMBROSIA LANE 33-0435454 501(C)(3) 0. RELIGIOUS CARLSBAD, CA 92011 10,000. DELAVAN LAKE IMPROVEMENT ASSOCIATION - PO BOX 353 -DELAVAN, WI 53115 23-7105919 501(C)(3) 0. ENVIRONMENTAL 15,000. DEVIL PUPS INC 1402 E. LOMITA BLVD. WILMINGTON, CA 90748 95-6067317 501(C)(3) 10 000 0. EDUCATION DOCTORS WITHOUT BORDERS 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006 13-3433452 501(C)(3) 9,500. 0. HUMANITARIAN-GLOBAL DON DIEGO SCHOLARSHIP FOUNDATION 2260 JIMMY DURANTE BLVD. DEL MAR, CA 92014 33-0859020 501(C)(3) 14,000. 0. EDUCATION

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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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance noncash (book, FMV, assistance appraisal, other) EDIFY PO BOX 986500 RELIGIOUS BOSTON, MA 02298-6500 27-0892545 501(C)(3) 10,000 0. ELDERHELP OF SAN DIEGO 5095 MURPHY CANYON RD, #100 SAN DIEGO, CA 92123 95-2880426 501(C)(3) 23,500 0. AGING ENCINITAS COASTAL ROTARY CLUB PO BOX 230762 ENCINITAS, CA 92023 33-0307082 501(C)(3) 25,000 0. HUMANITARIAN-GLOBAL ERIC PAREDES SAVE A LIFE FOUNDATION - PMB 79 - EL CAJON, CA 92019 80-0636157 501(C)(3) 74,950. 0 ADVOCACY ESCONDIDO YOUTH BASEBALL PO BOX 2602 RECREATION/SPORTS/ACTIVITI 95-3139516 501(C)(3) ESCONDIDO, CA 92033 0. 7,500. FACE FOUNDATION 10505 SORRENTO VALLEY ROAD, SUITE SAN DIEGO, CA 92121 20-5333261 501(C)(3) 0. ANIMAL WELFARE 12,000. FATHER JOE'S VILLAGES 3350 'E' STREET 33-0492302 501(C)(3) SAN DIEGO, CA 92102 26,500, 0. SOCIAL SERVICES FEEDING AMERICA P.O. BOX 96749 WASHINGTON, DC 20090-6749 36-3673599 501(C)(3) 17,000. 0. SOCIAL SERVICES FEEDING SAN DIEGO P.O. BOX 501910 26-0457477 501(C)(3) SAN DIEGO, CA 92150-1910 66,700. 0. SOCIAL SERVICES

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(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
FELLOWSHIP OF CHRISTIAN ATHLETES-PACIFIC SOUTHWEST REGION - PO BOX 231443 - ENCINITAS, CA 92024	44-0610626	501(C)(3)	50,000.	0.			RECREATION/SPORTS/ACTIVITIES
FELLOWSHIP OF CHRISTIAN ATHLETESAUSTIN - 336 OUTFITTER DRIVE - BASTROP, TX 78602	44-0610626	501(C)(3)	25,000.	0.			RELIGIOUS
FIRST CHURCH OF CHRIST, SCIENTIST P.O. BOX 422 RANCHO SANTA FE, CA 92067	95-2322997	501(C)(3)	8,465.	0.			RELIGIOUS
FIRST LIBERTY INSTITUTE 2001 W. PLANO PARKWAY, #1600 PLANO, TX 75075	75-1403169	501(C)(3)	21,000.	0.			ADVOCACY
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)	7,500.	0.			ARTS & CULTURE
FOOTHILL COUNTRY DAY SCHOOL 1035 WEST HARRISON AVENUE CLAREMONT, CA 91711	95-1816057	501(C)(3)	24,428.	0.			EDUCATION
FRANK LLOYD WRIGHT FOUNDATION 12621 N. FRANK LLOYD WRIGHT BLVD. SCOTTDALE, AZ 85259-2537	86-0197576	501(C)(3)	7,500.	0.			ARTS & CULTURE
FRESH START SURGICAL GIFTS, INC. 2011 PALOMAR AIRPORT RD. CARLSBAD, CA 92011	33-0460177	501(C)(3)	100,000.	0.			HEALTH

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Part II Continuation of Grants and Other	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			
FRIENDS OF THE ISRAEL DEFENSE										
FORCES - PO BOX 4224 - NEW YORK,										
NY 10163	13-3156445	501(C)(3)	20,000.	0.			MILITARY			
			·							
FULLER THEOLOGICAL SEMINARY										
OFFICE OF DEVELOPMENT										
PASADENA, CA 91182-0001	95-1699394	501(C)(3)	20,000.	0.			EDUCATION			
FUTURE LEGENDS										
PO BOX 1873	01 0300007	F01/G\/2\	F4 000	_			TIDUGA TITON			
RANCHO SANTA FE, CA 92067	81-2380227	501(C)(3)	54,000.	0.			EDUCATION			
GIRL SCOUTS OF THE USA										
PO BOX 5046							RECREATION/SPORTS/ACTIVITI			
NEW YORK, NY 10087-5046	13-1624016	501(C)(3)	50,000.	0.			ES			
			, -							
GIRL SCOUTS SAN DIEGO										
1231 UPAS STREET							RECREATION/SPORTS/ACTIVITI			
SAN DIEGO, CA 92103-5199	95-1644585	501(C)(3)	20,100.	0.			ES			
GIVING HOPE										
13040 I-10 SERVICE RD.										
NEW ORLEANS, LA 70128	46-3449360	501(C)(3)	20,000.	0.			SOCIAL SERVICES			
GLODAL GERVIGE NEWYORK										
GLOBAL SERVICE NETWORK										
PO BOX 1809	20-8686806	E01/G\/2\	6,750.	0.			RELIGIOUS			
APEX, NC 27502	20-8686806	301(C)(3)	0,750.	0.			RELIGIOUS			
GRACE COMMUNITY CHURCH										
13248 ROSCOE BLVD.										
SUN VALLEY, CA 91352	95-6006357	501(C)(3)	21,000.	0.			RELIGIOUS			
GROUNDWIRE										
PO BOX 1323										
CASTLE ROCK, CO 80104	84-1341326	501(C)(3)	20,000.	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.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance noncash (book, FMV, assistance appraisal, other) H30 FOUNDATION PO BOX 1695 SOLANA BEACH, CA 92075 45-3719707 501(C)(3) 13,400 0. HUMANITARIAN-GLOBAL HARBOR MINISTRIES PO BOX 21984 LINCOLN, NE 68542 20-4894998 501(C)(3) 30,000 0. RELIGIOUS HAWAII COMMUNITY FOUNDATION 827 FORT STREET MALL HONOLULU, HI 96813 99-0261283 501(C)(3) 20,500 0. HUMANITARIAN-GLOBAL HAZELDEN BETTY FORD FOUNDATION 39000 BOB HOPE DRIVE RANCHO MIRAGE, CA 92270 41-0682405 501(C)(3) 150,000, 0 SOCIAL SERVICES HEALING WAVE AQUATICS 2657 ARIANE DR. 36-4690777 501(C)(3) 0. MILITARY SAN DIEGO, CA 92117 30,000, HELEN WOODWARD ANIMAL CENTER PO BOX 64 RANCHO SANTA FE, CA 92067 23-7228287 501(C)(3) 0. ANIMAL WELFARE 10,500. HOPE COMMUNITY RESOURCE CENTER PO BOX 820067 27-2391054 501(C)(3) NEW ORLEANS, LA 70182 20,000, 0. ARTS & CULTURE HOPE FOR SAN DIEGO 4075 PARK BLVD, SUITE 102-348 SAN DIEGO, CA 92103 77-0605178 501(C)(3) 15,250. 0. RELIGIOUS HORIZON CHRISTIAN FELLOWSHIP RANCHO SANTA FE - P.O. BOX 9070 -RANCHO SANTA FE, CA 92067 33-0736434 501(C)(3) 36,000. 0. RELIGIOUS

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IMPACT CUBED									
441 SAXONY ROAD									
ENCINITAS, CA 92024	83-2215503	501(C)(3)	19,850.	0.			CIVIC ENGAGEMENT		
INEWSOURCE									
5500 CAMPANILE DRIVE, PSFA 361C									
SAN DIEGO, CA 92182	27-0732786	501(C)(3)	8,000.	0.			ADVOCACY		
INSTITUTE FOR ADVANCED CATHOLIC									
STUDIES - C/O UNIVERSITY OF									
SOUTHERN CALIFORNIA - LOS ANGELES,									
CA 90089	25-1843470	501(C)(3)	25,000.	0.			RELIGIOUS		
INSULIN FOR LIFE USA INC.									
2555 SW 76TH ST. #130									
GAINESVILLE, FL 32608	46-0771608	501(C)(3)	10,000.	0.			HEALTH		
INTERFAITH COMMUNITY SERVICES									
550 W. WASHINGTON AVE.									
ESCONDIDO, CA 92025	95-3837714	501(C)(3)	25,000.	0.			MILITARY		
INTERVARSITY CHRISTIAN FELLOWSHIP									
- USA - PO BOX 7895 - MADISON, WI	26 2171714	E01/G\/3\	10 000	0			DEL TOTOLIO		
53707-7895	36-2171714	501(C)(3)	10,000.	0.			RELIGIOUS		
J.P. MORGAN CHARITABLE GIVING FUND 165 TOWNSHIP LINE ROAD SUITE 1200									
JENKINTOWN, PA 19046	23-7825575	501(C)(3)	52,053.	0.			CIVIC ENGAGEMENT		
JACOBS & CUSHMAN SAN DIEGO FOOD									
BANK - 9850 DISTRIBUTION AVENUE -									
SAN DIEGO, CA 92121-2320	20-4374795	501(C)(3)	7,200.	0.			SOCIAL SERVICES		
JEWISH AGENCY FOR ISRAEL - NORTH									
AMERICAN COUNCIL - 633 THIRD	00 0050400	F04 (#) (0)	05.000						
AVENUE - NEW YORK, NY 10017	23-0053483	501(C)(3)	25,000.	0.			HUMANITARIAN-GLOBAL		

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) JEWISH COMMUNITY FOUNDATION OF SAN DIEGO - 4950 MURPHY CANYON ROAD -SAN DIEGO, CA 92123 95-2504044 501(C)(3) 5,800 0. RELIGIOUS JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS - PO BOX 101510 -ARLINGTON, VA 22210 53-0245017 501(C)(3) 15,000 0 ARTS & CULTURE JOHN PAUL THE GREAT CATHOLIC UNIVERSITY - 220 W GRAND AVE. -ESCONDIDO, CA 92025 20-0471061 501(C)(3) 30,000 0. EDUCATION JOIN FREEWORLD, INC 3571 FAR WEST BLVD AUSTIN, TX 78731 85-4029841 501(C)(3) 25,000. 0 HUMANITARIAN-GLOBAL JOLI ANN LEICHTAG ELEMENTARY SCHOOL PTO - 653 POINSETTIA AVENUE 94-3434482 501(C)(3) 0. EDUCATION - VISTA, CA 92081 16,400. JOYRX 1200 NW NAITO PARKWAY, SUITE 140 PORTLAND, OR 97209 93-1181662 501(C)(3) 0. HEALTH 20,000 JUDICIAL WATCH 425 THIRD STREET SW 52-1885088 501(C)(3) WASHINGTON, DC 20024 26 000 0. ADVOCACY JUNIOR ACHIEVEMENT OF SAN DIEGO COUNTY - 4756 MISSION GORGE PLACE - SAN DIEGO, CA 92120 95-1727087 501(C)(3) 25,000. 0. EDUCATION JUST IN TIME FOR FOSTER YOUTH PO BOX 601627 20-5448416 501(C)(3) SAN DIEGO, CA 92160 51,500. 0. SOCIAL SERVICES

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LUCKY DUCK FOUNDATION										
5675 RUFFIN ROAD, SUITE 100										
SAN DIEGO, CA 92123	20-3324885	501(C)(3)	10,000.	0.			SOCIAL SERVICES			
MAINLY MOZART										
404 EUCLID AVENUE, #221										
SAN DIEGO, CA 92114	33-0320305	501(C)(3)	16,000.	0.			ARTS & CULTURE			
MAKE A WISH SAN DIEGO										
4995 MURPHY CANYON RD										
SAN DIEGO, CA 92123	33-0039466	501(C)(3)	102,506.	0.			HEALTH			
MAMA'S HOUSE										
PO BOX 1816										
PALM DESERT, CA 92261	45-4384613	501(C)(3)	11,350.	0.			SOCIAL SERVICES			
Maria La Terration										
MAMA'S KITCHEN										
3960 HOME AVENUE	33-0434246	E01/G\/2\	35,200.	0.			HEALTH			
SAN DIEGO, CA 92105	33-0434240	301(C)(3)	35,200.	0.			nealin			
MARANATHA CHAPEL										
10752 COASTWOOD ROAD										
SAN DIEGO, CA 92127	33-0070042	501(C)(3)	9,700.	0.			RELIGIOUS			
MATTHEW 25: MINISTRIES										
11060 KENWOOD ROAD	24 4 2 4 2 4 2 2	F04 (~) (0)								
BLUE ASH, OH 45242	31-1348100	501(C)(3)	7,000.	0.			RELIGIOUS			
MAUI FOOD BANK										
760 KOLU STREET										
WAILUKU, HI 96793	99-0315110	501(C)(3)	7,500.	0.			HUMANITARIAN-GLOBAL			
, >0	77 3323110	(0)(0)	1,300.	· ·						
MCALISTER INSTITUTE										
1400 N. JOHNSON AVENUE, SUITE 103	1									
EL CAJON, CA 92020	95-3140767	501(C)(3)	75,000.	0.			SOCIAL SERVICES			

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MERCY CHEFS INC.									
711 WASHINGTON STREET									
PORTSMOUTH, VA 23704	20-5050449	501(C)(3)	20,000.	0.			SOCIAL SERVICES		
			, -						
MERCY HOSPITAL FOUNDATION									
4077 5TH AVENUE									
SAN DIEGO, CA 92103	94-2958094	501(C)(3)	10,000.	0.			HEALTH		
MERCY SHIPS INTERNATIONAL									
P.O. BOX 2020									
GARDEN VALLEY, TX 75771	75-2685233	501(C)(3)	33,000.	0.			HEALTH		
MINGEI INTERNATIONAL MUSEUM									
BALBOA PARK	02 5422255	F01/G1/21	6 500						
SAN DIEGO, CA 92101	23-7433357	501(C)(3)	6,500.	0.			ARTS & CULTURE		
MIRACOSTA COLLEGE FOUNDATION									
1 BARNARD DRIVE MS 7									
OCEANSIDE, CA 92056-9989	95-6151938	501(C)(3)	6,000.	0.			EDUCATION		
	70 0101700		,,,,,,	•					
MIRAGLO FOUNDATION									
PO BOX 1270									
LA JOLLA, CA 92038	45-2499438	501(C)(3)	250,000.	0.			HEALTH		
MIRAMAR NATIONAL CEMETERY SUPPORT									
FOUNDATION - 6906 MIRAMAR ROAD,									
SUITE C-142 - SAN DIEGO, CA 92121	65-1277308	501(C)(3)	180,000.	0.			MILITARY		
MISSION AVIATION FELLOWSHIP									
P.O. BOX 47				_					
NAMPA, ID 83653	95-1920983	501(C)(3)	8,000.	0.			RELIGIOUS		
MIGGION HILLS HIGH GOHOOL									
MISSION HILLS HIGH SCHOOL 1 MISSION HILLS COURT									
	88-1508985	501/C\/3\	9,999.	0.			EDUCATION		
SAN MARCOS, CA 92069	00-1300303	201(6)(3)	1 2,333.	U .			EDUCATION		

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Part II Continuation of Grants and Other A	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			
NEIGHBORHOOD LEGAL SERVICES OF LOS										
ANGELES COUNTY - 1102 EAST CHEVY										
CHASE DRIVE - GLENDALE, CA 91205	95-2408642	501(C)(4)	8,000.	0.			ADVOCACY			
NEVADA MUSEUM OF ART										
160 WEST LIBERTY STREET										
RENO, NV 89501	88-6003042	501(C)(3)	10,000.	0.			ARTS & CULTURE			
NEW ENTRA CASA										
3575 PERSHING AVE										
SAN DIEGO, CA 92104-3413	95-3661305	501(C)(3)	50,000.	0.			HEALTH			
NOAH HOMES, INC.										
12526 CAMPO ROAD	05 2001566	E01/G\/2\	10 200				gogtit gppyrgpg			
SPRING VALLEY, CA 91978-2329	95-3821566	501(C)(3)	10,300.	0.			SOCIAL SERVICES			
NORTH COAST PRESBYTERIAN CHURCH										
1831 S. EL CAMINO REAL										
ENCINITAS, CA 92024	58-1638487	501(C)(3)	30,000.	0.			RELIGIOUS			
OCEANSIDE MUSEUM OF ART										
704 PIER VIEW WAY OCEANSIDE, CA 92054	33-0653905	501/C)/3)	21 459	0.			ARTS & CULTURE			
OCEANSIDE, CA 92034	33-0033303	501(0)(3)	21,458.	0.			ARIS & COLIORE			
PACIFIC RIDGE SCHOOL										
6269 EL FUERTE										
CARLSBAD, CA 92009	86-1061606	501(C)(3)	23,000.	0.			EDUCATION			
PALOMAR COLLEGE FOUNDATION										
1140 WEST MISSION ROAD	95-6094128	E01/Q\/2\	9 500	0			EDIIGAMION			
SAN MARCOS, CA 92069-1487	33-0034128	DOT(C)(3)	8,500.	0.			EDUCATION			
PARK CITY COMMUNITY METHODIST										
CHURCH - 4501 N. HIGHWAY 224 -										
PARK CITY, UT 84098	84-0485022	501(C)(3)	10,000.	0.			RELIGIOUS			

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PLEASANTS COUNTY LIBRARY								
101 LAFAYETTE STREET								
ST. MARYS, WV 26170	55-0596254	501(C)(3)	13,875.	0.			EDUCATION	
			23,333					
PRAGER UNIVERSITY FOUNDATION								
15021 VENTURA BLVD. #552								
SHERMAN OAKS, CA 91403	27-1763901	501(C)(3)	31,500.	0.			ADVOCACY	
PRESBYTERIAN CHURCH OF BIG WOOD								
PO BOX 660								
KETCHUM, ID 83340-0660	82-0374595	501(C)(3)	18,000.	0.			RELIGIOUS	
PRISON FELLOWSHIP MINISTRIES								
PO BOX 1550	62 0000204	F01/G)/2)	11 000	_			DEL TOTOUG	
MERRIFIELD, VA 22116	62-0988294	501(C)(3)	11,000.	0.			RELIGIOUS	
PRODUCEGOOD								
4057 VIA DE LA PAZ								
OCEANSIDE, CA 92057	47-2289712	501(C)(3)	60,000.	0.			SOCIAL SERVICES	
,			,,,,,,,					
PROMISES2KIDS								
9440 RUFFIN CT., STE. A							RECREATION/SPORTS/ACTIVIT	
SAN DIEGO, CA 92123	95-3655288	501(C)(3)	26,200.	0.			ES	
PROPEL FOUNDATION, INC.								
1940 TENNESSEE STREET								
LAWRENCE, KS 66046	47-2709599	501(C)(3)	10,000.	0.			EDUCATION	
RADY CHILDREN'S HOSPITAL & HEALTH								
CENTER - 3020 CHILDREN'S WAY - SAN	05 0545004	504 (5) (0)	5 500				L	
DIEGO, CA 92123-4282	95-3545901	DUI(C)(3)	5,500.	0.			HEALTH	
RADY CHILDRENS HOSPITAL FOUNDATION								
- SAN DIEGO - 3020 CHILDREN'S WAY								
- SAN DIEGO - 3020 CHIEDREN 3 WAT	33-0170626	501(C)(3)	5,700.	0.			 HEALTH	
5111 51100, 611 52125	33 01/0020	001(0)(0)	3,700.	<u> </u>		1	<u></u>	

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1 ago 1
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RANCHO SANTA FE ASSOCIATION							
PO BOX A							
RANCHO SANTA FE, CA 92067	95-1132930	501(C)(3)	100,000.	0.			ENVIRONMENTAL
RANCHO SANTA FE COMMUNITY CENTER							
P.O. BOX 1834							RECREATION/SPORTS/ACTIVITI
RANCHO SANTA FE, CA 92067	95-2842837	501(C)(3)	23,655.	0.			ES
RANCHO SANTA FE FIRE DISTRICT							
FOUNDATION - PO BOX 410 - RANCHO							
SANTA FE, CA 92067	33-0004138	501(C)(3)	20,750.	0.			CIVIC ENGAGEMENT
RANCHO SANTA FE GARDEN CLUB PO BOX 483							
RANCHO SANTA FE, CA 92067	95-1944234	501(C)(3)	185,000.	0.			ENVIRONMENTAL
minerio Britin III, en 32007	33 1341234	301(0)(3)	103,000.	••			ENVIRONMENTAL
RANCHO SANTA FE HISTORICAL SOCIETY							
PO BOX 1							
RANCHO SANTA FE, CA 92067-0001	33-0088236	501(C)(3)	10,500.	0.			CIVIC ENGAGEMENT
RANCHO SANTA FE SCHOOL DISTRICT							
PO BOX 809							
RANCHO SANTA FE, CA 92067	33-0787566	501(C)(3)	242,840.	0.			EDUCATION
RANCHO SANTA FE SENIOR CENTER							
PO BOX 223							
RANCHO SANTA FE, CA 92067	95-6113493	501(C)(3)	31,127.	0.			AGING
,			,				
REALIZE IMPACT							
144 JACOLET LN NW							
BAINBRIDGE ISLAND, WA 98110-2744	46-3594732	501(C)(3)	50,000.	0.			EDUCATION
REINS THERAPEUTIC HORSEMANSHIP							
PROGRAM - PO BOX 1283 - BONSALL,							
CA 92003	33-0035455	501(C)(3)	32,600.	0.			ANIMAL WELFARE

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ETRIEVERS AND FRIENDS OF SOUTHERN CA INC - PO BOX 1822 - TEMECULA, CA 92593	27-0443768	501(c)(3)	36,000.	0.			ANIMAL WELFARE			
ROCK ACADEMY 2277 ROSECRANS STREET SAN DIEGO, CA 92106	13-4217084		6,000.	0.			EDUCATION			
SAFE / GOGO GRANDMOTHERS PO BOX 2531 VISTA, CA 92085	95-3406505		6,000.	0.			RELIGIOUS			
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 WOMEN'S AUXILIARY 6605 UNIVERSITY AVE SAN DIEGO, CA 92115	94-1156347	501(C)(3)	25,000.	0.			SOCIAL SERVICES			
SALVATION ARMY: AUSTIN AREA COMMAND - 4700 MANOR ROAD - AUSTIN, TX 78723	58-0660607	501(C)(3)	10,000.	0.			SOCIAL SERVICES			
SALVATION ARMY: SAN DIEGO 16941 KEEGAN AVENUE CARSON, CA 90746 US	94-1156347	501(C)(3)	27,000.	0.			SOCIAL SERVICES			
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	8,500.	0.			HUMANITARIAN-GLOBAL			
SAN ANTONIO ZOOLOGICAL SOCIETY INC 3903 N ST MARYS ST - SAN ANTONIO, TX 78212	74-1323695	501(C)(3)	10,000.	0.			ANIMAL WELFARE			

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AN DIEGO BOTANIC GARDEN									
PO BOX 230005									
ENCINITAS, CA 92023-0005	95-6120581	501(C)(3)	15,238.	0.			ENVIRONMENTAL		
SAN DIEGO FOOD SYSTEM ALLIANCE PO BOX 3185			,						
SAN DIEGO, CA 92163	84-2242207	501(C)(3)	70,000.	0.			SOCIAL SERVICES		
SAN DIEGO FOUNDATION 2508 HISTORIC DECATUR RD, #200 SAN DIEGO, CA 92106	95-2942582	501(C)(3)	10,000.	0.			HUMANITARIAN-GLOBAL		
SAN DIEGO HUMANE SOCIETY 5500 GAINES STREET									
SAN DIEGO, CA 92110	95-1661688	501(C)(3)	75,000.	0.			ANIMAL WELFARE		
SAN DIEGO MUSEUM OF ART PO BOX 122107									
SAN DIEGO, CA 92112	95-1696715	501(C)(3)	18,000.	0.			ARTS & CULTURE		
SAN DIEGO NATURAL HISTORY MUSEUM PO BOX 121390									
SAN DIEGO, CA 92112	95-1643375	501(C)(3)	6,200.	0.			ARTS & CULTURE		
SAN DIEGO OPERA ASSOCIATION 233 A ST. STE 500									
SAN DIEGO, CA 92101-4095	95-6044429	501(C)(3)	7,500.	0.			ARTS & CULTURE		
SAN DIEGO REGIONAL FIRE FOUNDATION 2508 HISTORIC DECATUR RD, SUITE 200									
SAN DIEGO, CA 92106-6138	33-0386687	501(C)(3)	12,000.	0.			CIVIC ENGAGEMENT		
SAN DIEGO RESCUE MISSION INC. PO BOX 80427									
SAN DIEGO, CA 92138-0427	95-1874073	501(C)(3)	192,986.	0.			SOCIAL SERVICES		

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SAN DIEGO SQUARED										
1100 MARKET STREET										
SAN DIEGO, CA 92101	85-3336715	501(C)(3)	300,000.	0.			EDUCATION			
212. 22200, 011 72202										
SAN DIEGO STATE UNIVERSITY										
5500 CAMPANILE DRIVE										
SAN DIEGO, CA 92182-8045	33-0868418	501(C)(3)	8,000.	0.			EDUCATION			
SAN DIEGO SYMPHONY FOUNDATION										
1245 SEVENTH AVENUE										
SAN DIEGO, CA 92101	14-1858753	501(C)(3)	17,250.	0.			ARTS & CULTURE			
SAN DIEGO SYMPHONY ORCHESTRA										
ASSOCIATION - COPLEY SYMPHONY HALL	05 0040054	F01/G1/21	44 000							
- SAN DIEGO, CA 92101	95-2040874	501(C)(3)	44,000.	0.			ARTS & CULTURE			
SAN DIEGO ZOO WILDLIFE ALLIANCE										
PO BOX 120551										
SAN DIEGO, CA 92112-0551	95-1648219	501(C)(3)	15,000.	0.			ANIMAL WELFARE			
SAN DIEGUITO BOYS CLUBS FOUNDATION										
533 LOMAS SANTA FE DR.							RECREATION/SPORTS/ACTIVIT			
SOLANA BEACH, CA 92075	95-3201906	501(C)(3)	6,718.	0.			ES			
SAN DIEGUITO RIVER PARK JPA										
18372 SYCAMORE CREEK ROAD										
ESCONDIDO, CA 92025	01-0565671	501(C)(3)	52,992.	0.			ENVIRONMENTAL			
SAN DIEGUITO RIVER VALLEY										
CONSERVANCY - 3030 BUNKER HILL										
STREET, #309-1 - SAN DIEGO, CA										
92109	33-0191772	501(C)(3)	20,936.	0.			ENVIRONMENTAL			
GIVEN THE GURLAMENT GOVERN										
SANTA FE CHRISTIAN SCHOOLS										
838 ACADEMY DRIVE	22 0102052	E01/G\/3\	45 600	_			EDUCATION			
SOLANA BEACH, CA 92075	33-0103052	DOT(C)(2)	45,600.	0.			EDUCATION			

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SCRIPPS HEALTH FOUNDATION							
PO BOX 2669							
LA JOLLA, CA 92038-2669	95-1684089	501(C)(3)	374,250.	0.			HEALTH
SHELTER TO SOLDIER, INC.							
2366 FRONT ST.							
SAN DIEGO, CA 92101	46-0906020	501(C)(3)	10,000.	0.			MILITARY
SOCIAL VENTURE PARTNERS SAN DIEGO							
PO BOX 60234	26 4671000	E01/G\/3\	24 500	0			GOGTAL GERVICES
SAN DIEGO, CA 92166	26-4671099	501(C)(3)	24,500.	0.			SOCIAL SERVICES
SOLUTIONS FOR CHANGE, INC.							
722 W. CALIFORNIA AVENUE							
VISTA, CA 92083	33-0902617	501(C)(3)	38,500.	0.			ADVOCACY
SONOMA COUNTY VINTNERS FOUNDATION							
400 AVIATION BLVD STE 500	60 04 7 7 7 0 0	504 (5) (2)	12.000				
SANTA ROSA, CA 95403	68-0175790	501(C)(3)	13,000.	0.			CIVIC ENGAGEMENT
SOUL SURVIVOR OUTDOOR							
3437 RAVINE DR.							
CARLSBAD, CA 92010	47-2043540	501(C)(3)	10,000.	0.			RELIGIOUS
SOUTHERN CA GOLDEN RETRIEVER							
RESCUE - PO BOX 25698 - LOS							
ANGELES, CA 90025	30-0454968	501(C)(3)	24,000.	0.			ANIMAL WELFARE
SOUTHWEST COMMUNITY CHURCH OF PALM							
DESERT - 44-175 WASHINGTON STREET							
- INDIAN WELLS, CA 92210	95-2816362	501(C)(3)	10,000.	0.			RELIGIOUS
·		-	, ,				
ST. AUGUSTINE ACADEMY							
130 SOUTH WELLS ROAD							
VENTURA, CA 93004	77-0379150	501(C)(3)	30,455.	0.			EDUCATION

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E CHARITY							
6500 MAIN STREET, #5							
WILLIAMSVILLE, NY 14221	16-1533544	501(C)(3)	170,833.	0.			ADVOCACY
WELLBEING FOUNDATION AMERICA, INC.							
6500 MAIN ST, SUITE 5							
WILLIAMSVILLE, NY 14221	83-4588770	501(C)(3)	110,833.	0.			ADVOCACY
WELLS OF LIFE, INC.							
29222 RANCHO VIEJO RD, SUITE 204							
SAN JUAN CAPISTRANO, CA 92675	45-1496631	501(C)(3)	32,549.	0.			HUMANITARIAN-GLOBAL
WINDWALKERS							
PO BOX 504							
CARBONDALE, CO 81623	38-3716992	501(C)(3)	25,000.	0.			ANIMAL WELFARE
,							
WORKSHOPS FOR WARRIORS							
2970 MAIN STREET							
SAN DIEGO, CA 92113	26-1721255	501(C)(3)	41,000.	0.			MILITARY
WORLD OUTREACH MINISTRIES INC							
PO BOX B							
MARIETTA, GA 30061	58-1387722	501(C)(3)	6,000.	0.			HUMANITARIAN-GLOBAL
WORLD VISION, INC.							
PO BOX 9716				_			
FEDERAL WAY, WA 98063-9716	95-1922279	501(C)(3)	65,000.	0.			HUMANITARIAN-GLOBAL
WOUNDED WARRIOR HOMES, INC.							
1145 LINDA VISTA DRIVE, #104							
SAN MARCOS, CA 92078	27-1537405	501(C)(3)	75,000.	0.			MILITARY
			12,200				
WYCLIFFE ASSOCIATES INC.							
PO BOX 620143							
ORLANDO, FL 32862	95-2584324	501(C)(3)	23,000.	0.			RELIGIOUS

(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
YMCA OF SAN DIEGO COUNTY 3708 RUFFIN ROAD SAN DIEGO, CA 92123	95-2039198	501(C)(3)	22,250.	0.			RECREATION/SPORTS/ACTIVITES
YOUNG LIFE - INNER CITY SAN DIEGO PO BOX 5184 HARLAN, IA 51593-0684	84-0385934	501(C)(3)	30,200.	0.			RELIGIOUS
YOUNG LIFE - RANCHO DEL SOL PO BOX 733 SOLANA BEACH, CA 92075	84-0385934	501(C)(3)	57,700.	0.			RELIGIOUS
YOUNG LIFE FOUNDATION PO BOX 5184 HARLAN, IA 51593-0684	84-0385934	501(C)(3)	5,500.	0.			RELIGIOUS
YOUNGLIFE -BAY AREA REGION PO BOX 5184 HARLAN, IA 51598	84-0385934	501(C)(3)	10,000.	0.			RELIGIOUS

95-3709639 RANCHO SANTA FE FOUNDATION Schedule I (Form 990) 2023 Page 2 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 fleeded.					
(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 req	uired in Part I lin	ne 2: Part III. column	(b) and any other ac	Iditional information	

PART I LINE 2:

ALL GRANTS ISSUED ARE ACCOMPANIED WITH A LETTER THAT INFORMS THE GRANTEES

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 GRANTEES FUNDED

PROJECT(S).

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number RANCHO SANTA FE FOUNDATION 95-3709639 Part I Questions Regarding Compensation

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	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:			
а	The organization?	5a		х
	Any related organization?	5b		Х
	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:			
а	The organization?	6a		х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53 /458-6/c/2	٩		

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

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

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

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

		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHRIS SICHEL	(i)	211,391.	0.	0.	11,765.	0.	223,156.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0,	0.
(2) KAREN SPRIGLE	(i)	161,126.	0.	0.	7,875.	5,113.	174,114.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0,	0.
(3) AMY MYERS	(i)	154,800.	0.	0.	6,957.	0.	161,757.	0.
DIRECTOR OF PHILANTHROPY	(ii)	0.	0.	0.	0.	0.	0,	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

RANCHO SANTA FE FOUNDATION

Inspection Employer identification number

95-3709639

Par	t 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 de noncash contribu	terminin	_	;
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	Х	25	9,446,371.	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							
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29				
							/es	No
30a	During the year, did the organization receive by		• • • • •					
	must hold for at least 3 years from the date of							
	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 p	-	•	•	ions?	31	Х	
32a	Does the organization hire or use third parties contributions?		_			32a	х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	cked,			
	describe in Part II.							

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

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 FOUNI	DATION USES THE SERVICES OF UBS FINANCIAL SERVICES, INC. TO
ACCEPT G	IFTS OF PUBLIC SECURITIES ON OUR BEHALF, TO SELL THOSE
SECURITIE	ES AND FORWARD THE PROCEEDS FROM SUCH SALES TO OUR CHECKING
ACCOUNT A	AT FIRST REPUBLIC BANK.

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SCHEDULE 0 (Form 990)

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 for the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

RANCHO SANTA FE FOUNDATION	95-3709639
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS REVIEWED BY THE 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.	

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

Name of the organization RANCHO SANTA FE FOUNDATION		Employer identification number 95-3709639
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	201,678.	
OTHER	-478.	
TOTAL TO FORM 990, PART XI, LINE 9	201,200.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

95-3709639

Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Yes"	on Form 990, Part IV, line 3	3.					_
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea		(f) Direct controlling entity)
	_							
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, b	pecause it had one	or more r	related tax-exer	mpt	
(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		(f) t controlling entity	1	g) 512(b)(13) rolled ity?
•		is orgin seaminy		501(c)(3))		•	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 DONATONS FOR THE RSFF	CALIFORNIA	501(C)(3)	LINE 12A, I	RSFF			х
			301(0)(3)					

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

RANCHO SANTA FE FOUNDATION

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

	Signification trouted as a partitioning during the tarryon.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	1	ortionate itions?	Code V-UBI amount in box 20 of Schedule	General of managin partner?	Percentage ownership
		country)		sections 512-514)		455015	Yes	No	K-1 (Form 1065)	Yes No	<u> </u>	
										1 1	 	
-												

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	ent	Section 512(b)(13) controlled entity?	
		,						Yes	NO	

Page 2

RANCHO SANTA FE FOUNDATION 95-3709639 Schedule R (Form 990) 2023

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

Page 3

Х

Yes No

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

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

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

b Gift, grant, or capital contribution to related organization(s)				1b		Х		
c Gift, grant, or capital contribution from related organization(s)								
d Loans or loan guarantees to or for related organization(s)								
e Loans or loan guarantees by related organization(s)								
						Х		
f Dividends from related organization(s)								
g Sale of assets to related organization(s)								
h Purchase of assets from related organization(s)								
i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)								
				1k		х		
k Lease of facilities, equipment, or other assets from related organization(s)								
Performance of services or membership or fundraising solicitations for related organization(s)								
m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
Sharing of paid employees with related organization(s)				10	Х			
p Reimbursement paid to related organization(s) for expenses								
q Reimbursement paid by related organization(s) for expenses								
r Other transfer of cash or property to related organization(s)								
s Other transfer of cash or property from related organization(s)								
2 If the answer to any of the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information of the above is "Yes," see the instruction of the above is "Yes," see	no must complete th	is line, including covered rela	tionships and transaction thresholds.					
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	rolved				
(1)								
(2)								
(3)								
(4)								
(4)								
(5)								
Ψ)								
(6)								
332163 09-28-23	1		Schedule	R (Forr	n 990)	2023		

Schedule R (Form 990) 2023 RANCHO SANTA FE FOUNDATION 95-3709639 Page 4

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

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

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

332165 09-28-23 Schedule R (Form 990) 2023