\*\* 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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2024
Open to Public Inspection
Inspection

ΑI	For the	2024 calendar year, or tax year beginning	and	ending			
	Check if applicable	C Name of organization			D Employer	identific	cation number
	Addres	RANCHO SANTA FE FOUNDATION					
	Name change	Doing business as			95-3	709639	
	Initial return Final return/	Number and street (or P.O. box if mail is not del P.O. BOX 811	ivered to street address)	Room/suite	E Telephone	e number 4-0519	r
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		<b>G</b> Gross receipt	s\$	120,271,535.
	Ameno		J 1		H(a) Is this a	aroup re	eturn
	Application	F Name and address of principal officer: BEN N	IORAGA			rdinates	
	pendin	g SAME AS C ABOVE			1		icluded? Yes No
Τ.	Гах-ехе	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	1		list. See instructions
	Websit		,		H(c) Group e		
	orm of	organization: X Corporation Trust As <b>Summary</b>	sociation Other	<b>L</b> Year			M State of legal domicile; CA
	_		-iifitti-iti ΨΟ RF	A COMPER	FNSTVE CEN	דרם דרם	<u> </u>
Governance	1	Briefly describe the organization's mission or most IMPACTFUL PHILANTHROPY THAT INSPIRES !			ENSIVE CEN	IEK FOR	
nar	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of it	s net ass	sets.
Š	3	Number of voting members of the governing body				ا ہا	15
	4	Number of independent voting members of the gov					15
- თ		Total number of individuals employed in calendar y					9
i <u>ë</u>		Total number of volunteers (estimate if necessary)					25
Activities &		Total unrelated business revenue from Part VIII, col					0.
⋖		Net unrelated business taxable income from Form					0,
					Prior Yea	r	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)			11,26	9,712.	29,966,415.
ğ	9	Program service revenue (Part VIII, line 2g)			33	5,838.	376,697.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		3,39	4,617.	3,413,522.
<b>~</b>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)			0.	45.
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		15,00	0,167.	33,756,679.
	13	Grants and similar amounts paid (Part IX, column (	A), lines 1-3)		11,17	9,702.	14,349,383.
	14	Benefits paid to or for members (Part IX, column (A	), line 4)			0.	0.
Ş	15	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)		1,02	1,295.	1,051,913.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)			0.	0.
ž	. b	Total fundraising expenses (Part IX, column (D), line	25) 474,	725.			
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d,				5,145.	542,579.
		Total expenses. Add lines 13-17 (must equal Part I)				6,142.	15,943,875.
	19	Revenue less expenses. Subtract line 18 from line	12			4,025.	17,812,804.
Net Assets or	3			Ве	ginning of Curre		End of Year
sets	20	Total assets (Part X, line 16)			160,81		188,678,612.
TA AS	21	Total liabilities (Part X, line 26)				0,732.	50,673,873.
<u>Z</u>	22	Net assets or fund balances. Subtract line 21 from	line 20		114,83	7,145.	138,004,739.
	art II	Signature Block					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Ities of perjury, I declare that I have examined this return,				-	knowleage and beliet, it is
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wr	iich preparer	nas any knowied	ige.	
C:	_	Signature of officer			I Date		
Sig		BEN MORAGA, CEO			2415		
Hei	е	Type or print name and title					
		Preparer's name	Preparer's signature	T	Date	Check	PTIN
Paid	i		AMY A. O'LOUGHLIN		0/07/25	if self-employ	
	parer	Firm's name CBIZ ADVISORS, LLC			Firm's		34-1884125
	Only	Firm's address 4722 N 24TH ST, STE 300			1 111113	J LIIV	
230	,	PHOENIX, AZ 85016			Phon	e no 602	-264-6835
Mar	v the IF	RS discuss this return with the preparer shown about	/e? See instructions		<u> </u>		X Yes No
	,	p p					

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:  TO CONNECT DONORS WITH REGIONAL AND GLOBAL NEEDS THROUGH VISIONARY	
	COMMUNITY LEADERSHIP, PERSONALIZED SERVICE AND EFFECTIVE GRANTMAKING.	
	<u> </u>	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$14,461,039. including grants of \$14,140,383. ) (Revenue \$	376,697.
	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.	
	PROJECTS COMMITTEE.	
4b	(Code: ) (Expenses \$ 109,000. including grants of \$ 109,000. ) (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 2024, ACTIVE	
	DUTY, VETERANS AND THEIR DEPENDENTS BENEFITTED FROM GRANTS TO 6	
	DIFFERENT ORGANIZATIONS FOR A TOTAL OF \$4,109,000.	
4c		)
	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 2024, 2 ORGANIZATIONS EACH BENEFITTED FROM TWO	
	YEAR, \$50,000 PER YEAR GRANTS.	
	IBAR, \$30,000 FER IEAR GRANIS.	
44	Other program services (Describe on Schedule O.)	
Tu	(Expenses \$ including grants of \$ ) (Revenue \$	)
 4е	Total program service expenses 14,670,039.	
		Form <b>990</b> (2024)

# Form 990 (2024) 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		х
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	<u> </u>
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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# Form 990 (2024) 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	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
_	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
al	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
<b>2</b> 5a	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	200		
-	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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See 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		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
00	"Yes," complete Schedule L, Part IV	28c	х	Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Λ	<del>                                     </del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete	ļ .		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
	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?	1		
	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			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		Х	
Par	Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	Check if Schedule O contains a response or note to any line in this Part V			
	Chock is Confedence C confedence a recoporate of froto to any line in this rail to		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		.03	.40
	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 Statements Regarding Other IRS Filings and Tax Compliance (continued)	
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					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	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns? .		2b	Х	<u> </u>
За				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		—
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					l
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		X
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 A					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		├─
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					x
	any contributions that were not tax deductible as charitable contributions?			6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributi		·			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		aravidad ta tha navar0	7-		х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b		<u> </u>
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uirod	10		$\vdash$
С				7c		x
d	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d		76		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		•	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
		•		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the second of the second in the second of the second o			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	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
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.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l	1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	•	4.4		х
14a				14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		$\vdash$
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			4.5		x
	excess parachute payment(s) during the year?			15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	t incc	mo?	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment if "Yos" complete Form 4720. School up O	ı II ICO		16		<u> </u>
17	If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitio	e			
"	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		1
	If "Yes," complete Form 6069.					
43200	12-10-24			Form	990	(2024)
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RANCHO SANTA FE FOUNDATION Form 990 (2024) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed  $\,$  CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available

for public inspection. Indicate how you made these available. Check all that apply

X Own website Another's website X Upon request \_\_ Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records BEN MORAGA - 858-764-0519

162 S. RANCHO SANTA FE RD, B30, ENCINITAS, 92024

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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)	(B)			((	<del></del>			(D)	(E)	(F)
Name and title	Average	(-1-		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	than o s both	n an	compensation	compensation	amount of
	week		cer an	id a di	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e e			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yoldı	t con	_	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BEN MORAGA	40.00	_	_		_	1 0				
PRESIDENT & CEO	10.00			х				246,782.	0.	21,459.
(2) AMY MYERS	40.00									
DIRECTOR OF PHILANTHROPY				х				169,015.	0.	7,923.
(3) KAREN SPRIGLE	30.00									
CHIEF OPERATING OFFICER				Х				137,056.	0.	10,232.
(4) NICOLE TUBBS	40.00	ļ								
VP OF FINANCE				Х				138,449.	0.	4,839.
(5) TOM BUCHHOLZ	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(6) ELAINE DODGE	1.00								•	
DIRECTOR	1 00	Х						0.	0.	0.
(7) MICHAEL DYER	1.00								•	0
OIRECTOR (8) MICHAEL GREGOIRE	1.00	Х						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(9) LINDA KITCHENS	5.00	Α						· · · · · · · · · · · · · · · · · · ·	٠.	
BOARD CHAIR	3.00	х		x				0.	0.	0.
(10) KEN LITTLE	1.00								•	
DIRECTOR		х						0.	0.	0.
(11) MATT MILLER	1.00									
DIRECTOR		х						0.	0.	0.
(12) TRACY MITCHELL	1.00									
DIRECTOR		х						0.	0.	0.
(13) RICHARD MONTANO	1.00									
DIRECTOR	1.00	х						0.	0.	0.
(14) RICK NORLING	1.00									
TREASURER		Х		Х				0.	0.	0.
(15) JANETTE PRITCHARD	1.00									
DIRECTOR		Х						0.	0.	0.
(16) DENISE STILLINGER	1.00									
SECRETARY		Х		Х				0.	0.	0.
(17) CARL WIESE	1.00									
DIRECTOR		Х						0.	0.	0.

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Section A. Officers, Directors, True	stees, Key Em	ploy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)	Ţ		(F)	
Name and title	Average	<b> </b> ,.		Pos	ition			Reportable	Reportable		Es	timate	ed
	hours per					than o		compensation	compensation		am	ount	of
	week					r/trus		from	from related			other	
	(list any	ctor						the	organization	s	com	pensa	ation
	hours for	r dire				pe .		organization	(W-2/1099-MIS	3C/	fr	om th	e
	related	tee o	ustee			ensa		(W-2/1099-MISC/	1099-NEC)		orga	anizat	tion
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)			and	d relat	:ed
	below	ividu	it i	Officer	em p	hest ploye	Former				orga	ınizati	ons
	line)	Pu	lust	0#i	Key	Hig	P.						
		1											
										-			
		1											
										-			
		1											
										$\rightarrow$			
		1											
								601 200					452
1b Subtotal								691,302.		0.		44,	453.
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								691,302.		0.		44,	453.
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	<b>)</b>			
compensation from the organization													4
										ſ		Yes	No
3 Did the organization list any former office	, director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for	such individual										3		Х
4 For any individual listed on line 1a, is the s	um of reportab	le co	mpe	ensa	tion	and	oth	er compensation from the	ne organization				
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4	Х	
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes." con	mplete Schedul	e J fo	or su	ıch r	oers	on .					5		х
Section B. Independent Contractors	,												
Complete this table for your five highest co	ompensated inc	depe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	oensat	tion fro	m	
the organization. Report compensation for													
(A)								(B)			(C	:)	
Name and busines	s address	NO	NE					Description of s	ervices	С	omper		n
							$\dashv$						
							$\dashv$						
							$\dashv$						
2 Total number of independent contractors		ot lin	nited	to t			ted	above) who received mo	ore than				
\$100,000 of compensation from the organ	ization				(	0							

Form 990 (2024) RANCHO SANT Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to anv lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
ant			Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events	1c					
fts,			Related organizations	1d					
ية إق									
ons,			Government grants (contributions)	1e					
utio er (		T	All other contributions, gifts, grants, and		20 066 415				
ĕŧ			similar amounts not included above	1f	29,966,415.				
ont		-	Noncash contributions included in lines 1a-1f	1g  \$	13,960,914.	20 066 415			
O g		n	Total. Add lines 1a-1f		D	29,966,415.			
			WALL GRADUE THE DEVENTE		Business Code	25.00	376 607		
ce	2	а	MANAGEMENT FEE REVENUE		525920	376,697.	376,697.		
Program Service Revenue		b							
S		С							
ran Sev		d							
.0g		е							
<u>-</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f			376,697.			
	3		Investment income (including divide	nds, intere	st, and				
			other similar amounts)			3,633,378.			3,633,378.
	4		Income from investment of tax-exen						
	5		Royalties						
				i) Real	(ii) Personal				
	6	а	Gross rents 6a	45.					
			Less: rental expenses 6b	0.					
			Rental income or (loss) 6c	45.					
			Net rental income or (loss)		•	45.			45.
				Securities	(ii) Other				
		_		295,000.					
		h	Less: cost or other basis	,					
ø		~	and sales expenses	514 856.					
nue		_	Gain or (loss) 7c -	219,856.					
eve			Net gain or (loss)			-219,856.			-219,856.
her Revenue			Gross income from fundraising events (i			225,000.			225,000.
	0	а							
Ò				-					
			contributions reported on line 1c). S						
			Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundraising						
	9	a	Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less return						
			and allowances	I					
			Less: cost of goods sold						
$\rightarrow$		С	Net income or (loss) from sales of in	ventory					
က္					Business Code				
e e	11	а							
Miscellaneous Revenue		b							
cell Sev		С							
Ais			All other revenue						
		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions			33,756,679.	376,697.	0.	3,413,567.

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# Form 990 (2024) RANCHO SANTA FE FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete colum	1 (A).
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	Check if Schedule O contains a respon				L
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	14,349,383.	14,349,383.		
	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	735,754.	160,836.	345,436.	229,48
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	208,527.	45,599.	97,933.	64,99
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	9,565.	2,091.	4,491.	2,98
9	Other employee benefits	29,535.	9,115.	18,698.	1,72
0	Payroll taxes	68,532.	14,982.	32,178.	21,37
1	Fees for services (nonemployees):				
а	Management				
b	Legal	4,160.		4,160.	
С	Accounting	67,777.	3,365.	59,444.	4,96
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	55,528.		55,528.	
	Advertising and promotion	87,407.			87,40
	Office expenses	23,741.	9,277.	7,232.	7,23
	Information technology	61,947.	175.	61,772.	
	Royalties				
6	Occupancy	123,828.	36,926.	49,976.	36,92
7	Travel	5,631.	136.	5,495.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	06.060	10.011	4 545	
9	Conferences, conventions, and meetings	26,263.	19,041.	1,517.	5,70
0	Interest				
	Payments to affiliates	10.607		10.605	
	Depreciation, depletion, and amortization	10,607.	645	10,607.	0.1
3	Insurance	28,939.	645.	27,375.	91
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	DUES AND SUBSCRIPTIONS	22,337.	11,529.	5,404.	5,40
b	UTILITIES	9,717.	3,239.	3,239.	3,23
С	BANK SERVICE CHARGES	7,944.	1,330.	6,614.	
d	PRINTING AND PUBLICATIO	3,996.	1,332.	1,332.	1,33
е	All other expenses	2,757.	1,038.	680.	1,03
5	Total functional expenses. Add lines 1 through 24e	15,943,875.	14,670,039.	799,111.	474,72
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

## Form 990 (2024) Part X Balance Sheet

	Check if Schedule O contains a response or r	ote to any	line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			1,646,004.	1	2,872,326
2				678,234.	2	663,998
3			4,236,677.	3	17,552	
4					4	
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of these persons			5		
6	Loans and other receivables from other disqu	·				
	under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
7 Notes and loans receivable, net			7			
8	Inventories for sale or use				8	
9	D ::			5,268.	9	4,100
10a	Land, buildings, and equipment: cost or other	.				
	basis. Complete Part VI of Schedule D	10a	187,416.			
b			165,282.	27,958.	10c	22,134
11				109,484,683.	11	135,543,992
12	Investments - other securities. See Part IV, line	e 11			12	
13	Investments - program-related. See Part IV, lin	e 11			13	
14					14	
15	Other assets. See Part IV, line 11			44,739,053.	15	49,554,51
16					16	188,678,61
17					17	65,04
18	Grants payable			1,238,431.	18	1,131,93
19					19	
20			1			
				44,199,154.	21	49,066,29
22						
		-	······			
					24	
25	•	•				
		ies 1 <i>1-</i> 24).	Complete Part X	101 006		410 EQ
				· · · · · · · · · · · · · · · · · · ·		410,592
26				45,900,732.	26	50,673,873
	-	neck nere	A			
07	***			57 936 000	07	80,087,000
						57,917,739
20				30,301,143.	20	31,311,133
		956, Che	ck nere			
20		40			20	
31				114,837,145.	31	138,004,739
ა∠	TOTAL HEL ASSETS OF TUHO DAIMINGS			111,007,140.	3Z	188,678,612
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 28 29 30 31 31 31 31 31 31 31 31 31 31 31 31 31	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current trustee, key employee, creator or founder, substanced to the controlled entity or family member of any of the Loans and other receivables from other disquising under section 4958(f)(1)), and persons describ Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicity traded securities 12 Investments - other securities. See Part IV, line Intengible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must etc.) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Loans and other payables to any current or for trustee, key employee, creator or founder, substanced to the secured notes and loans payable to unrelated. See Part IV, line 13 Secured mortgages and notes payable to unrelated. See Part IV, line 14 Insecured notes and loans payable to unrelated. See Part IV, line 15 Controlled entity or family member of any of the Unsecured notes and loans payable to unrelated. See payable to unrelated to the liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cand complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions 28 Net assets with donor restrictions 29 Capital stock or trust principal, or current functions organizations that do not follow FASB ASC 958, cand complete lines 29 through 33. 29 Capital stock or trust principal, or current functions organizations that do not follow FASB ASC 958, cand complete lines 29 through 33. 29 Capital stock or trust principal, or current functions organizations that do not follow FASB ASC 958, cand complete lines 29 through 33.	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial controlled entity or family member of any of these perso under section 4958(f)(1)), and persons described in section 4958(f)(1), and persons described in	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 187,416, b Less: accumulated depreciation 10b 165,282. 11 Investments - publicity traded securities 12 Investments - publicity traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets. 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 11 Escrow or custodial account liability. Complete Part IV of Schedule D 12 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 13 Secured mortgages and notes payable to unrelated third parties 14 Unsecured notes and loans payable to unrelated third parties 15 Other liabilities (including federal income tax, payables to related third parties 16 Other liabilities, Add lines 17 through 25 17 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 22, and 33. 18 Net assets with donor restrictions 18 Organizations that do not follow FASB ASC 958, check here and complete lines 27, 28, 22, and 33. 19 Ret assets with donor restrictions 10 Organizations that do not follow FASB ASC 958, check here and complete lines 27, 28, 21, and 33. 11 Patricular Pa	1 Cash - non-interest-bearing	Cash - non-interest-bearing

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

Form **990** (2024)

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#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

Open to Public

**Employer identification number** 

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

Open to Public Inspection

OMB No. 1545-0047

RANCHO SANTA FE FOUNDATION 95-3709639 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8,371,022.	11,709,562.	11,736,649.	11,269,712.	29,966,415.	73,053,360.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	8,371,022.	11,709,562.	11,736,649.	11,269,712.	29,966,415.	73,053,360.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						29,727,503.
6	Public support. Subtract line 5 from line 4.						43,325,857.
	ction B. Total Support						· · · · · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4	8,371,022.	11,709,562.	11,736,649.	11,269,712.	29,966,415.	73,053,360.
	Gross income from interest,						· · ·
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,026,593.	1,788,731.	2,155,269.	3,077,772.	3,633,423.	12,681,788.
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.)	5,434.					5,434.
11	Total support. Add lines 7 through 10	,					85,740,582.
	Gross receipts from related activities,	etc (see instructio	ns)			12	1,830,756.
	<b>First 5 years.</b> If the Form 990 is for th	· ·		ourth or fifth tax v	ear as a section 5		
	organization, check this box and stor						
Sec	ction C. Computation of Publi						
	Public support percentage for 2024 (I	• • •		olumn (f))		14	50.53 %
	Public support percentage from 2023					15	59.12 %
	33 1/3% support test - 2024. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2023. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te		ŕ	•		vi now the organiz	
h	10% -facts-and-circumstances test	· ·	•		•		
~	more, and if the organization meets the	ū				•	. = , , , ,
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
	and organization	c u l		, ,	,		(Form 990) 2024

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

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

Sec	etion A. Public Support	siow, picase comp	note r art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
_	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 512						
	iness 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						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6	(-)	(2, - 2 - 1	(5,	(,	(-,	<b>(-)</b>
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•			•	. , . ,	. —
	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2024 (I		· ·	column (f))		15	<u>%</u>
	Public support percentage from 2023		-			16	<u>%</u>
	ction D. Computation of Inves			10 1 (0)		14-1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
198	33 1/3% support tests - 2024. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2023. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	ns hox and see in	structions	1 1

432023 01-14-25 Schedule A (Form 990) 2024

#### 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
L	1		
L	2		
L	3a		
	3b		
	3c		
	4a		
	4b		
	4-		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10-		
	10a		
	10h		
L_	10b		<del></del>

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
	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	stion 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		103	140
•	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	1		
Sec	the supported organization(s). stion 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		100	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		•		
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	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3				
	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	3		
Sec	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions			
' a	The organization satisfied the Activities Test. Complete line 2 below.	·)·		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
·	entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
– a			100	110
-	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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		
h	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. <b>Answer lines 3a and 3b below.</b>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
<b>-</b>	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		·	
Sect	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	on 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 integrated	Type III supporting orga	nization (see
	instructions).			·

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on 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 <b>Part VI</b> ). See instructions.		6	
7	<b>Total annual distributions.</b> 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 2024 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-2024	Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2024			
а	From 2019			
b	From 2020			
С	From 2021			
d	From 2022			
е	From 2023			
f	Total of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j			
	and 4c.			
_8_	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
_	Excess from 2024			

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.
CCREDIII E	(See instructions.) A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER	A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
2020 AMOU	UNT: \$ 5,434.
2020 AMOC	MI: \$ 5,454.

### Schedule B (Form 990)

(Rev. December 2024)
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

**Employer identification number** 

RANCHO SANTA FE FOUNDATION 95-3709639 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** 🔟 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scieliterary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (en "N/A" in column (b) instead of the contributor name and address), II, and III.	entific,
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled mo is checked, enter here the total contributions that were received during the year for an exclusively religious, purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it rereligious, charitable, etc., contributions totaling \$5,000 or more during the year	re than \$1,000. If this box charitable, etc.,

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

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

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Employer identification number

RANCHO SANTA FE FOUNDATION

95-3709639

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, audress, and ZIF + 4	\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4		Person Payroll X  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<b>No.</b> 6	Name, address, and ZIP + 4		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

RANCHO SANTA FE FOUNDATION

95-3709639

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional 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	_	
2		-	
		\$\$14,381.	12/31/24
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
3	22,500 SHARES OF VANGUARD S&P 500 (VOO)	-	
		\$\$	12/19/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		-	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		-	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		-	
		- -   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
	·	-	
		\$	

Employer identification number

Name of organization

rt III	ANTA FE FOUNDATION			3709639
	Exclusively religious, charitable, etc., contributi	ons to organizations described in sec	ction 501(c)(7), (8), or (10) that total mo	re than \$1,000 for the ye
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	through (e) and the following line entr	y. For organizations  See for the year (Enter this info once)	
	Use duplicate copies of Part III if additional	space is needed.	for the year. (Effect this line, office.)	
No. om	1	İ		
m	(b) Purpose of gift	(c) Use of gift	(d) Description of	how gift is held
rt I				
<b>—</b>				
L				
		(e) Transfer of gift		
		.,		
	Transferee's name, address, a	nd 7IP + 4	Relationship of transferor to	transferee
F	Transfer co o marile, adar coo, a	14	riciationomp of transferor to	- dunorer ee
No. om	(b) Dumage of wift	(a) Hap of wift	(d) Decemention of	have wiff in hald
rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of	now girt is neid
-				
F		<u> </u>		
		(e) Transfer of gift		
L	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to	transferee
No.		1		
m	(b) Purpose of gift	(c) Use of gift	(d) Description of	how gift is held
rt I				
	-	-		
L				
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to	transferee
No			i	
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of	how gift is held
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of	how gift is held
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of	how gift is held
No. m rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of	how gift is held
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of	how gift is held
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of	how gift is held
No. om rt I	(b) Purpose of gift			how gift is held
No. om rt I	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift		how gift is held
No. om rt I		(e) Transfer of gift		
No. om rt I	(b) Purpose of gift  Transferee's name, address, a	(e) Transfer of gift		
No. om rt I		(e) Transfer of gift		
No. m t I		(e) Transfer of gift		

# SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RANCHO SANTA FE FOUNDATION

**Employer identification number** 

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	149	
2	Aggregate value of contributions to (during year)	26,666,740.	
3	Aggregate value of grants from (during year)	11,700,051.	
4	Aggregate value at end of year	83,091,155.	
5	Did the organization inform all donors and donor advisors in w	•	funds
·	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ad		
Ū	for charitable purposes and not for the benefit of the donor or		
Pai			rt IV. line 7.
1	Purpose(s) of conservation easements held by the organization		,
·	Preservation of land for public use (for example, recreati	`	historically important land area
	Protection of natural habitat	· —	certified historic structure
	Preservation of open space	i reservation or a	ocitinos motorio stractaro
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	a conservation easement on the last
_	day of the tax year.	sa conservation contribution in the form of	Held at the End of the Tax Year
a			
b	<b>-</b>		····
C	Number of conservation easements on a certified historic structure.		****
d			
u	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
3	year	ased, extinguished, or terminated by the or	ganization during the tax
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
Ū	violations, and enforcement of the conservation easements it I		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
·	g,		ransir sassiris na dannig and year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservation	n easements during the vear
-	э,		
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section 170(h)(4)	)(B)(i)
			·····
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	s, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in furth	nerance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	s, to report in its revenue statement and bal	ance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treat		
	the following amounts required to be reported under FASB AS	· · · · · · · · · · · · · · · · · · ·	
а	Revenue included on Form 990, Part VIII, line 1	_	\$
	Assets included in Form 990, Part X		

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

Schedule D (Form 990) (Rev. 12-2024)

Pai	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Otl	ner S	imilar Asse	ts (conti	nued)	agc –
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	e signi	ficant use of its	S		
	collection items (check all that apply).								
а	Public exhibition	d	Loan or excl	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's e	xempt	purpose in Pa	rt XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other sim	ilar ass	sets _			_
_	to be sold to raise funds rather than to be ma						Yes		No
Pai	t IV Escrow and Custodial Arrang		te if the organization	answered "Yes"	on For	m 990, Part IV,	, line 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi		-			_	<b>-</b> ,,	v	٦
	on Form 990, Part X?					L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				A mayın		
	D						Amour	IL	
C	Beginning balance					1c			
	Additions during the year					1d			
e	Distributions during the year					1e			
f 20	Ending balance					<b>1f</b>	X Yes		No
	If "Yes," explain the arrangement in Part XIII.				-			X	=
Pai									
	Complete ii	(a) Current year	(b) Prior year	(c) Two years bac		Three years bac	k (e) Fou	r vears	back
1a	Beginning of year balance	47,437,159.	43,579,397.	51,019,419	<del>- ` `</del>	46,414,748	<del>- ` '</del>	,770,	
b	Contributions	3,096,517.	543,351.	55,083	_	92,822	_	<u> </u>	832.
c	Net investment earnings, gains, and losses	3,915,394.	5,136,802.	, , , , , , , , , , , , , , , , , , ,	_	5,961,703	_	,992,	
d	Grants or scholarships	2,469,883.	1,822,391.	992,854	_	1,079,290	_	,045,	
	Other expenditures for facilities	, , ,	, , ,	,		, ,		<u>, , , , , , , , , , , , , , , , , , , </u>	
·	and programs			12,538	3.				
f	Administrative expenses			352,593	_	370,564		319,	277.
g	End of year balance	51,979,187.	47,437,159.			51,019,419		,414,	
2	Provide the estimated percentage of the curr				ı		<b>.</b>		
а	Board designated or quasi-endowment	1.7220	%	,					
b	Permanent endowment 98.2780	%							
С	Term endowment	<u></u> -							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	nd administered fo	r the				
	organization by:	· ·						Yes	No
	(i) Unrelated organizations?						3a(i)		Х
									Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm	ent							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line	e 10.			
	Description of property	(a) Cost or or basis (investm				ımulated ciation	( <b>d</b> ) Boo	ok valu	е
1a	Land								
b	Buildings								
С	Leasehold improvements			30,916.		29,538.		1,	378.
d	Equipment			156,500.		135,744.		20,	756.
е	Other								
	I. Add lines 1a through 1e. (Column (d) must e		X. line 10c. column	(B))				22,	134.
						nedule D (Forn	n 990) (Re	v 12-	20241

Schedule D (Form 990) (Rev. 12-2024) RANCHO SANTA FE	FOUNDATION		95-3709639 Page <b>3</b>
Part VII Investments - Other Securities			J
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. 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 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) INVESTMENTS HELD FOR OTHER AGENCIES			49,066,299.
(2) ASSETS HELD IN CRT			312,003.
(3) LEASED OFFICE SPACE			144,710.
(4) DUE TO RELATED PARTY			31,498.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	I. (B))		49,554,510.
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e 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			410,592.
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co	<i>I (B)</i> )		410,592.

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Schedule D (Form 990) (Rev. 12-2024)

Pai	rt XI Reconciliation of Revenue per Audited Financial Statement	ts With	n Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	39,185,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	5,337,752.		
b		2b			
С	1 , 0	2c			
d	/ / / / / / / / / / / / / / / / / / / /	2d	91,288.		
е	• • • • • • • • • • • • • • • • • • • •			2e	5,429,040.
3	Subtract line 2e from line 1			3	33,755,960.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1			
a	, , , , , , , , , , , , , , , , , , , ,		710		
	Other (Describe in Part XIII.)	4b	719.	_	710
	Add lines 4a and 4b			4c	719.
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)rt XII   Reconciliation of Expenses per Audited Financial Statemer	nte Wit	th Fynenses ner F	5 Peturn	33,756,679.
ı a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	113 1111	iii Expenses per i	letaiii	
_					15,946,000.
1	Total expenses and losses per audited financial statements			1	13,340,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مو ا			
a		2a 2b		•	
b	, , ,	2c		-	
d			2,448.		
			· · · · · · · · · · · · · · · · · · ·	2e	2,448.
3	Add lines 2a through 2d Subtract line 2e from line 1			3	15,943,552.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a		4a			
	Other (Describe in Part XIII.)		323.	1	
	Add lines 4a and 4b			4c	323.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	15,943,875.
Pa	rt XIII Supplemental Information				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines 1	b and 2b; Part V, line 4	; Part X,	line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal info	ormation.		
PART	F IV, LINE 2B:				
THE	FOUNDATION RECEIVES CONTRIBUTIONS ON BEHALF OF UNAFFILIATED				
NOT-	-FOR-PROFIT AGENCIES, WHICH ARE NOT REFLECTED IN THE FOUNDATION'	S			
STAT	TEMENT OF ACTIVITES AS THEY DO NOT REPRESENT CONTRIBUTIONS TO TH	E			
FOUN	NDATION. THE AMOUNTS DUE TO THE OTHER AGENCIES TOTAL \$49,066,29	9 AT			
DECE	EMBER 31, 2024.				
PART	TV, LINE 4:				
	PROVIDE PERPETUAL SUPPORT FOR THE OPERATIONS AND PROGRAMS OF VAR	IOUS			
NON-	-PROFIT AGENCIES THROUGHOUT SAN DIEGO COUNTY AND BEYOND.				
	F X, LINE 2:				
	FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER THE CURRENT PROVIS		)F		
	RENAL REVENUE CODE SECTION 501(C)(3) AND SECTION 23701(D) OF THE				
	IFORNIA FRANCHISE TAX CODE. THE FOUNDATION, HOWEVER, MAY BE SUBJ		)		
	ON INCOME WHICH IS NOT RELATED TO ITS EXEMPT PURPOSE. THE FOUND				
	NO UNRELATED BUSINESS INCOME TAX FOR THE YEAR ENDED DECEMBER 31				
	DECEMBER 31, 2024, THE FEDERAL STATUTE OF LIMITATIONS REMAINS OF		<b>(</b>		
	2 THROUGH 2024 YEARS, THE STATUTE OF LIMITATIONS FOR THE STATE I	NCOME			
TAX	RETURNS REMAINS OPEN FOR THE 2021 THROUGH 2024 YEARS.				
D 7 D 7	N VI IINE 2D OMUED ADTHOMARNING.				
	F XI, LINE 2D - OTHER ADJUSTMENTS:				
	NDING	74 25	50		
	IVITY INCLUDED IN THE CHARITABLE SPECIAL ASSETS FUND	74,25			
CHAI	NGE IN CHARITABLE REMAINDER TRUST	17,03	00.		

Schedule D (Form 990) (Rev. 12-2024)

#### SCHEDULE I (Form 990)

(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  RANCHO SANTA	FE FOUNDATION						Employer identification number 95-3709639
Part I General Information on Grants a							L
Does the organization maintain records criteria used to award the grants or assis     Describe in Part IV the organization's pro	stance?ocedures for monit	oring the use of grant	funds in the United	States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than \$\frac{1}{2}\$					anization answered "\	Yes" on Form 990, Part	t 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)	33,368.	0.			SOCIAL SERVICES
ACCESS YOUTH ACADEMY 704 EUCLID AVE SAN DIEGO, CA 92114	20-5119659	501(C)(3)	30,000.	0.			RECREATION/SPORTS/ACTIVITE
ACCOUNTABILITY BOARD INC 401 EDGEWATER PL, STE 600 WAKEFIELD, MA 01880	88-3831974	501(C)(3)	25,000.	0.			ADVOCACY
AERIAL RECOVERY 4235 HILLSBORO PIKE STE 30 NASHVILLE, TN 37215	82-4664854	501(C)(3)	30,000.	0.			HUMANITARIAN-GLOBAL
AGUA HEDIONDA LAGOON FOUNDATION 1580 CANNON ROAD CARLSBAD, CA 92008	33-0411888	501(C)(3)	6,000.	0.			ENVIRONMENTAL
ALZHEIMER'S ASSOCIATION - LONG ISLAND - 300 BROADHOLLOW RD., SUITE LL100 - MELVILLE, NY 11747	13-3039601	501(C)(3)	10,000.	0.			HEALTH
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	nd government org	ganizations listed in th	e line 1 table				256.

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

Schedule I (Form 990) (Rev. 12-2024)

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 CANCER SOCIETY, SAN DIEGO PO BOX 910549 SAN DIEGO, CA 92191 13-1788491 501(C)(3) 56,000 0. HEALTH AMERICAN FRIENDS OF CHICKEN SHED. INC. - 1441 BROADWAY, 5TH FLOOR -NEW YORK, NY 10018 30-0099170 501(C)(3) 78,300 0 ARTS & CULTURE AMERICAN LEGION POST 416 FOUNDATION - PO BOX 1651 - RANCHO SANTA FE, CA 92067 83-2451350 501(C)(3) 77,265, 0. CIVIC ENGAGEMENT AMERICAN RIVERS 1101 14TH ST NW SUITE 1400 WASHINGTON, DC, DC 20005 23-7305963 501(C)(3) 60,000. 0 ENVIRONMENTAL AMVETS DEPT. OF CALIFORNIA SERVICE FOUNDATION - 999 CARDIFF STREET -95-6056761 501(C)(3) 0. ADVOCACY SAN DIEGO, CA 92114 25,000, ANGELS FOSTER FAMILY NETWORK 9295 FARNHAM ST. SUITE 200 SAN DIEGO, CA 92123 33-0825875 501(C)(3) 0. SOCIAL SERVICES 91,989, ARMED SERVICES YMCA SAN DIEGO 3293 SANTO ROAD 95-1679700 501(C)(3) SAN DIEGO, CA 92124 18 166. 0. MILITARY ART OF ELAN 6165 RADCLIFFE DR SAN DIEGO, CA 92122 20-8136710 501(C)(3) 35,000. 0. ARTS & CULTURE ATHLETES AND CAUSES FOUNDATION 12551 FRANKLIN RD 47-2377003 501(C)(3) THONOTOSASSA, FL 33592 10 000. 0. HEALTH

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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) AUSTIN DOG ALLIANCE 1321 W. NEW HOPE DRIVE CEDAR PARK, TX 78613 20-4797768 501(C)(3) 50,000 0. ANIMAL WELFARE BARRIO LOGAN COLLEGE INSTITUTE 2114 NATIONAL AVENUE SAN DIEGO, CA 92113 33-0771222 501(C)(3) 10,000 0 EDUCATION BEACH & COUNTRY GUILD PO BOX 3064 RANCHO SANTA FE, CA 92067 95-1866066 501(C)(3) 20,000 0. HEALTH BLACK MOUNTAIN HOME 80 LAKE EDEN RD BLACK MOUNTAIN, NC 28711 56-0538018 501(C)(3) 30,000. 0 HUMANITARIAN-GLOBAL BORDERLANDS RESTORATION NETWORK PO BOX 121 47-2581032 501(C)(3) PATAGONIA, AZ 85624 0. ENVIRONMENTAL 30,000, BOYS & GIRLS CLUBS OF CAPISTRANO VALLEY - 1 VIA POSITIVA - SAN JUAN RECREATION/SPORTS/ACTIVITI 33-0529575 501(C)(3) 0. CAPISTRANO, CA 92675 10,000 BOYS & GIRLS CLUBS OF NORTHWEST SAN DIEGO COUNTY (BGCNWSD) - 533 LOMAS SANTA FE DRIVE - SOLANA RECREATION/SPORTS/ACTIVITI BEACH CA 92075 95-2470435 501(C)(3) 6 700. 0. ES BOYS TO MEN MENTORING NETWORK. INC. - 3322 SWEETWATER SPRING BLVD. #102 - SPRING VALLEY, CA 91977-8142 33-0800308 501(C)(3) 20,700. 0. CIVIC ENGAGEMENT BRAD'S BLESSINGS 5922 CAMBRIDGE AVE CINCINNATI, OH 45320 83-1694448 501(C)(3) 30 000 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 valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) BRIDGE2RWANDA PMB#322 1818 N. TAYLOR ST. SUITE LITTLE ROCK, AR 72207 26-1205347 501(C)(3) 200,000 0. HUMANITARIAN-GLOBAL BURN INSTITUTE 8825 AERO DRIVE SUITE 200 SAN DIEGO, CA 92123-2269 23-7260718 501(C)(3) 232,725 0. HEALTH CALIFORNIA POLYTECHNIC UNIVERSITY - SLO - ONE GRAND AVE - ADMIN BLDG, 131-E - SAN LUIS OBISPO, CA 93407-0501 20-4927897 501(C)(3) 7,000 0. EDUCATION CAMPUS CRUSADE FOR CHRIST PO BOX 628222 ORLANDO, FL 32862-8222 95-6006173 501(C)(3) 31,000. 0 RELIGIOUS CANCER FOR COLLEGE 2247 SAN DIEGO AVE #130 93-1144756 501(C)(3) SAN DIEGO, CA 92110 0. HEALTH 8,000, CASA DE AMISTAD CENTRO DE ENSENANZA - 120 STEVENS AVENUE -SOLANA BEACH, CA 92075 26-0016331 501(C)(3) 0. EDUCATION 110,474. CENTER FOR BIOLOGICAL DIVERSITY PO BOX 710 27-3943866 501(C)(3) TUCSON, AZ 85702 15 000 0. ENVIRONMENTAL CENTER FOR COMMUNITY SOLUTIONS 4508 MISSION BAY DR SAN DIEGO, CA 92109 95-6379598 501(C)(3) 23,000. 0. ADVOCACY CENTER FOR RESPONSIBLE FOOD BUSINESS - 1349 LYNN AVE # 167 -BETHLEHEM, PA 18015 93-3747535 501(C)(3) 25 000. 0. ADVOCACY

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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) CENTRAL TEXAS FOOD BANK 6500 METROPOLIS DRIVE AUSTIN, TX 78744 74-2217350 501(C)(3) 90,000 0. SOCIAL SERVICES CHANGE REACTION 15301 VENTURA BLVD STE B570 SHERMAN OAKS, CA 91403-6650 38-4128902 501(C)(3) 7,500 0. SOCIAL SERVICES CHRISTIAN CENTER OF PARK CITY PO BOX 683480 PARK CITY, UT 84068 87-0643778 501(C)(3) 130,000 0. SOCIAL SERVICES CITY OF HOPE 1500 EAST DUARTE ROAD DUARTE, CA 91010 95-3435919 501(C)(3) 10,000. 0 HEALTH COASTAL ROOTS FARM 441 SAXONY ROAD 47-1570910 501(C)(3) ENCINITAS, CA 92024 0. ENVIRONMENTAL 40,000. COLLEGE AREA PREGNANCY SERVICES. INC. - PO BOX 15115 - SAN DIEGO, CA 92175 33-0782841 501(C)(3) 0. HEALTH 25,600, COMMON GROUND SOCIETY 85 BROOKWOOD AVENUE #12 85-0983422 501(C)(3) SANTA ROSA, CA 95404 10,000. 0. ADVOCACY COMMUNITY RESOURCE CENTER 650 2ND ST. ENCINITAS, CA 92024 95-3497926 501(C)(3) 19,373. 0. SOCIAL SERVICES CRISTO REY SAN DIEGO HIGH SCHOOL 3525 DEL MAR HEIGHTS RD. #882 82-1922472 501(C)(3) SAN DIEGO, CA 92130 135 600. 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) CSU SAN MARCOS 333 S. TWIN OAKS VALLEY ROAD SAN MARCOS, CA 92096 80-0390564 501(C)(3) 16,000 0. EDUCATION CSU SAN MARCOS FOUNDATION 333 S. TWIN OAKS VALLEY ROAD SAN MARCOS, CA 92096 80-0390564 501(C)(3) 30,000 0. EDUCATION CUREBOUND, INC. 9605 SCRANTON ROAD SUITE 120 SAN DIEGO, CA 92121 46-0552414 501(C)(3) 13,250, 0. HEALTH DOCTORS WITHOUT BORDERS 40 RECTOR STREET, 16TH FLOOR 13-3433452 501(C)(3) NEW YORK, NY 10006 6,000. 0. HUMANITARIAN-GLOBAL DON DIEGO SCHOLARSHIP FOUNDATION 2260 JIMMY DURANTE BLVD. 33-0859020 501(C)(3) 0. EDUCATION DEL MAR, CA 92014 18,500. EARTH JUSTICE 50 CALIFORNIA ST, SUITE 500 SAN FRANCISCO, CA 94111 94-1730465 501(C)(3) 0. ENVIRONMENTAL 35,000, ECOLIFE CONSERVATION 2810 PIO PICO DR 20-0147505 501(C)(3) CARLSBAD, CA 92008 15 073. 0. ENVIRONMENTAL EDIFY PO BOX 986500 BOSTON, MA 02298-6500 27-0892545 501(C)(3) 61,000. 0. EDUCATION ELDERHELP 5095 MURPHY CANYON RD, #100 95-2880426 501(C)(3) SAN DIEGO, CA 92123 35 000. 0. HEALTH

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	_
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEMENTARY INSTITUTE OF SCIENCE							
508 51ST STREET							
SAN DIEGO, CA 92114-2201	94-1669545	501(C)(3)	33,647.	0.			EDUCATION
EMILIO NARES FOUNDATION							
2650 TRUXTUN RD., SUITE 202							
SAN DIEGO, CA 92106	13-4229276	501(C)(3)	59,500.	0.			HEALTH
EMPLOYEE ASSISTANCE FOUNDATION							
100 NORTH STREET SUITE 900							
BATON ROUGE, LA 70802	45-2478986	501(C)(3)	100,000.	0.			SOCIAL SERVICES
				- •			
ENCINITAS COASTAL ROTARY CLUB							
PO BOX 230762							
ENCINITAS, CA 92023	33-0307082	501(C)(3)	29,000.	0.			HUMANITARIAN-GLOBAL
ERIC PAREDES SAVE A LIFE							
FOUNDATION - PMB 79 2514 JAMACHA							
ROAD, SUITE 502 - EL CAJON, CA							
92019	80-0636157	501(C)(3)	101,050.	0.			ADVOCACY
FACE FOUNDATION							
10505 SORRENTO VALLEY ROAD, SUITE	1						
SAN DIEGO, CA 92121	20-5333261	501(C)(3)	23,000.	0.			ANIMAL WELFARE
FATHER JOE'S VILLAGES 3350 'E' STREET							
	33-0492302	E01/G\/2\	11 500	0.			COCTAL CERVICES
SAN DIEGO, CA 92102	33-0492302	301(C)(3)	11,500.	0.			SOCIAL SERVICES
FEEDING SAN DIEGO							
P.O. BOX 501910							
SAN DIEGO, CA 92150-1910	26-0457477	501(C)(3)	71,800.	0.			SOCIAL SERVICES
,		,	1 = , , , , = •				
FELLOWSHIP OF CHRISTIAN ATHLETES-							
PACIFIC SOUTHWEST REGION - PO BOX							
231443 - ENCINITAS, CA 92024	44-0610626	501(C)(3)	50,000.	0.			RELIGIOUS

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Schedule I (Form 990) RANCHO SANTA F			and Danielle C		adula I /Farra 200\ D		95-3709639 Pa
Part II Continuation of Grants and Other A  (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, SAN DIEGO COUNTY - PO BOX 2429 - CARLSBAD, CA 92018	44-0610626	501(C)(3)	11,500.	0.			RELIGIOUS
FIRST CHURCH OF CHRIST, SCIENTIST P.O. BOX 422 RANCHO SANTA FE, CA 92067	95-2322997	501(C)(3)	8,463.	0.			RELIGIOUS
FOOTHILL COUNTRY DAY SCHOOL 1035 WEST HARRISON AVENUE CLAREMONT, CA 91711	95-1816057		20,000.	0.			EDUCATION
FOUNDATION FOR WOMEN WARRIORS 1185 PARK CENTER DR SUITE R VISTA, CA 92081	20-5523954	501(C)(3)	18,166.	0.			MILITARY
FRAN'S PLACE CENTER FOR CANCER COUNSELING - 450 APOLLO STREET SUITE E - BREA, CA 92821	33-0877271	501(C)(3)	10,000.	0.			HEALTH
FREEDOM DOGS 521 VANDEGRIFT BLVD. SUITE #D DCEANSIDE, CA 92057	43-2106405	501(C)(3)	27,000.	0.			animal welfare
FRESH START SURGICAL GIFTS, INC. 2011 PALOMAR AIRPORT RD. SUITE 206 CARLSBAD, CA 92011	33-0460177	501(C)(3)	100,000.	0.			HEALTH
FRIENDS CAN MAKE IT HAPPEN INC. 16 WOODBRYN DRIVE. MOUNTAIN TOP, PA 18777	81-3540851	501(C)(3)	22,618.	0.			SOCIAL SERVICES
FUTURE LEGENDS PO BOX 1873 RANCHO SANTA FE, CA 92067	81-2380227	501(C)(3)	216,500.	0.			EDUCATION

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) GIRL SCOUTS SAN DIEGO 1231 UPAS STREET RECREATION/SPORTS/ACTIVITI SAN DIEGO, CA 92103-5199 95-1644585 501(C)(3) 50,500 0. GOOD SHEPHERD EPISCOPAL SCHOOL 11110 MIDWAY ROAD DALLAS, TX 75229-4118 75-1008445 501(C)(3) 20,000 0. RELIGIOUS GRACE POINT 592 WASHINGTON CROSSING ROAD NEWTOWN, PA 18940 501(C)(3) 9,000 0. RELIGIOUS GREENER BY DEFAULT 2501 CHATHAM RD STE N SPRINGFIELD, IL 62704 92-1286554 501(C)(3) 15,000. 0 ADVOCACY HILLSDALE COLLEGE 33 EAST COLLEGE STREET 38-1374230 501(C)(3) HILLSDALE, MI 49242 0. EDUCATION 8,250. HOME START, INC. 5005 TEXAS ST., STE 203 SAN DIEGO, CA 92108 95-3138268 501(C)(3) 0. SOCIAL SERVICES 50,000, HOPE FOR SAN DIEGO 4075 PARK BLVD, SUITE 102-348 SAN DIEGO, CA 92103 77-0605178 501(C)(3) RELIGIOUS 7,400. 0. HORIZON CHRISTIAN FELLOWSHIP RANCHO SANTA FE - P.O. BOX 9070 -RANCHO SANTA FE, CA 92067 33-0736434 501(C)(3) 20,000. 0. RELIGIOUS HORIZONS GREEN FARM ACADEMY 35 BEACHSIDE AVE 06-0733693 501(C)(3) WESTPORT, CT 06880 50 000. 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) HOWIE'S HOUSE 401 CALLOWHILL ST PHILADELPHIA, PA 19123 26-0585694 501(C)(3) 15,000 0. SOCIAL SERVICES INEWSOURCE 5500 CAMPANILE DRIVE, PSFA 361C SAN DIEGO, CA 92182 27-0732786 501(C)(3) 11,500 0 ADVOCACY INSTITUTE FOR SHIPBOARD EDUCATION P.O. BOX 842945 DALLAS, TX 75284-2945 95-3075415 501(C)(3) 30,000 0. EDUCATION INSTITUTE OF CONTEMPORARY ART, SAN DIEGO - 1550 S. EL CAMINO REAL -ENCINITAS, CA 92024 95-1816068 501(C)(3) 15,600. 0 ARTS & CULTURE INTERFAITH COMMUNITY SERVICES 550 W. WASHINGTON AVE. 95-3837714 501(C)(3) ESCONDIDO, CA 92025 0. 75,000. SOCIAL SERVICES INTERNATIONAL RESCUE COMMITTEE. SAN DIEGO - PO BOX 6068 - ALBERT 13-5660870 501(C)(3) 0. HUMANITARIAN-GLOBAL LEA, MN 56007-9847 13,000. INTERVARSITY CHRISTIAN FELLOWSHIP - USA - PO BOX 7895 - MADISON, WI 36-2171714 501(C)(3) RELIGIOUS 53707-7895 10 000 0. JACKIE ROBINSON YMCA 151 YMCA WAY SAN DIEGO, CA 92102 81-1048646 501(C)(3) 10,000. 0. HEALTH JAPANESE FRIENDSHIP GARDEN OF SAN DIEGO - 2125 PARK BLVD. SUITE 2 -SAN DIEGO, CA 92101 95-3572493 501(C)(3) 6 000. 0. ENVIRONMENTAL

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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) JUST IN TIME FOR FOSTER YOUTH PO BOX 601627 SAN DIEGO, CA 92160 20-5448416 501(C)(3) 66,000 0. ADVOCACY KGSA FOUNDATION 1263 OSCEOLA AVENUE ST. PAUL, MN 55105 80-0390275 501(C)(3) 41,565 0. EDUCATION KPBS PUBLIC BROADCASTING 5200 CAMPANILE DRIVE SAN DIEGO, CA 92182-5400 95-6042721 501(C)(3) 7,000 0. ADVOCACY KRAEMER ENDOWMENT FOUNDATION 2119 EAST MADISON AVENUE 33-0573935 501(C)(3) 10,000. 0. HEALTH EL CAJON, CA 92019 KYOTO SYMPOSIUM ORGANIZATION P.O. BOX 3303 20-3117897 501(C)(3) 0. EDUCATION LA JOLLA, CA 92038 10,000. LA JOLLA INSTITUTE FOR IMMUNOLOGY 9420 ATHENA CIRCLE LA JOLLA, CA 92037 33-0328688 501(C)(3) 0. HEALTH 37,250, LA JOLLA MUSIC SOCIETY 7600 FAY AVENUE 23-7148171 501(C)(3) LA JOLLA, CA 92037 20,000, 0. ARTS & CULTURE LA JOLLA ROTARY FOUNDATION 7755 FAY AVENUE # D LA JOLLA, CA 92037 95-6111636 501(C)(3) 7,500. 0. CIVIC ENGAGEMENT LA JOLLA SYMPHONY AND CHORUS 9500 GILMAN DRIVE 95-1962652 501(C)(3) LA JOLLA, CA 92093 110 023. 0. ARTS & CULTURE

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LANDMARK CHURCH							
3338 DIAMOND CANYON ROAD							
DIAMOND BAR, CA 91765	95-3105610	501(C)(3)	20,000.	0.			RELIGIOUS
,			, ,	-			
LAUGHING PONY RESCUE INC							
PO BOX 32							
RANCHO SANTA FE, CA 92067	27-2914210	501(C)(3)	6,000.	0.			ANIMAL WELFARE
LEAP TO SUCCESS							
2011 PALOMAR AIRPORT RD., STE 101							
CARLSBAD, CA 92011	46-3198240	501(C)(3)	20,000.	0.			SOCIAL SERVICES
LEGACY PLUS FOUNDATION							
6500 MAIN STREET SUITE 5	00.4046000	F04 (#) (0)					
WILLIAMSVILLE, NY 14221	92-1216038	501(C)(3)	230,000.	0.			CIVIC ENGAGEMENT
LIBERTY BAPTIST CHURCH							
1000 BISON AVENUE							
NEWPORT BEACH, CA 92660	95-3263558	501(C)(3)	15,000.	0.			RELIGIOUS
TENTONI PENON, ON PEOOL	33 3203330	301(0)(3)	13,000.	•			KEDIOTOOD
LIBRARY GUILD OF RANCHO SANTA FE,							
INC PO BOX 348 - RANCHO SANTA							
FE, CA 92067	95-6091588	501(C)(3)	45,334.	0.			ARTS & CULTURE
LIVING ON THE EDGE							
P.O. BOX 3007							
SUWANEE, GA 30024	46-0484695	501(C)(3)	10,000.	0.			RELIGIOUS
LOVE DOES							
P.O BOX 60370				_			
SAN DIEGO, CA 92166	83-0417128	501(C)(3)	20,000.	0.			ADVOCACY
LUCKA DUCK ECHADAMICA							
LUCKY DUCK FOUNDATION							
5675 RUFFIN ROAD, SUITE 100 SAN DIEGO, CA 92123	20-3324885	501/C\/3\	10,000.	0.			SOCIAL SERVICES
DAN DIEGO, CA 92123	20-3324003	301(0)(3)	1 10,000.	0.			POCTAL BERVICES

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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) LUSTGARTEN FOUNDATION 415 CROSSWAVE PARK DRIVE SUITE D WOODBURY, NY 11797 31-1611837 501(C)(3) 10,000 0. HEALTH LWALA COMMUNITY ALLIANCE, INC. P.O. BOX 60688 NASHVILLE, TN 37206 26-1303951 501(C)(3) 20,000 0. ADVOCACY MARANATHA CHAPEL 10752 COASTWOOD ROAD SAN DIEGO, CA 92127 33-0070042 501(C)(3) 6,200 0. RELIGIOUS MCALISTER INSTITUTE 1400 N. JOHNSON AVENUE, SUITE 101 EL CAJON, CA 92020 95-3140767 501(C)(3) 100,000. 0 CIVIC ENGAGEMENT MEALS ON WHEELS GREATER SAN DIEGO INC. - 9590 CHESAPEAKE DR - SAN 95-2660509 501(C)(3) 0. DIEGO, CA 92123 52,000. SOCIAL SERVICES MERCY CHEFS INC. 711 WASHINGTON STREET PORTSMOUTH, VA 23704 20-5050449 501(C)(3) 0. SOCIAL SERVICES 10,000. MERCY HOSPITAL FOUNDATION 4077 5TH AVENUE 94-2958094 501(C)(3) HEALTH SAN DIEGO, CA 92103 25,000, 0. MIRACOSTA COLLEGE FOUNDATION 1 BARNARD DRIVE MS 7 OCEANSIDE, CA 92056-9989 95-6151938 501(C)(3) 11,000. 0. EDUCATION MIRAGLO FOUNDATION PO BOX 1270 LA JOLLA, CA 92038 45-2499438 501(C)(3) 400 000. 0. HEALTH

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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) MISSION EDGE SAN DIEGO/BRO-AM PO BOX 102894 PASADENA, CA 91189-2894 27-2938491 501(C)(3) 7,750 0. EDUCATION MISSION INCREASE | SAN DIEGO 12909 SW 68TH PARKWAY #455 PORTLAND, OR 97223-8345 83-4503439 501(C)(3) 10,000 0 RELIGIOUS MONARCH SCHOOL 1625 NEWTON AVENUE SAN DIEGO, CA 92113 33-0871354 501(C)(3) 21,000 0. EDUCATION MOTHER OF DIVINE GRACE SCHOOL 407 BRYANT CIRCLE, SUITE C 20-8607181 501(C)(3) OJAI, CA 93023 25,000. 0 EDUCATION NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE RD, SUITE 1200 23-7825575 501(C)(3) JENKINTOWN, PA 19046 0. CIVIC ENGAGEMENT 629,104. NATIVITY PREP ACADEMY 4463 COLLEGE AVE SAN DIEGO, CA 92115 33-0886247 501(C)(3) 0. EDUCATION 274,000. NATURE & CULTURE INTERNATIONAL 1400 MAIDEN LANE 33-0773524 501(C)(3) DEL MAR, CA 92014 60,000, 0. ARTS & CULTURE NATURE COLLECTIVE PO BOX 230634 ENCINITAS, CA 92023-0634 33-0358660 501(C)(3) 96,153. 0. ENVIRONMENTAL NEW ROOTS INSTITUTE 1110 N VIRGIL AVE SUITE 98280 82-4594246 501(C)(3) LOS ANGELES, CA 90029 15 000. 0. ADVOCACY

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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
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOAH HOMES, INC.							
12526 CAMPO ROAD							
SPRING VALLEY, CA 91978-2329	95-3821566	501(C)(3)	10,300.	0.			SOCIAL SERVICES
NORTH COAST CHURCH							
2405 N. SANTA FE DRIVE							
VISTA, CA 92084	95-3265364	501(C)(3)	60,000.	0.			RELIGIOUS
NODELL GOVERN DEDECTION WILLIAMS							
NORTH COAST REPERTORY THEATRE 987 LOMAS SANTA FE DRIVE SUITE D							
SOLANA BEACH, CA 92075	95-3819307	501(C)(3)	5,500.	0.			ARTS & CULTURE
Bellini Balen, en 32075	33 3313307	301(0)(3)	3,300.	•			Intib a contoni
NORTH COUNTY LIFELINE							
200 MICHIGAN AVE							
VISTA, CA 92084	95-2794253	501(C)(3)	7,250.	0.			SOCIAL SERVICES
NSN AYITI, INC							
PO BOX 2042	03 3653376	F01/G\/2\	17 000				DEL TOTOUG
WEATHERFORD, TX 76086	83-3652276	501(C)(3)	17,000.	0.			RELIGIOUS
OCEAN DISCOVERY INSTITUTE							
4255 THORN STREET							
SAN DIEGO, CA 92105	33-0862531	501(C)(3)	10,000.	0.			ANIMAL WELFARE
OCEANSIDE MUSEUM OF ART							
704 PIER VIEW WAY							
OCEANSIDE, CA 92054	33-0653905	501(C)(3)	104,279.	0.			ARTS & CULTURE
OPERATION 360							
210 COUNTY ROAD 303							
BERTRAM, TX 78605	93-3541781	501(C)(3)	20,000.	0.			   HEALTH
,							
ORANGE COUNTY COMMUNITY FOUNDATION							
19200 VON KARMAN AVE, STE 700							
IRVINE, CA 92612	33-0378778	501(C)(3)	400,251.	0.			CIVIC ENGAGEMENT

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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) PACIFIC LEGAL FOUNDATION 555 CAPITOL MALL, SUITE 1290 SACRAMENTO, CA 95814 94-2197343 501(C)(3) 10,000 0. ADVOCACY PACIFIC RIDGE SCHOOL 6269 EL FUERTE CARLSBAD, CA 92009 86-1061606 501(C)(3) 25,500 0 EDUCATION PALOMAR COLLEGE 1140 WEST MISSION ROAD SAN MARCOS, CA 92069-1487 95-6002227 501(C)(3) 11,500 0. EDUCATION PALOMAR COLLEGE FOUNDATION 1140 WEST MISSION ROAD 8,500. SAN MARCOS, CA 92069-1487 95-6094128 501(C)(3) 0 EDUCATION PARK CITY COMMUNITY METHODIST CHURCH - 4501 N. HIGHWAY 224 -84-0485022 501(C)(3) PARK CITY, UT 84098 0. RELIGIOUS 10,000. PARTNERSHIP TO END ADDICTION 711 THIRD AVENUE, 5TH FLOOR NEW YORK, NY 10017 52-1736502 501(C)(3) 0. EDUCATION 10,000. PEOPLE FOR PSEO 3643 COLFAX AVE N 83-0768109 501(C)(3) MINNEAPOLIS, MN 55412 15 000 0. EDUCATION PHAIT PREDICTIVE HEALTH ANALYTICS INSTITUTE - 7922 GOODMAN DR NW -GIG HARBOR, WA 98332 80-0927467 501(C)(4) 30,000. 0. HEALTH PLANNED PARENTHOOD OF THE PACIFIC SOUTHWEST - 1075 CAMINO DEL RIO SOUTH - SAN DIEGO, CA 92108 95-6111785 501(C)(3) 7 000. 0. HEALTH

Schedule I (Form 990)

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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
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLEASANTS COUNTY LIBRARY							
101 LAFAYETTE STREET							
ST. MARYS, WV 26170	55-0596254	501(C)(3)	13,372.	0.			EDUCATION
POINT LOMA NAZARENE UNIVERSITY							
3900 LOMALAND DRIVE							
SAN DIEGO, CA 92106	95-1644035	501(C)(3)	7,500.	0.			EDUCATION
POSITIVE COACHING ALLIANCE							
P.O. BOX 103916							
PASADENA, CA 91189-3916	77-0485946	501(C)(3)	14,000.	0.			EDUCATION
DRAGED INITIONAL ROUNDANION							
PRAGER UNIVERSITY FOUNDATION							
15021 VENTURA BLVD. #552	27-1763901	E01/G\/2\	76,500.	0.			ADVOCACY
SHERMAN OAKS, CA 91403	27-1703901	501(C)(3)	76,500.	0.			ADVOCACI
PRESBYTERIAN CHURCH OF BIG WOOD							
PO BOX 660							
KETCHUM, ID 83340-0660	82-0374595	501(C)(3)	12,000.	0.			RELIGIOUS
,							
PRODUCEGOOD							
4057 VIA DE LA PAZ							
OCEANSIDE, CA 92057	47-2289712	501(C)(3)	10,000.	0.			RELIGIOUS
PROJECT NEXT (FORMERLY THE SAN							
MARCOS PROMISE) - 255 PICO AVE.,							
SUITE 103 - SAN MARCOS, CA 92069	46-5460510	501(C)(3)	57,000.	0.			CIVIC ENGAGEMENT
DDOMI GDG2VIDG							
PROMISES2KIDS							
9440 RUFFIN CT., STE. A	05 3655300	E01/G\/2\	25 000	_			COCTAL CERVICES
SAN DIEGO, CA 92123	95-3655288	301(C)(3)	25,000.	0.			SOCIAL SERVICES
PUPPIES BEHIND BARS, INC.							
263 WEST 38TH STREET 4TH FLOOR							
NEW YORK, NY 10018	13-3969389	501(C)(3)	10,000.	0.			EDUCATION

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Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T ago T
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
R.O.C.K., RIDE ON CENTER FOR KIDS P.O.BOX 2422 GEORGETOWN, TX 78627	74-2917659	501(C)(3)	625,000.	0.			RECREATION/SPORTS/ACTIVITI ES
RACHELS NETWORK INC 1250 24TH ST NW SUITE 610 WASHINGTON, DC, DC 20037	31-1644905	501(C)(3)	67,500.	0.			CIVIC ENGAGEMENT
RANCHO COASTAL HUMANE SOCIETY 389 REQUEZA STREET ENCINITAS, CA 92024	95-2151583	501(C)(3)	53,000.	0.			ANIMAL WELFARE
RANCHO SANTA FE COMMUNITY CENTER P.O. BOX 1834 RANCHO SANTA FE, CA 92067	95-2842837	501(C)(3)	24,652.	0.			RECREATION/SPORTS/ACTIVITI
RANCHO SANTA FE FIRE DISTRICT FOUNDATION - PO BOX 410 - RANCHO SANTA FE, CA 92067	33-0004138	501(C)(3)	22,000.	0.			CIVIC ENGAGEMENT
RANCHO SANTA FE GARDEN CLUB PO BOX 483 RANCHO SANTA FE, CA 92067	95-1944234	501(C)(3)	235,000.	0.			ARTS & CULTURE
RANCHO SANTA FE HISTORICAL SOCIETY PO BOX 1 RANCHO SANTA FE, CA 92067-0001	33-0088236	501(C)(3)	160,250.	0.			CIVIC ENGAGEMENT
RANCHO SANTA FE ROTARY FOUNDATION PO BOX 766 RANCHO SANTA FE, CA 92067	33-0066601	501(C)(3)	20,000.	0.			SOCIAL SERVICES
RANCHO SANTA FE SCHOOL DISTRICT PO BOX 809 RANCHO SANTA FE, CA 92067	33-0787566	501(C)(3)	245,714.	0.			EDUCATION

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Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	Τ
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RANCHO SANTA FE SENIOR CENTER PO BOX 223							
RANCHO SANTA FE, CA 92067	95-6113493	501(C)(3)	36,373.	0.			AGING
RANCHO SANTA FE WOMEN'S FUND P.O. BOX 7135 RANCHO SANTA FE, CA 92067	93-3957288	501(C)(3)	164,790.	0.			CIVIC ENGAGEMENT
REINS THERAPEUTIC HORSEMANSHIP PROGRAM - PO BOX 1283 - BONSALL, CA 92003	33-0035455	501(C)(3)	130,000.	0.			ANIMAL WELFARE
RETRIEVERS AND FRIENDS OF SOUTHERN CA INC - PO BOX 1822 - TEMECULA, CA 92593	27-0443768		42,000.	0.			ANIMAL WELFARE
ROCKHURST UNIVERSITY 1100 ROCKHURST ROAD KANSAS CITY, MO 64110-2508	44-0545813	501(C)(3)	10,000.	0.			EDUCATION
ROTARY INTERNATIONAL 14280 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	36-3245072	501(C)(3)	9,111.	0.			HUMANITARIAN-GLOBAL
SAFE / GOGO GRANDMOTHERS PO BOX 2531 VISTA, CA 92085	95-3406505	501(C)(3)	36,800.	0.			RELIGIOUS
SAFINA CENTER 80 NORTH COUNTRY ROAD SETAUKET, NY 11733	61-1406022	501(C)(3)	30,000.	0.			ENVIRONMENTAL
SAINT JEANNE DE LESTONNAC SCHOOL 32650 AVENIDA LESTONNAC TEMECULA, CA 92592	95-2462907	501(C)(3)	21,337.	0.			EDUCATION

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY: AUSTIN AREA							
COMMAND - 4700 MANOR ROAD -							
AUSTIN, TX 78723	58-0660607	501(C)(3)	15,000.	0.			SOCIAL SERVICES
,			,				
SAMARITAN'S PURSE							
РО ВОХ 3000							
BOONE, NC 28607	58-1437002	501(C)(3)	80,000.	0.			HEALTH
SAN DIEGO BOTANIC GARDEN							
PO BOX 230005	05 64 00 504	F04 (~) (2)	05.01.0				
ENCINITAS, CA 92023-0005	95-6120581	501(C)(3)	25,010.	0.			ENVIRONMENTAL
SAN DIEGO COASTKEEPER							
8305 VICKERS STREET, SUITE 209							
SAN DIEGO, CA 92111	33-0647946	501(C)(3)	50,000.	0.			ENVIRONMENTAL
<u> </u>	33 001/310	301(0)(3)	30,000.	•			
SAN DIEGO FOOD SYSTEM ALLIANCE							
PO BOX 3185							
SAN DIEGO, CA 92163	84-2242207	501(C)(3)	10,000.	0.			SOCIAL SERVICES
SAN DIEGO FOUNDATION							
2508 HISTORIC DECATUR RD., SUITE 2	þ						
SAN DIEGO, CA 92106	95-2942582	501(C)(3)	53,000.	0.			HUMANITARIAN-GLOBAL
SAN DIEGO FOUNDATION							
2508 HISTORIC DECATUR RD, #200	05 0040500	F01/G)/2)	22.250				
SAN DIEGO, CA 92106	95-2942582	DUT(C)(3)	33,350.	0.			HUMANITARIAN-GLOBAL
SAN DIEGO HUMANE SOCIETY							
5500 GAINES STREET							
SAN DIEGO, CA 92110	95-1661688	501(C)(3)	710,000.	0.			ANIMAL WELFARE
	33 1331300		, 10,000.	· ·			7144
SAN DIEGO NATURAL HISTORY MUSEUM							
PO BOX 121390							
SAN DIEGO, CA 92112	95-1643375	501(C)(3)	9,000.	0.			ARTS & CULTURE

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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) SAN DIEGO POLICE OFFICERS ASSOCATION FOUNDATION - 8388 VICKERS STREET - SAN DIEGO, CA 92111 33-0127369 501(C)(3) 25,000 0. CIVIC ENGAGEMENT 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) 20,400 0. SOCIAL SERVICES SAN DIEGO ROWING CLUB P.O. BOX 99856 RECREATION/SPORTS/ACTIVITI SAN DIEGO, CA 92169 95-1185630 501(C)(3) 10,000. 0 SAN DIEGO SQUARED 1100 MARKET STREET SUITE 338 85-3336715 501(C)(3) SAN DIEGO, CA 92101 0. EDUCATION 81,000. SAN DIEGO STATE UNIVERSITY 5500 CAMPANILE DRIVE SAN DIEGO, CA 92182-8045 33-0868418 501(C)(3) 0. EDUCATION 6,900. SAN DIEGO SYMPHONY ORCHESTRA ASSOCIATION - 1245 SEVENTH AVENUE - SAN DIEGO, CA 92101 95-2040874 501(C)(3) 44,700. 0. ARTS & CULTURE SAN DIEGO VOLUNTEER LAWYER PROGRAM, INC. - 707 BROADWAY, STE 1400 - SAN DIEGO, CA 92101 33-0016681 501(C)(3) 75,000. 0. SOCIAL SERVICES SAN DIEGO ZOO WILDLIFE ALLIANCE PO BOX 120551 95-1648219 501(C)(3) SAN DIEGO, CA 92112-0551 0. ANIMAL WELFARE 12 100.

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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) SAN DIEGUITO RIVER PARK JPA 18372 SYCAMORE CREEK ROAD ESCONDIDO, CA 92025 01-0565671 501(C)(3) 52,898 0. ENVIRONMENTAL SAN DIEGUITO RIVER VALLEY CONSERVANCY - 3030 BUNKER HILL STREET, #309-1 - SAN DIEGO, CA 92109 33-0191772 501(C)(3) 30,203 0. ENVIRONMENTAL SANTA FE CHRISTIAN SCHOOLS 838 ACADEMY DRIVE SOLANA BEACH, CA 92075 33-0103052 501(C)(3) 37,000 0. EDUCATION SCARLET SPARK 100 MACK RD 87-2766762 501(C)(3) 15,000. 0 ANIMAL WELFARE BANGOR, PA 18013 SCRIPPS HEALTH FOUNDATION PO BOX 2669 95-1684089 501(C)(3) 0. HEALTH LA JOLLA, CA 92038-2669 277,500. SECOND CHANCE 6145 IMPERIAL AVENUE SAN DIEGO, CA 92114 33-0539640 501(C)(3) 0. SOCIAL SERVICES 48,000. SENTIENT 18 BARTOL STREET #1150 83-0804345 501(C)(3) SAN FRANCISCO, CA 94133 15 000 0. ADVOCACY SOAR, INC. PO BOX 388 RECREATION/SPORTS/ACTIVITI BALSAM, NC 28707-9800 58-1505954 501(C)(3) 105,000. 0. SOCIAL ADVOCATES FOR YOUTH SAN DIEGO, INC. - 4775 VIEWRIDGE 23-7107958 501(C)(3) AVENUE - SAN DIEGO, CA 92123 18,166. 0. MILITARY

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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) SOCIAL VENTURE PARTNERS SAN DIEGO 3990 OLD TOWN AVENUE, SUITE C304 SAN DIEGO, CA 92110 26-4671099 501(C)(3) 25,000 0. SOCIAL SERVICES SOLUTIONS FOR CHANGE, INC. 722 W. CALIFORNIA AVENUE VISTA, CA 92083 33-0902617 501(C)(3) 11,000 0 RELIGIOUS SONORAN INSTITUTE 5049 E BROADWAY BLVD, SUITE 127 TUCSON, AZ 85711 86-0684610 501(C)(3) 50,000 0. EDUCATION SOUTHERN CA GOLDEN RETRIEVER RESCUE - PO BOX 25698 - LOS ANGELES, CA 90025 30-0454968 501(C)(3) 30,000. 0 ANIMAL WELFARE SPRECKELS ORGAN SOCIETY 1549 EL PRADO, SUITE 10 33-0299072 501(C)(3) SAN DIEGO, CA 92101 0. 6,000. ARTS & CULTURE ST. AUGUSTINE ACADEMY PO BOX 4506 77-0379150 501(C)(3) 0. EDUCATION VENTURA, CA 93004 32,862. ST. CLARE OF ASSISI CATHOLIC SCHOOL - 31622 US HWY 6 - EDWARDS CO 81632 84-1237387 501(C)(3) 30,000, 0. EDUCATION ST. FRANCIS CENTER/LBICC, INC. 4700 LONG BEACH BLVD. RECREATION/SPORTS/ACTIVITI LONG BEACH TWP., NJ 08008 22-2003458 501(C)(3) 15,000. 0. ST. FRANCIS EPISCOPAL CHURCH PO BOX 1220 95-2861286 501(C)(3) PAUMA VALLEY, CA 92061 51,215. 0. RELIGIOUS

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JUDE CHILDREN'S RESEARCH							
HOSPITAL - 501 ST. JUDE PLACE -							
MEMPHIS, TN 38105	62-0646012	501(C)(3)	15,500.	0.			 HEALTH
ST. MADELEINE SOPHIE'S TRAINING							
CENTER - 2119 E. MADISON AVENUE -							
EL CAJON, CA 92019-1111	95-1957332	501(C)(3)	28,000.	0.			SOCIAL SERVICES
STEP							
PO BOX 26747							
SAN DIEGO, CA 92196	20-3051279	501(C)(3)	23,416.	0.			MILITARY
STUDENT ORGANIZING INC							
1543 WAZEE ST., SUITE 400							
DENVER, CO 80202	26-2486476	501(C)(3)	10,000.	0.			CIVIC ENGAGEMENT
GUDDODUADII TUV							
SUPPORTABILITY							
PO BOX 4885	33-0953584	501/C\/3\	12 000	0.			ANIMAL WELFARE
IRVINE, CA 92616	33-033364	501(C)(3)	12,000.	0.			ANIMAL WELFARE
TEAM4TECH FOUNDATION							
PO BOX 7084							
MENLO PARK, CA 94026	46-1135641	501(C)(3)	25,000.	0.			EDUCATION
,							
THE BISHOP'S SCHOOL							
7607 LA JOLLA BOULEVARD							
LA JOLLA, CA 92037	95-1642362	501(C)(3)	6,350.	0.			EDUCATION
THE CLEARITY FOUNDATION							
434 WEST CEDAR STREET, SUITE 300							
SAN DIEGO, CA 92101	26-1095856	501(C)(3)	58,500.	0.			HEALTH
THE GRAUER SCHOOL							
1500 S. EL CAMINO REAL		F04 (F) (D)		_			
ENCINITAS, CA 92024-4908	33-0708902	501(C)(3)	77,877.	0.			EDUCATION

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RANCHO SANTA FE FOUNDATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HUMANE LEAGUE							
P.O. BOX 10476							
ROCKVILLE, MD 20849	04-3817491	501(C)(3)	50,000.	0.			ANIMAL WELFARE
THE KIDS COLLEGE							
380 SOUTH MELROSE DRIVE SUITE 356							
VISTA, CA 92081	33-0933622	501(C)(3)	30,000.	0.			EDUCATION
THE LYCEUM							
1545 S. GREEN ROAD							
SOUTH EUCLID, OH 44121	32-0079287	501(C)(3)	25,000.	0.			EDUCATION
THE OLD GLOBE							
PO BOX 122171							
SAN DIEGO, CA 92112-2171	95-1543396	501(C)(3)	81,000.	0.			ARTS & CULTURE
			,	- •			
THE OUTREACH FOUNDATION							
381 RIVERSIDE DRIVE, #465							
FRANKLIN, TN 37064	58-1375506	501(C)(3)	38,000.	0.			RELIGIOUS
THE VILLAGE CHURCH							
PO BOX 704							
RANCHO SANTA FE, CA 92067	95-6006164	501(C)(3)	129,196.	0.			RELIGIOUS
,			1				
THRIVE ANIMAL RESCUE, INC.							
13875 OLD EL CAMINO REAL							
SAN DIEGO, CA 92130	47-1119172	501(C)(3)	10,000.	0.			ANIMAL WELFARE
MDI CIMY CUDICMIAN COVOCI							
TRI-CITY CHRISTIAN SCHOOL 302 N. EMERALD DRIVE							
VISTA, CA 92083	95-1950608	501(C)(3)	25,000.	0.			EDUCATION
VISIII, CII 72003	22 1220000	301(0)(3)	25,000.	0.			ED CONTION
UC SAN DIEGO FOUNDATION							
9500 GILMAN DRIVE, #0940							
LA JOLLA, CA 92093-0940	95-2872494	501(C)(3)	206,010.	0.			EDUCATION

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) UCSD SHILEY EYE INSTITUTE 9415 CAMPUS POINT DRIVE, MC 0946 LA JOLLA, CA 92093-0946 95-2872494 501(C)(3) 141,000 0. HEALTH UNDER THE SUN FOUNDATION 5017 MARLBOROUGH DRIVE SAN DIEGO, CA 92116 82-1632182 501(C)(3) 160,000 0 ARTS & CULTURE UNITED STATES OF AMERICA RUGBY FOOTBALL UNION, LTD - 501 S. CHERRY STREET SUITE 100 -RECREATION/SPORTS/ACTIVITI GLENDALE, CO 80246 16-1118870 501(C)(3) 10,000 0. UNITED THROUGH READING 1455 FRAZEE ROAD, SUITE 500 SAN DIEGO, CA 92108 33-0373000 501(C)(3) 0 MILITARY 18,666. UNITED WAY OF SAN DIEGO COUNTY 4699 MURPHY CANYON RD. 95-2213995 501(C)(3) 0. CIVIC ENGAGEMENT SAN DIEGO, CA 92123 41,000. UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION - 620 W. LEXINGTON STREET 2ND FLOOR - BALTIMORE, MD 21201 31-1678679 501(C)(3) 0. EDUCATION 50,000 UNIVERSITY OF VIRGINIA LAW SCHOOL FOUNDATION - 580 MASSIE ROAD -54-0838566 501(C)(3) CHARLOTTESVILLE, VA 22903 750 000. 0. EDUCATION UT SOUTHWESTERN MEDICAL CENTER P.O. BOX 910888 DALLAS, TX 75391-0888 75-2556007 501(C)(3) 25,000. 0. HEALTH UT SOUTHWESTERN MONCRIEF CANCER INSTITUTE - P.O. BOX 910888 -DALLAS, TX 75391-0888 75-2655008 501(C)(3) 25 000. 0. HEALTH

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Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	F.
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VAIL VALLEY FOUNDATION INC							
PO BOX 6550							
AVON, CO 81620	74-2215035	501(C)(3)	17,500.	0.			ADVOCACY
VENTURE CHURCH							
777 SANTA FE DR.							
ENCINITAS, CA 92024	82-4204224	501(C)(3)	24,000.	0.			RELIGIOUS
VETS BEYOND THE UNIFORM							
3231-C BUSINESS PARK DR. STE. #121							
VISTA, CA 92081	87-1012878	501(C)(3)	6,000.	0.			MILITARY
VIA VERITAS, INC.							
345 FRAZIER AVENUE, UNIT 205							
CHATTANOOGA, TN 37405	45-4885299	501(C)(3)	7,000.	0.			RELIGIOUS
VISTA COMMUNITY CLINIC							
1000 VALE TERRACE							
VISTA, CA 92084	95-2815615	501(C)(3)	45,000.	0.			HEALTH
·			,				
VOICES FOR CHILDREN							
PO BOX 7219							
RIVERSIDE, CA 92513	95-3786047	501(C)(3)	35,000.	0.			ADVOCACY
WALINDWA CHARITABLE CORPORATION							
PO BOX 270024							
SAN DIEGO, CA 92198-2024	45-5470036	501(C)(3)	35,000.	0.			HUMANITARIAN-GLOBAL
WAYFORWARD							
401 CONGRESS AVE. STE. 3250							
AUSTIN, TX 78701	47-2662470	501(C)(3)	60,868.	0.			SOCIAL SERVICES
WE CHARITY							
6500 MAIN STREET, #5							
WILLIAMSVILLE, NY 14221	16-1533544	501(C)(3)	200,000.	0.			CIVIC ENGAGEMENT

(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
WELLBEING FOUNDATION AMERICA, INC.							
6500 MAIN ST, SUITE 5							
WILLIAMSVILLE, NY 14221	83-4588770	501(C)(3)	600,000.	0.			SOCIAL SERVICES
WELLS OF LIFE, INC.							
29222 RANCHO VIEJO RD, SUITE 204							
SAN JUAN CAPISTRANO, CA 92675	45-1496631	501(C)(3)	10,500.	0.			   HUMANITARIAN-GLOBAL
,			, , ,				
WILDCOAST							
2010 JIMMY DURANTE BLVD SUITE 230							
DEL MAR, CA 92014	77-0536297	501(C)(3)	25,000.	0.			ANIMAL WELFARE
WINDWALKERS							
PO BOX 504	22 274 5222	504 (5) (3)	05.000				
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)	45,500.	0.			MILITARY
·			,				
WORLD OUTREACH MINISTRIES INC							
PO BOX B							
MARIETTA, GA 30061	58-1387722	501(C)(3)	6,000.	0.			RELIGIOUS
WORLD VISION INC							
WORLD VISION, INC. PO BOX 9716							
FEDERAL WAY, WA 98063-9716	95-1922279	501(C)(3)	26 000	0.			ADVOCACY
EDERAL WAI, WA 90003-9/10	33-1322213	D01(C)(3)	26,000.	0.			ND VOCAC I
WOUNDED WARRIOR HOMES, INC.							
145 LINDA VISTA DRIVE, #104							
SAN MARCOS, CA 92078	27-1537405	501(C)(3)	20,000.	0.			MILITARY
			25,556.	•			
WOUNDED WARRIOR PROJECT, INC.							
PO BOX 758540							
TOPEKA, KS 66675-8540	20-2370934	501(C)(3)	10,000.	0.			MILITARY

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG LIFE - INNER CITY SAN DIEGO	04 0205024	501/g)/2)	27 500				DIV FOLOR
HARLAN, IA 51593-0684	84-0385934	501(C)(3)	27,500.	0.			RELIGIOUS
YOUNG LIFE - RANCHO DEL SOL PO BOX 733 SOLANA BEACH, CA 92075	84-0385934	501(C)(3)	23,400.	0.			RECREATION/SPORTS/ACTIVI
YOUNG LIFE FOUNDATION PO BOX 5184	04 0205024	501/g)/2)	5 500				DIV LGTOVG
HARLAN, IA 51593-0684 ZERO8HUNDRED 4699 MURPHY CANYON ROAD, SUITE 104	84-0385934	501(C)(3)	5,500.	0.			RELIGIOUS
SAN DIEGO, CA 92123	83-1268486	501(C)(3)	18,166.	0.			MILITARY

Part III Grants and Other Assistance to Domestic Individuals.  Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(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	Lived in Dort Lin	o Or Dort III. ookuma	(b), and any ather as	  ditional information	
PART I, LINE 2:	uirea in Part I, IIII	le 2, Part III, Column	(b), and any other ac	iditional Information.	
ALL GRANTS ISSUED ARE ACCOMPANIED WITH A LETTER THA	AT THEODMS TH	IF CDANTEFC			
OF THEIR OBLIGATIONS NOT TO USE THE FUNDS FOR ANY I					
SPECIFIC PURPOSE(S) DESCRIBED IN THE LETTER. ALL (					
ORGANIZATION'S DISCRETIONARY FUNDS HAVE A FURTHER H					
GRANTEE TO PROVIDE A WRITTEN REPORT BACK TO THE ORG					
THE AWARDED FUNDS WERE USED AND THE IMPACT THEY HAI					
PROJECT(S).					
Incoder(b):					
WHILE GRANTS FROM DONOR ADVISED FUNDS ARE ISSUED TO	O ANY 501(C)(	(3)			
CHARITABLE ORGANIZATION IN THE UNITED STATES, GRANT					
DISCRETIONARY FUNDS ARE LIMITED TO ORGANIZATIONS LO					
COUNTY, CA.					
· · ·					

## SCHEDULE J (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Name of the organization

# **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

RANCHO SANTA FE FOUNDATION

Part I Questions Regarding Compensation

Employer identification number 95-3709639

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	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:			.,,
	The organization?	5a		X
b	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:			х
	The organization?	6a		X
D	Any related organization?	6b		Α
7	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	7		х
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Α
8		6		x
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		41
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
	กอนแลแบกจ จอบแบก ขอ.4ชของปุ <i>ป</i> !	ש		ı

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

Schedule J (Form 990) (Rev. 12-2024)

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.

	compensation other deferred					(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) BEN MORAGA	(i)	246,782.	0.	0.	8,221.	13,238.	268,241.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) AMY MYERS	(i)	169,015.	0.	0.	7,923.	0.	176,938.	0.	
DIRECTOR OF PHILANTHROPY	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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

## **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, line 29 or 30. Attach to Form 990.

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

Inspection Employer identification number

	RANCHO SANTA FE FO	OUNDATION				9!	5-370963	9	
Pai	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	r	Method o	(d) of determin tribution ar		s
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	18	13,960,914.	STOC	K 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 organi	zation during	the tax vear for co	ontributions					
	for which the organization completed Form 82								
	3	,	3					Yes	No
30a	During the year, did the organization receive b	v contributio	n anv property rep	orted on Part I. lines 1 throu	ah 28.	that it			
	must hold for at least 3 years from the date of	-			_				
	exempt purposes for the entire holding period						30a		х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribu	tions?		31	х	
	Does the organization hire or use third parties	•	•	•					
	contributions?		_				32a	х	
b	If "Yes," describe in Part II.						523		
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is che	cked.				
	describe in Part II.	(5)	-, i= p. sport)	(3) 13 0110	,				

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

Schedule M (Form 990) 2024 RANCHO SANTA FE FOUNDATION	95-3709639	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33	and whether the organize	zation
is reporting in Part I, column (b), the number of contributions, the number of items received, or a com	bination of both. Also cor	nplete
this part for any additional information.		-
SCHEDULE M, PART I, LINE 32B:		
THE FOUNDATION USES THE SERVICES OF UBS FINANCIAL SERVICES, INC. TO		
ACCEPT GIFTS OF PUBLIC SECURITIES ON OUR BEHALF, TO SELL THOSE		
SECURITIES AND FORWARD THE PROCEEDS FROM SUCH SALES TO OUR CHECKING		
ACCOUNT AT FIRST REPUBLIC BANK.		

432142 01-18-25

### **SCHEDULE O** (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
RANCHO SANTA FE FOUNDATION	95-3709639
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS REVIEWED BY THE 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.	
CONFIDENCE OF INTEREST FOLICE ARE AVAILABLE TO THE FORLIC OFON REQUEST.	
EODN 000 DADE VI LINE O GUANGEG IN NEE AGGEEG	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 17,038.	

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

Schedule O (Form 990) (Rev. 12-2024)

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

(Rev. January 2025) Department of the Treasury Internal Revenue Service

Name of the organization

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

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

95-3709639

Primary activity	I a mal alamatatla (akaka a	1					
Primary activity  Legal domicile (s  foreign count		or Total inco	me End-of-yea	r assets		controlling ntity	J
izations. Complete if the organization	I answered "Yes" on Form 990	D, Part IV, line 34,	Decause it had one	or more rela	ated tax-exe	mpt	
(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section		Direct c	ontrolling	cont	rolled tity?
ACCEDMANCE OF DEAT ECMANE			301(0)(0))			Yes	No
AND OTHER NON-CASH							
DONATONS FOR THE RSFF	CALIFORNIA	501(C)(3)	LINE 12A, I	RSFF			Х
+		+		+		+	<del>                                     </del>
	(b) Primary activity  ACCEPTANCE OF REAL ESTATE	(b) (c)  Primary activity Legal domicile (state or foreign country)  ACCEPTANCE OF REAL ESTATE  AND OTHER NON-CASH	(b) (c) (d)  Primary activity Legal domicile (state or foreign country)  ACCEPTANCE OF REAL ESTATE  AND OTHER NON-CASH	(b) (c) (d) (e)  Primary activity Legal domicile (state or foreign country) Exempt Code section Sol1(c)(3))  ACCEPTANCE OF REAL ESTATE  AND OTHER NON-CASH	(b) (c) (d) (e)  Primary activity Legal domicile (state or foreign country) Exempt Code section Sol1(c)(3))  ACCEPTANCE OF REAL ESTATE  AND OTHER NON-CASH	(b) (c) (d) (e) (f)  Primary activity Legal domicile (state or foreign country) Section Solice (solid section Solice)  ACCEPTANCE OF REAL ESTATE  AND OTHER NON-CASH	Primary activity Legal domicile (state or foreign country)  ACCEPTANCE OF REAL ESTATE AND OTHER NON-CASH  Legal domicile (state or foreign country)  Exempt Code section Section  Exempt Code section Section  Fublic charity status (if section 501(c)(3))  Public charity status (if section 501(c)(3))  Public charity status (if section 501(c)(3))

RANCHO SANTA FE FOUNDATION

		On and late if the annual institute of the	IIVII F 000	D - + 1) / 1' 0 / 1-	and a second of the second of the second	and the second second second
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990.	Part IV, line 34, b	ecause it nad one (	or more related
	organizations treated as a partnership during the tax year.					
	organizations treates as a partitioner in adming time tax, year.					

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	al or F ging er?	(k) Percentage ownership
		country		000000000000000000000000000000000000000			163	NO	( 3 1335)	163	NO	

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

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year	(h) Percentage ownership	Sec 512(t contr	tion b)(13) rolled tity?
		foreign country)		or trust)		assets			No
									_
								-	

95-3709639

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

Not	lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	No		
1	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?						
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1	la		Х		
	<b>b</b> Gift, grant, or capital contribution to related organization(s)		lb		Х		
	c Gift, grant, or capital contribution from related organization(s)		lc	Х			
	d Loans or loan guarantees to or for related organization(s)		ld	Х			
	e Loans or loan guarantees by related organization(s)		le		Х		
f	f Dividends from related organization(s)		1f		Х		
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	j Lease of facilities, equipment, or other assets to related organization(s)		1j		Х		
k	k Lease of facilities, equipment, or other assets from related organization(s)		lk		X		
1	Performance of services or membership or fundraising solicitations for related organization(s)						
m	m Performance of services or membership or fundraising solicitations by related organization(s)						
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)						
0	o Sharing of paid employees with related organization(s)	<u>1</u>	lo	Х			
р	p Reimbursement paid to related organization(s) for expenses		lp		X		
	q Reimbursement paid by related organization(s) for expenses		lq		X		
r	r Other transfer of cash or property to related organization(s)		1r		Х		
	s Other transfer of cash or property from related organization(s)		ls		Х		
2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction	thresholds.					
	(a) (b) (c) Name of related organization Transaction Amount involved Method of dete	(d)					
	Name of related organization Transaction Amount involved Method of dete	ermining amount involve	<del>e</del> a				
4\							
1)							

(4) <u>(5)</u> Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.?		(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?		(j) Genera manag partne	(k) Percentage ownership			
		ocumiyy	Sections 512-514)	Yes No	intestine	assess	Yes	No	(FOITH 1003)	Yes I	IO			
											_			
											+			
	-													
											_			
									hadab D./Farr					