

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2016**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2016 calendar year, or tax year beginning** OCT 1, 2016 **and ending** SEP 30, 2017

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> VENTURA COUNTY COMMUNITY FOUNDATION  <b>Doing business as</b> _____ <b>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</b> 4001 MISSION OAKS BLVD. _____ <b>City or town, state or province, country, and ZIP or foreign postal code</b> CAMARILLO, CA 93012  <b>F Name and address of principal officer: VANESSA BECHTEL</b> SAME AS C ABOVE	<b>D Employer identification number</b> 77-0165029  <b>E Telephone number</b> (805) 988-0196  <b>G Gross receipts \$</b> 19,879,796.  <b>H(a) Is this a group return for subordinates? .....</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)  <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.VCCF.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1987
<b>M State of legal domicile:</b> CA		

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: TO PROMOTE AND ENABLE PHILANTHROPY TO IMPROVE OUR COMMUNITY FOR GOOD AND FOR EVER.		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	5
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	5
	<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a) .....	<b>5</b>	9
	<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	75
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	0.
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g) .....	1,547,404.	2,843,901.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	929,981.	952,542.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	3,392,626.	3,367,733.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	0.	0.
<b>12</b>			5,870,011.	7,164,176.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	3,338,534.	3,627,871.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	794,470.	764,525.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 32,791.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	2,074,659.	2,053,645.
<b>Net Assets or Fund Balances</b>	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	6,207,663.	6,446,041.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	-337,652.	718,135.
	<b>20</b>	Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26) .....	116,208,549.	126,510,503.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	20,859,770.	22,100,424.	
			95,348,779.	104,410,079.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer _____ BONNIE GILLES, CFO Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name RENEE ORDENEAX	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	PTIN P00733066
	Firm's name ▶ ARMANINO LLP	Firm's EIN ▶ 94-6214841			
	Firm's address ▶ 11766 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90025		Phone no. 310-478-4148		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE VENTURA COUNTY COMMUNITY FOUNDATION (VCCF) IS TO IMPROVE THE QUALITY OF LIFE IN VENTURA COUNTY BY INCREASING CHARITABLE GIVING, EDUCATING AND CONNECTING DONORS TO COMMUNITY NEEDS THEY CARE ABOUT, AND LEADING ON CRITICAL COMMUNITY ISSUES. FIRST AND FOREMOST,

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 expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 4,198,893. including grants of \$ 3,627,871. ) (Revenue \$ 151,302. ) CONNECTING DONORS TO THE COMMUNITY NEEDS THEY CARE ABOUT, THE VENTURA COUNTY COMMUNITY FOUNDATION GRANTED \$2,630,811 TO 286 PUBLIC CHARITIES AND \$997,060 TO MORE THAN FOUR HUNDRED LOCAL STUDENTS VIA OUR SCHOLARSHIP PROGRAM. 92.5 PERCENT OF TOTAL GRANTS WERE TO PUBLIC CHARITIES IN THE VENTURA COUNTY REGION. RECIPIENT SECTORS INCLUDED, ANIMAL WELFARE 1.7%, ARTS AND CULTURE 29.6%, EDUCATION 6.2%, ENVIRONMENT 3.5%, HEALTH MEDICINES AND SCIENCE 16.3%, HUMAN SERVICES 14.1%, RELIGION-RELATED 7.7%, YOUTH SERVICES 9.5%, SOCIAL JUSTICE 10.9%, AND OTHER SERVICES 0.5%.

4b (Code: ) (Expenses \$ 191,108. including grants of \$ ) (Revenue \$ ) INCREASING CHARITABLE GIVING IN 2017, \$2.9 MILLION WAS ADDED TO DONOR FUNDS BRINGING THE TOTAL CHARITABLE DOLLARS UNDER THE STEWARDSHIP OF THE VENTURA COUNTY COMMUNITY FOUNDATION TO \$126 MILLION.

4c (Code: ) (Expenses \$ 853,147. including grants of \$ ) (Revenue \$ 723,060. ) THE VENTURA COUNTY COMMUNITY FOUNDATION IS PROUD TO OFFER BELOW-MARKET RENT FOR SIXTEEN NONPROFITS IN VENTURA COUNTY. NONPROFIT TENANTS INCLUDE, BIG BROTHERS BIG SISTERS, GOLD COAST VETERANS FOUNDATION, KIDS AND FAMILIES TOGETHER, MAKE-A-WISH TRI-COUNTIES, NEW WEST SYMPHONY, INTERFACE CHILDREN AND FAMILY, SERVICES/ 2-1-1 VENTURA COUNTY, CONGRESS OF CALIFORNIA SENIORS, VENTURA COUNTY MILITARY COLLABORATIVE, VENTURA CENTER FOR DISPUTE SETTLEMENT, UNITED WAY OF VENTURA COUNTY, BETHANY CHRISTIAN SERVICES AND AREAS CHRISTIANS TAKING INITIATIVE ON NEED (ACTION).

4d Other program services (Describe in Schedule O.) (Expenses \$ 173,040. including grants of \$ ) (Revenue \$ 78,180. )

4e Total program service expenses 5,416,188.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes sub-questions for backup withholding, employee reporting, foreign accounts, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
BONNIE GILLES - (805) 330-6681
4001 MISSION OAKS BLVD., NO. A, CAMARILLO, CA 93012

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT HANSEN INTERIM CHAIR	1.00	X		X				0.	0.	0.
(2) MIKE SILACCI VICE CHAIR & TREASURER	1.00	X		X				0.	0.	0.
(3) TIM GALLAGHER BOARD MEMBER	1.00	X						0.	0.	0.
(4) STAN MANTOOTH BOARD MEMBER	1.00	X						0.	0.	0.
(5) CHARLES MAXEY, PHD BOARD MEMBER	1.00	X						0.	0.	0.
(6) VANESSA BECHTEL PRESIDENT & CEO	40.00			X				160,000.	0.	14,152.
(7) BONNIE GILLES, CPA CFO	40.00			X				135,000.	0.	11,264.
(8) JIM RIVERA COO	40.00					X		135,000.	0.	3,000.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b>							430,000.	0.	28,416.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							430,000.	0.	28,416.	

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CANTURBURY CONSULTING, 610 NEWPORT CENTER DRIVE, #500, NEWPORT BEACH, CA 92660	CONSULTING SERVICES	214,445.
ARMANINO LLP P.O. BOX 398285, SAN FRANCISCO, CA 94139	ACCOUNTING SERVICES	130,873.
RODRIGUEZ, HORII, CHOI, 777 S. FIGUEROA ST., SUITE 2150, LOS ANGELES, CA 90017	LEGAL SERVICES	109,554.

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

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	2,843,901.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		622,711.				
	<b>h Total.</b> Add lines 1a-1f .....			2,843,901.			
<b>Program Service Revenue</b>	<b>2 a</b> RENTAL INCOME .....	<b>Business Code</b>	531120	723,060.	723,060.		
	<b>b</b> MANAGEMENT FEES .....		561000	151,302.	151,302.		
	<b>c</b> RESOURCE CNTR WORKSHOP .....		611700	78,180.	78,180.		
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			952,542.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			1,488,639.			1,488,639.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		14,594,714.					
		<b>b</b> Less: cost or other basis and sales expenses .....			12,715,620.		
		<b>c</b> Gain or (loss) .....			1,879,094.		
	<b>d</b> Net gain or (loss) .....			1,879,094.			1,879,094.
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events .....						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> .....							
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....				7,164,176.	952,542.	0.	3,367,733.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,630,811.	2,630,811.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	997,060.	997,060.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	334,417.	90,893.	243,524.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	365,956.	208,506.	132,421.	25,029.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,065.	1,745.		320.
<b>9</b> Other employee benefits	13,010.	6,565.	5,648.	797.
<b>10</b> Payroll taxes	49,077.	18,062.	29,218.	1,797.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	30,219.	30,219.		
<b>b</b> Legal	206,413.	136.	206,277.	
<b>c</b> Accounting	93,350.	281.	93,069.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	374,394.	370,129.	4,265.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	157,980.	120,165.	37,815.	
<b>12</b> Advertising and promotion	14,179.	8,173.	6,006.	
<b>13</b> Office expenses	112,372.	21,796.	88,803.	1,773.
<b>14</b> Information technology	38,329.	16,381.	19,044.	2,904.
<b>15</b> Royalties				
<b>16</b> Occupancy	336,633.	321,538.	15,095.	
<b>17</b> Travel	1,856.		1,856.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	31,998.	6,421.	25,577.	
<b>20</b> Interest	235,285.	235,285.		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	295,588.	257,365.	38,223.	
<b>23</b> Insurance	107,998.	66,171.	41,656.	171.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> OTHER MEMBERSHIP	8,565.		8,565.	
<b>b</b> OTHER PROGRAM	8,486.	8,486.		
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	6,446,041.	5,416,188.	997,062.	32,791.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	150.	<b>1</b>	150.
	<b>2</b> Savings and temporary cash investments .....	6,318,816.	<b>2</b>	5,955,084.
	<b>3</b> Pledges and grants receivable, net .....	2,702,000.	<b>3</b>	2,786,434.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	140,201.	<b>9</b>	212,357.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 10,643,719.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,406,750.	9,513,911.	<b>10c</b> 9,236,969.
	<b>11</b> Investments - publicly traded securities .....	54,266,874.	<b>11</b>	64,848,987.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	42,322,101.	<b>12</b>	42,666,077.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	944,496.	<b>15</b>	804,445.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	116,208,549.	<b>16</b>	126,510,503.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	171,154.	<b>17</b>	187,898.
	<b>18</b> Grants payable .....	1,408,321.	<b>18</b>	1,616,040.
	<b>19</b> Deferred revenue .....	5,826.	<b>19</b>	469.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	12,100,649.	<b>21</b>	13,189,786.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	4,546,041.	<b>23</b>	4,489,609.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	2,150,000.	<b>24</b>	2,150,000.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	477,779.	<b>25</b>	466,622.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	20,859,770.	<b>26</b>	22,100,424.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	89,666,692.	<b>27</b>	98,909,152.
	<b>28</b> Temporarily restricted net assets .....	4,536,356.	<b>28</b>	4,355,196.
	<b>29</b> Permanently restricted net assets .....	1,145,731.	<b>29</b>	1,145,731.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	95,348,779.	<b>33</b>	104,410,079.	
<b>34</b> Total liabilities and net assets/fund balances .....	116,208,549.	<b>34</b>	126,510,503.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	7,164,176.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,446,041.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	718,135.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	95,348,779.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	8,385,964.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-42,799.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	104,410,079.

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

<b>Name of the organization</b> VENTURA COUNTY COMMUNITY FOUNDATION	<b>Employer identification number</b> 77-0165029
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,333,241.	5,184,626.	4,252,379.	1,547,404.	2,843,901.	17,161,551.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3,333,241.	5,184,626.	4,252,379.	1,547,404.	2,843,901.	17,161,551.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						2,256,871.
<b>6 Public support.</b> Subtract line 5 from line 4.						14,904,680.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	3,333,241.	5,184,626.	4,252,379.	1,547,404.	2,843,901.	17,161,551.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,549,758.	1,738,976.	2,536,639.	1,035,860.	1,488,639.	8,349,872.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	181,834.	150,954.	27,458.			360,246.
<b>11 Total support.</b> Add lines 7 through 10						25,871,669.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,534,048.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	57.61 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	62.00 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <i>Answer (a) and (b) below.</i>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2016

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

<b>Section D - Distributions</b>		<b>Current Year</b>		
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes			
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations			
<b>4</b>	Amounts paid to acquire exempt-use assets			
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)			
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions			
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6			
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions			
<b>9</b>	Distributable amount for 2016 from Section C, line 6			
<b>10</b>	Line 8 amount divided by Line 9 amount			
<b>Section E - Distribution Allocations (see instructions)</b>		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b>	Distributable amount for 2016 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b>	Excess distributions carryover, if any, to 2016:			
<b>a</b>				
<b>b</b>				
<b>c</b>	From 2013			
<b>d</b>	From 2014			
<b>e</b>	From 2015			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2016 distributable amount			
<b>i</b>	Carryover from 2011 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2016 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2016 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4			
<b>5</b>	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b>	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7</b>	<b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b>	Breakdown of line 7:			
<b>a</b>				
<b>b</b>	Excess from 2013			
<b>c</b>	Excess from 2014			
<b>d</b>	Excess from 2015			
<b>e</b>	Excess from 2016			



# Schedule B

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2016

Name of the organization

VENTURA COUNTY COMMUNITY FOUNDATION

Employer identification number

77-0165029

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

### General Rule

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

### Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

<b>Name of organization</b>  VENTURA COUNTY COMMUNITY FOUNDATION	<b>Employer identification number</b>  77-0165029
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 498,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 361,009.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 188,343.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 126,111.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  VENTURA COUNTY COMMUNITY FOUNDATION	<b>Employer identification number</b>  77-0165029
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  VENTURA COUNTY COMMUNITY FOUNDATION	Employer identification number  77-0165029
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**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	STOCK _____ _____ _____	\$ 498,350.	12/31/17
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  VENTURA COUNTY COMMUNITY FOUNDATION	Employer identification number  77-0165029
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: VENTURA COUNTY COMMUNITY FOUNDATION; Employer identification number: 77-0165029

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

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

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements held at the end of the tax year, and Yes/No questions about monitoring and reporting.

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

Form with questions (1a, 1b, 2) regarding reporting of art and historical treasures, including fields for revenue and assets.

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance	13,488,326.
<b>d</b> Additions during the year	277,150.
<b>e</b> Distributions during the year	575,690.
<b>f</b> Ending balance	13,189,786.

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	92,251,843.	88,458,585.	93,355,642.	76,320,576.	72,198,289.
<b>b</b> Contributions	2,339,745.			5,896,306.	2,569,862.
<b>c</b> Net investment earnings, gains, and losses	11,662,632.	7,128,951.	-1,521,554.	6,117,051.	8,421,457.
<b>d</b> Grants or scholarships	3,425,914.	3,335,693.	3,375,503.	3,851,058.	6,869,032.
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	102,828,306.	92,251,843.	88,458,585.	84,482,875.	76,320,576.

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment  95.10 %
- b** Permanent endowment  1.20 %
- c** Temporarily restricted endowment  3.70 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		2,185,000.		2,185,000.
<b>b</b> Buildings		7,866,373.	894,916.	6,971,457.
<b>c</b> Leasehold improvements		122,278.	108,447.	13,831.
<b>d</b> Equipment		470,068.	403,387.	66,681.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,236,969.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) OTHER SECURITIES	42,666,077.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	42,666,077.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PLANNED GIVING LIABILITY	414,752.
(3) SECURITY DEPOSITS	51,870.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	466,622.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	15,507,341.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 8,385,964.		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> -42,799.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	8,343,165.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	7,164,176.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	7,164,176.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	6,446,041.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	6,446,041.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	6,446,041.

**Part XIII Supplemental Information.**

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

PART IV, LINE 2B:

VCCF MAINTAINS AGENCY FUNDS FOR VARIOUS NONPROFIT ORGANIZATIONS AND LOCAL

GOVERNMENT UNITS LOCATED IN VENTURA COUNTY. THE AGENCY FUNDS ARE INCLUDED

WITHIN VCCF'S LIABILITIES, BUT THE UNDERLYING FUNDS (NET ASSETS) BELONG TO

THE OUTSIDE ENTITIES. AS OF 9/30/2017, VCCF MAINTAINED 95 AGENCY FUNDS

WITH NET ASSETS TOTALING \$13,189,786.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -42,799.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization **VENTURA COUNTY COMMUNITY FOUNDATION** Employer identification number **77-0165029**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
CITY OF THOUSAND OAKS 2100 E. THOUSAND OAKS BLVD. THOUSAND OAKS, CA 91362	95-2367314	GOVT	221,879.	0.			TO PROVIDE SUPPORT TO THE CITY OF THOUSAND OAKS FOR THE CIVIC AUDITORIUM/FORUM THEATRE
CITY OF CAMARILLO P.O. BOX 248 CAMARILLO, CA 93011-0248	95-2313271	GOVT	195,000.	0.			FOR USE AT THE CAMARILLO LIBRARY BRANCH LOCATED ON LAS POSAS ROAD, ONLY IN THE BUSINESS SECTION, TO
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SANTA BARBARA, CA 93101	95-1866094	501(C)(3)	189,926.	0.			TO ESTABLISH THE "SOCIAL JUSTICE FUND FOR VENTURA COUNTY," A PERMANENT ENDOWMENT FUND, TO BE
CAMARILLO HEALTH CARE DISTRICT 3639 E. LAS POSAS RD., SUITE 117 CAMARILLO, CA 93010	95-2834854	GOVT	147,622.	0.			TO BE USED FOR THE CARE-A-VAN SERVICE IN CAMARILLO ONLY
LIVINGSTON MEMORIAL, VNA 1996 EASTMAN AVE., STE. 101 VENTURA, CA 93003-5768	95-1693538	501(C)(3)	105,000.	0.			TO BE USED FOR MERGER COSTS INCLUDING MARKETING, CALIFORNIA DEPARTMENT OF PUBLIC
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501(C)(3)	79,000.	0.			FOR GENERAL CHARITABLE PURPOSES IN RESPONSE TO VENTURA COUNTY'S CURRENT COMMUNITY NEEDS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 83.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 12.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**  
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Schedule I (Form 990) (2016)**



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEIFER PROJECT INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501(C)(3)	63,000.	0.			TO SUPPORT FUNDING FOR PROJECT ID: NP3137 - NEPAL EMPOWERING WOMEN FARMERS
ODD FELLOW-REBEKAH CHILDREN'S HOME OF CALIFORNIA - 290 I.O.O.F. AVENUE - GILROY, CA 95020	94-1167402	501(C)(3)	59,208.	0.			FOR THE ODD FELLOWS CHILDREN'S HOME AT GILROY CALIFORNIA
VENTURA COLLEGE FOUNDATION 4667 TELEGRAPH ROAD VENTURA, CA 93003	77-0037747	501(C)(3)	57,000.	0.			TO BE USED ENTIRELY FOR THE GRANTING OF SCHOLARSHIPS TO STUDENTS WHO HAVE ATTENDED VENTURA
CITY OF VENTURA P.O. BOX 99 VENTURA, CA 93002-0099	95-6000807	GOVT	54,613.	0.			TO SUPPORT THE CITY OF VENTURA
GIVE AN HOUR NONPROFIT CORPORATION PO BOX 5918 BETHESDA, MD 20824-5918	61-1493378	501(C)(3)	50,000.	0.			FOR GIVE AN HOUR CALIFORNIA
CASA PACIFICA CENTERS FOR CHILDREN & FAMILIES - 1722 SOUTH LEWIS ROAD - CAMARILLO, CA 93012-8520	77-0195022	501(C)(3)	49,740.	0.			A \$100,000 PLEDGE TO THE "BUILDING NEW FOUNDATION'S OF HOPE" CAPITAL CAMPAIGN PAYABLE
VENTURA COUNTY AIR POLLUTION CONTROL DISTRICT - 669 COUNTY SQUARE DRIVE - VENTURA, CA 93003	95-6000944	GOVT	39,806.	0.			TO PROVIDE SUPPORT FOR THE CITY OF OJAI TO CONVERT GASOLINE AND DIESEL POWERED
TEMPLE NER SIMCHA 5737 KANAN ROAD AGOURA HILLS, CA 91301	47-2556081	RELIGIOUS ORGANIZATI	30,000.	0.			FOR GENERAL CHARITABLE PURPOSES
NEW WEST SYMPHONY ASSOCIATION 2100 THOUSAND OAKS BLVD., SUITE D THOUSAND OAKS, CA 91362	77-0406042	501(C)(3)	27,825.	0.			TO PROVIDE ANNUAL SUPPORT FOR THE SALARY ONLY OF THE NEW WEST SYMPHONY'S MUSIC DIRECTOR/CONDUCTOR,

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF VENTURA COUNTY P.O. BOX 297 OJAI, CA 93024	95-2272598	501(C)(3)	26,663.	0.			TO PROVIDE GRANTS SOLELY AND EXCLUSIVELY IN SUPPORT OF HSVC, AS INDICATED IN THE ORIGINAL
BOYS & GIRLS CLUB OF GREATER OXNARD & PORT HUENEME - 1900 WEST 5TH STREET - OXNARD, CA 93030	95-1785162	501(C)(3)	25,000.	0.			TO FUND THE COSTS OF A FEASIBILITY STUDY. THIS STUDY WILL PROVIDE BGCOP WITH AN ASSESSMENT OF ITS
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501(C)(3)	25,000.	0.			TO SPONSOR THE BLUE JEAN BALL TO BENEFIT UNRESTRICTED OPERATIONS
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501(C)(3)	25,000.	0.			TO SUPPORT THE MUSEUM'S ARCHIVAL COLLECTIONS CONSERVATION
VENTURA BOTANICAL GARDEN P.O. BOX 3127 VENTURA, CA 93006-3127	20-8416864	501(C)(3)	25,000.	0.			FOR GENERAL CHARITABLE PURPOSES
SAN BUENAVENTURA FRIENDS OF THE LIBRARY - P.O. BOX 403 - VENTURA, CA 93002-0403	95-3152438	501(C)(3)	20,346.	0.			TO PROVIDE SUPPORT TO THE SAN BUENAVENTURA FRIENDS OF THE LIBRARY IN ITS ROLE AND MISSION
BOYS & GIRLS CLUB OF CONEJO & LAS VIRGENES - 5142 CLARETON DRIVE, SUITE 270 - AGOURA HILLS, CA 91301	91-2151731	501(C)(3)	20,000.	0.			FOR GENERAL CHARITABLE PURPOSES
CANCER SUPPORT COMMUNITY VALLEY/VENTURA/SANTA BARBARA - 530 HAMPSHIRE ROAD - WESTLAKE VILLAGE, CA 91361	77-0205691	501(C)(3)	20,000.	0.			FOR UNRESTRICTED CHARITABLE USE IN SUPPORTING FAMILIES AFFECTED BY CANCER
CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY (CAUSE) - 2021 SPERRY AVENUE, SUITE 9 - VENTURA, CA 93003	77-0578864	501(C)(3)	20,000.	0.			FOR GENERAL CHARITABLE PURPOSES TO SUPPORT EFFORTS TO CREATE EQUALITY IN ACCESS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRESPI CARMELITE HIGH SCHOOL 5031 ALONZO AVENUE ENCINO, CA 91316-3611	95-2148415	501(C)(3)	20,000.	0.			FOR THE ATHLETIC FACILITY ENHANCEMENT CAMPAIGN
H.O.M.E. INC., D.B.A. NICO'S DE BAJA - 2390-C LAS POSAS RD #169 - CAMARILLO, CA 93010	33-0119870	501(C)(3)	20,000.	0.			FOR GENERAL CHARITABLE PURPOSES
NEW WEST SYMPHONY ASSOCIATION 2100 THOUSAND OAKS BLVD., SUITE D THOUSAND OAKS, CA 91362	77-0406042	501(C)(3)	20,000.	0.			TO SUPPORT EDUCATION AND COMMUNITY ENGAGEMENT PROGRAMS
OJAI MUSIC FESTIVAL P.O. BOX 185 OJAI, CA 93024	95-2122508	501(C)(3)	40,000.	0.			FOR THE IYER/SAIRAM CONCERT IN ITS FORTHCOMING "NEW PERSPECTIVES ON INDIAN
SANTA PAULA ART MUSEUM 117 NORTH 10TH STREET SANTA PAULA, CA 93060-2877	92-0179722	501(C)(3)	20,000.	0.			TO SUPPORT THE RENOVATION OF THE SANTA PAULA ART MUSEUM'S NEW EDUCATION CENTER
ST. JOHN'S HEALTHCARE FOUNDATION, OXNARD & PLEASANT VALLEY - 1600 NORTH ROSE AVENUE - OXNARD, CA 93030	20-2865781	501(C)(3)	20,000.	0.			FOR SUPPORT FOR COMMUNITY AND REGIONAL PROJECTS, IDENTIFIED WITH THE ROMAN CATHOLIC CHURCH
NEW WEST SYMPHONY ASSOCIATION 2100 THOUSAND OAKS BLVD., SUITE D THOUSAND OAKS, CA 91362	77-0406042	501(C)(3)	18,525.	0.			TO SUPPORT THE HARMON PROJECT VENTURA COUNTY'S LATIN AMERICAN MUSIC INSTRUCTION
YMCA - SOUTHEAST VENTURA COUNTY 100 E. THOUSAND OAKS BLVD., SUITE 1 THOUSAND OAKS, CA 91360	95-2305501	501(C)(3)	16,200.	0.			TO SUPPORT THE CONSTRUCTION AND NAMING OF A SPECIAL NEEDS LOCKER ROOM, ENSURING THAT ALL
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501(C)(3)	15,000.	0.			TO SUPPORT EDUCATION AND OUTREACH PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN BUENAVENTURA SYMPHONY INC. 676 W HIGHLAND DR CAMARILLO, CA 93010	77-0417189	501(C)(3)	15,000.	0.			FOR GENERAL CHARITABLE PURPOSES
ST. JOHN'S HEALTHCARE FOUNDATION, OXNARD & PLEASANT VALLEY - 1600 NORTH ROSE AVENUE - OXNARD, CA 93030	20-2865781	501(C)(3)	15,000.	0.			FOR THE HUMANITARIAN GIFT SOCIETY*
ST. JUDE THE APOSTLE CATHOLIC CHURCH - 32032 WEST LINDERO CANYON ROAD - WESTLAKE VILLAGE, CA 91361-4270	95-2758216	RELIGIOUS	30,000.	0.			FOR UNRESTRICTED USES ADDRESSING LOCAL BASIC NEEDS ANDS SAFETY SERVICES. PLEASE SEE THE
ORDER OF MALTA WESTERN ASSOCIATION 465 CALIFORNIA ST., SUITE 818 SAN FRANCISCO, CA 94104	23-7450840	501(C)(3)	14,000.	0.			FOR THE 2016 ANNUAL APPEAL
BALL STATE UNIVERSITY FOUNDATION 2800 WEST BETHEL AVE MUNCIE, IN 47304	35-6024566	501(C)(3)	12,500.	0.			TO SUPPORT THE 4994 JOURNALISM SCHOLARSHIPS FOR STUDENT RECRUITMENT (BONA CRESS PRESS AND
PADRE SERRA PARISH 5205 UPLAND ROAD CAMARILLO, CA 93012	77-0185669	CHURCH	24,000.	0.			FOR THE SERRA CENTER CAPITAL FUND AND TO SUPPORT THE CAPITAL FUND - PARISH CENTER
SOCIAL JUSTICE FUND FOR VENTURA COUNTY - 4001 MISSION OAKS BLVD., SUITE O - CAMARILLO, CA 93012	46-2569938	501(C)(3)	11,395.	0.			TO SUPPORT AND SUSTAIN SOCIAL JUSTICE FUND FOR VENTURA COUNTY'S EFFORTS AS STATED IN ITS MISSION
CALIFORNIA OIL MUSEUM P.O. BOX 48 SANTA PAULA, CA 93061-0048	45-3830307	501(C)(3)	10,848.	0.			TO SUPPORT THE CALIFORNIA OIL MUSEUM AND ITS PROGRAMS
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501(C)(3)	10,410.	0.			TO PROVIDE FUNDS TO ENRICH THE LIBRARY PROGRAMS AND SERVICES. FUNDS ARE NOT TO BE USED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF CONEJO & LAS VIRGENES - 5142 CLARETON DRIVE, SUITE 270 - AGOURA HILLS, CA 91301	91-2151731	501(C)(3)	10,000.	0.			FOR GENERAL CHARITABLE PURPOSES
CARING HANDS FOR CHILDREN 6901 MCLAREN AVE WEST HILLS, CA 91307	91-2102436	501(C)(3)	10,000.	0.			FOR GENERAL CHARITABLE PURPOSES
COMMUNITY MEMORIAL HEALTH SYSTEM 2674 E. MAIN ST, STE E #210 VENTURA, CA 93003	95-1683892	501(C)(3)	10,000.	0.			FOR GENERAL CHARITABLE PURPOSES
DUCKS UNLIMITED 1 WATERFOWL WAY MEMPHIS, TN 38120	13-5643799	501(C)(3)	10,000.	0.			FOR GENERAL CHARITABLE PURPOSES IN MEMORY OF PAUL LEAVENS
ECONOMIC DEVELOPMENT COLLABORATIVE OF VENTURA COUNTY - 1601 CARMEN DR., STE. 215 - CAMARILLO, CA 93010	77-0439585	501(C)(3)	10,000.	0.			TO FUND THE COSTS OF A PROFESSIONAL CONSULTANT
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501(C)(3)	20,000.	0.			TO SUPPORT EDUCATION PROGRAMS FOR UNDERSERVED CHILDREN IN VENTURA COUNTY AND FOR GENERAL
NEW WEST SYMPHONY ASSOCIATION 2100 THOUSAND OAKS BLVD., SUITE D THOUSAND OAKS, CA 91362	77-0406042	501(C)(3)	10,000.	0.			TO SUPPORT THE HARMONY PROJECT OF VENTURA COUNTY
SANTA PAULA ART MUSEUM 117 NORTH 10TH STREET SANTA PAULA, CA 93060-2877	92-0179722	501(C)(3)	10,000.	0.			FOR GENERAL CHARITABLE PURPOSES
THE SMITHFIELD PRESBYTERIAN CHURCH 656 SMITHFIELD VALLEY ROAD AMENIA, NY 12501	11-2014230	RELIGIOUS ORGANIZATI	10,000.	0.			FOR THE MUSIC PROGRAM

Schedule I (Form 990)

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

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THOMAS AQUINAS COLLEGE 10000 N. OJAI ROAD SANTA PAULA, CA 93060	94-1698615	501(C)(3)	10,000.	0.			FOR THE CHAPEL DEPT RETIREMENT
THE ABUNDANT TABLE P.O. BOX 6295 VENTURA, CA 93006	26-2243787	501(C)(3)	10,000.	0.			TO SUPPORT THE VENTURA COUNTY FARM TO SCHOOL COLLABORATIVE (VCF2SC)
VENTURA MUSIC FESTIVAL ASSOCIATION 472 E. SANTA CLARA STREET VENTURA, CA 93001	77-0314562	501(C)(3)	10,000.	0.			TO SUPPORT VENTURA MUSIC FESTIVAL OPERATIONS
BOYS & GIRLS CLUBS OF GREATER CONEJO VALLEY - 30343 CANWOOD STREET, #200 - AGOURA HILLS, CA 91301	91-2151731	501(C)(3)	9,400.	0.			FOR THE CAPITAL CAMPAIGN TO SUPPORT THE
YMCA - SOUTHEAST VENTURA COUNTY 100 E. THOUSAND OAKS BLVD., SUITE 1 THOUSAND OAKS, CA 91360	95-2305501	501(C)(3)	8,800.	0.			CONSTRUCTION AND NAMING OF A SPECIAL NEEDS LOCKER ROOM, ENSURING THAT ALL
VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT - 1911 WILLIAMS DRIVE, SUITE 200 - OXNARD, CA 93036	95-6000944	GOVT	8,724.	0.			TO PROVIDE SUPPORT TO VENTURA COUNTY MENTAL HEALTH FOR THE PURPOSE OF EDUCATION, RESEARCH AND
CASA PACIFICA CENTERS FOR CHILDREN & FAMILIES - 1722 SOUTH LEWIS ROAD - CAMARILLO, CA 93012-8520	77-0195022	501(C)(3)	8,431.	0.			FOR EDUCATIONAL PURPOSES FOR INCLUSION OF SAMITE,
PERFORMANCES TO GROW ON P.O. BOX 212 OJAI, CA 93024	77-0400314	501(C)(3)	8,000.	0.			THE MUSIC OF UGANDA IN PERFORMANCE TO GROW ON'S OJAI STORYTELLING
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501(C)(3)	7,646.	0.			TO PROVIDE SUPPORT TO VCMHA FOR THE PURCHASE, MAINTENANCE AND RESTORATION OF THE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF THE UNITED STATES - 700 PROFESSIONAL DRIVE - GAITHERSBURG, MD 20879	53-0225390	501(C)(3)	7,000.	0.			TO SUPPORT THE PETS FOR LIFE PROGRAM
THOMAS AQUINAS COLLEGE 10000 N. OJAI ROAD SANTA PAULA, CA 93060	94-1698615	501(C)(3)	7,000.	0.			FOR THE OUR LADY OF THE MOST HOLY TRINITY CHAPEL
CHANNEL ISLANDS YMCA-VENTURA FAMILY BRANCH - 3760 TELEGRAPH RD. - VENTURA, CA 93003	95-1643379	501(C)(3)	6,463.	0.			TO SUPPORT THE CHANNEL ISLANDS YMCA - VENTURA FAMILY BRANCH
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501(C)(3)	6,460.	0.			FOR GENERAL CHARITABLE PURPOSES
KIDSTREAM 5235 MISSION OAKS BLVD, SUITE 356 CAMARILLO, CA 93012	81-3055601	501(C)(3)	6,000.	0.			TO ASSIST IN RAISING FUNDS, FOR A PROPOSED STUDY TO DOCUMENT THE ECONOMIC AND SOCIAL
MARY HEALTH OF THE SICK CONVALESCENT & NURSING HOSPITAL - 2929 THERESA DRIVE - NEWBURY PARK, CA 91320	95-2299398	501(C)(3)	6,000.	0.			\$5,000.00 FOR THE ANGEL SOCIETY AND \$1,000.00 FOR UNRESTRICTED USE
TEMPLE BETH TORAH 7620 FOOTHILL ROAD VENTURA, CA 93004	95-2480517	RELIGIOUS	6,000.	0.			FOR GENERAL CHARITABLE PURPOSES
CASA PACIFICA CENTERS FOR CHILDREN & FAMILIES - 1722 SOUTH LEWIS ROAD - CAMARILLO, CA 93012-8520	77-0195022	501(C)(3)	5,824.	0.			FOR TRAINING OF THE DRUG AND ALCOHOL TREATMENT COUNSELORS
AMERICA SUPPORTING AMERICANS PO BOX 574 PACIFIC PALISADES, CA 90272	95-4301378	501(C)(3)	5,000.	0.			FOR MAILING PACKAGES TO SERVICEMEN

Schedule I (Form 990)

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

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BOYS & GIRLS CLUB OF GREATER CONEJO VALLEY - 30343 CANWOOD STREET, STE. 200 - AGOURA HILLS, CA 91301	91-2151731	501(C)(3)	5,000.	0.			A CHARITABLE CONTRIBUTION TO THE CAPITAL CAMPAIGN
CANCER SUPPORT COMMUNITY VALLEY/VENTURA/SANTA BARBARA - 530 HAMPSHIRE ROAD - WESTLAKE VILLAGE, CA 91361	77-0205691	501(C)(3)	5,000.	0.			FOR GENERAL CHARITABLE PURPOSES
CATHOLIC CHARITIES OF LOS ANGELES 1531 JAMES M. WOOD BLVD. LOS ANGELES, CA 90015-0095	95-1690973	501(C)(3)	5,000.	0.			8 ASSISTIVE DEVICES, 5 HOME MODIFICATIONS, SUCH AS RAMPS, GRAB BARS, ETC. 25 HOURS FCRC STAFF TIME
CENTER THEATRE GROUP 601 W TEMPLE STREET LOS ANGELES, CA 90012	95-2466183	501(C)(3)	5,000.	0.			TO SUPPORT STUDENT ACTIVITIES
CHANNEL ISLANDS RESTORATION 928 CARPINTERIA STREET SANTA BARBARA, CA 93103	61-1463876	501(C)(3)	5,000.	0.			FOR GENERAL CHARITABLE PURPOSES
COMMUNITY ACTION OF VENTURA COUNTY, INC. - 621 RICHMOND AVE. - OXNARD, CA 93030	95-2408644	501(C)(3)	5,000.	0.			TO BE USED FOR THE PURCHASE OF ONE INDUSTRIAL WASHER AND ONE INDUSTRIAL DRYER THAT
COMMUNITY MEMORIAL HEALTH SYSTEM 2674 E. MAIN ST, STE E #210 VENTURA, CA 93003	95-1683892	501(C)(3)	5,000.	0.			TO SUPPORT THE CHMS BUILDING FUND, IN MEMORY OF BETTY AND JOE GARRETT
CONEJO FREE CLINIC 80 E. HILLCREST DR. SUITE 102 THOUSAND OAKS, CA 91360-4219	95-3177953	501(C)(3)	5,000.	0.			FOR DENTAL CLINIC
CYSTIC FIBROSIS FOUNDATION, ROCKY MOUNTAIN CHAPTER - 400 SOUTH COLORADO BLVD - DENVER, CA 80246	13-1930701	501(C)(3)	5,000.	0.			TO SUPPORT THE ROCKY MOUNTAIN CHAPTER. GOULD FAMILY RESPONSE TO 2016 PELICAN MAILING AS A

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOCUS ON THE MASTERS 505 POLI STREET, SUITE 405 VENTURA, CA 93001-4964	77-0498291	501(C)(3)	5,000.	0.			FOR PHOTO EQUIPMENT
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501(C)(3)	5,000.	0.			FOR GENERAL CHARITABLE PURPOSES
INTERFACE CHILDREN FAMILY SERVICES 4001 MISSION OAKS BLVD., SUITE I CAMARILLO, CA 93012	95-2944459	501(C)(3)	5,000.	0.			FOR GENERAL CHARITABLE PURPOSES
MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER, INC. - P.O. BOX 1114 - THOUSAND OAKS, CA 91358	95-3413415	501(C)(3)	5,000.	0.			FOR REFRIGERATION SYSTEM IN NEW HOUSE
MARY HEALTH OF THE SICK CONVALESCENT & NURSING HOSPITAL - 2929 THERESA DRIVE - NEWBURY PARK, CA 91320	95-2299398	501(C)(3)	5,000.	0.			FOR GENERAL CHARITABLE PURPOSES TO SUPPORT COMMUNITY AND REGIONAL PROJECTS
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501(C)(3)	5,000.	0.			FOR GENERAL CHARITABLE PURPOSES, IN HONOR OF MARY LEAVENS SCHWABAUER'S 90TH BIRTHDAY
NATURAL RESOURCE DEFENSE COUNCIL 40 WEST 20TH STREET NEW YORK, NY 10011	13-2654926	501(C)(3)	5,000.	0.			FOR GENERAL CHARITABLE PURPOSES, TO THE NRDC TRUSTEE MATCHING CAMPAIGN. PLEASE NOTE
NEW WEST SYMPHONY ASSOCIATION 2100 THOUSAND OAKS BLVD., SUITE D THOUSAND OAKS, CA 91362	77-0406042	501(C)(3)	5,000.	0.			TO SUPPORT HIGH SCHOOL LEADERSHIP PROGRAM AND SCHOLARSHIPS
PERFORMANCES TO GROW ON P.O. BOX 212 OJAI, CA 93024	77-0400314	501(C)(3)	5,000.	0.			TO SUPPORT OJAI STORY TELLING FESTIVAL NEW BROCHURE AND STUDENT OUTREACH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUBICON THEATRE COMPANY 1006 EAST MAIN STREET VENTURA, CA 93001-0048	77-0495901	501(C)(3)	5,000.	0.			TO SUPPORT THE EDUCATION AND OUTREACH PROGRAM
ST. JOHN'S SEMINARY 5012 SEMINARY ROAD CAMARILLO, CA 93012-2500	95-1642384	501(C)(3)	5,000.	0.			FOR SUPPORT FOR COMMUNITY AND REGIONAL PROJECTS IDENTIFIED WITH THE ROMAN CATHOLIC CHURCH
STANFORD UNIVERSITY MONTAG HALL 355 GALVEZ ST. STANFORD, CA 94305-6106	94-1156365	501(C)(3)	5,000.	0.			TO BE USED FOR ANY EDUCATIONAL EXPENSES INCLUDED IN THE COST OF BRIAN NGUYEN'S ( STUDENT
TEMPLE NER SIMCHA 5737 KANAN ROAD AGOURA HILLS, CA 91301	47-2556081	RELIGIOUS ORGANIZATI	5,000.	0.			FOR GENERAL CHARITABLE PURPOSES
UNIVERSITY OF WASHINGTON FOUNDATION - 407 GERBERDING HALL - SEATTLE, WA 98195-1210	94-3079432	501(C)(3)	5,000.	0.			FOR GENERAL CHARITABLE PURPOSES OF THE BILL HOLM CENTER CULTURAL DEPARTMENT OF THE BURKE
VENTURA COUNTY HOUSING TRUST FUND 4001 MISSION OAKS BLVD., SUITE O CAMARILLO, CA 93012	45-3191747	501(C)(3)	5,000.	0.			FOR VCHTF'S ANNUAL FUNDRAISING AND SOCIAL EVENT ON SEPTEMBER 21ST 2017. PLEASE NOTE THAT
YMCA OF SOUTHEAST VENTURA COUNTY 100 E THOUSAND OAKS BLVD. SUITE 187 THOUSAND OAKS, CA 91360	95-2305501	501(C)(3)	5,000.	0.			FOR SPONSORSHIP OF THE JOEL AND FRANCES MCCREA GALA

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	421	0.	997,060.		

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

PART I, LINE 2:

ALL GRANTEE ORGANIZATIONS MUST BE DULY CERTIFIED AND RECOGNIZED BY THE IRS

AS A VALID 501(C)(3) ORGANIZATION FOR WHICH IT HAS A FORMAL IRS

DETERMINATION LETTER. ANY ORGANIZATION THAT DEPOSITS OR CASHES A GRANT

CHECK SENT BY VCCF CERTIFIES THAT THE GRANT WILL BE USED TO FULFILL ITS

CHARITABLE PURPOSE.

SOME FUND AGREEMENTS REQUIRE ADDITIONAL REPORTING. THIS INCLUDES A FULL

FINANCIAL ACCOUNTING OF THE EXPENDITURE AND A BRIEF NARRATIVE REPORT WHEN

**Part IV Supplemental Information**

THE GRANT IS COMPLETED OR NO LATER THAN 30 DAYS AFTER THE GRANT PERIOD END

DATE.

ADDITIONALLY, VCCF CONDUCTS FURTHER FINANCIAL DUE DILIGENCE AND PROGRAM

REVIEW OF GRANTEES WHEN STIPULATED IN FUND AGREEMENTS OR DONOR REQUESTS.

VCCF MAY INITIATE ITS OWN ADDITIONAL DUE DILIGENCE ON ANY NONPROFIT AT ANY

TIME, EVEN IF IT IS NOT REQUESTED BY THE DONOR, IF IT BECOMES AWARE OF

POTENTIAL RISK FACTORS THAT POTENTIALLY COMPROMISE AN ORGANIZATION'S

ABILITY TO ADHERE TO DONOR INTENT.

THIS ADDITIONAL DUE DILIGENCE PROCESS OFTEN INCLUDES, BUT IS NOT LIMITED

TO, THE FOLLOWING QUESTIONS:

1. IS THE ORGANIZATION IN GOOD FINANCIAL HEALTH AND FISCALLY WELL MANAGED?

2. IS THE PROJECT PROPOSED IN THE GRANT REQUEST WELL-CONCEIVED AND LIKELY

TO BE SUCCESSFUL AND IS THE PROJECT BUDGET PRESENTED IN THE GRANT REQUEST

ACCURATE AND IS A BUDGET NARRATIVE ATTACHED WHICH PROVIDES RATIONAL FOR

EXPENSES?

3. DOES THE PROSPECTIVE GRANTEE DEMONSTRATE THE FULL SUPPORT OF ITS

ORGANIZATIONAL LEADERSHIP AND THE COMMUNITY ENGAGED IN THE PROPOSED PROJECT

BUDGET?

4. CAN WE ASSURE THAT ALL FUNDING RECEIVED (INCLUDING GRANTS AND CONTRACTS

AWARDED) TO THE POTENTIAL GRANTEE WILL BE USED FOR THE PROPOSED PROJECT IN

KEEPING WITH THE FOUNDATION'S MISSION TO ADDRESS UNMET NEEDS IN THE

COMMUNITY?

WHEN AN ORGANIZATION IS DETERMINED TO BE IN POOR FINANCIAL STANDING BASED

ON THE ADDITIONAL DUE DILIGENCE REQUIRED BY THE DONOR OR FUND AGREEMENT,

**Part IV Supplemental Information**

MORE SPECIFICALLY WHEN AN ORGANIZATION HAS NEGATIVE UNRESTRICTED NET ASSETS, VCCF WILL REQUIRE THEM TO SUBMIT A LETTER, SIGNED BY THE BOARD PRESIDENT AND TREASURER ON HOW THE NONPROFIT'S LEADERSHIP TEAM (BOARD AND OFFICERS) IS ADDRESSING THE SITUATION, INCLUDING PRODUCING AN 18-MONTH OPERATING BUDGET FORECAST.

AN INCOME STATEMENT WILL PROVIDE INFORMATION ON AN ORGANIZATION'S ANNUAL PERFORMANCE IN TERMS OF REVENUE AND EXPENSES WHILE A BALANCE SHEET WILL PROVIDE INFORMATION ON ORGANIZATION'S TOTAL ASSETS AND LIABILITIES. WHEN LOOKING AT THESE DOCUMENTS, VCCF WILL CONSIDER SOME OF THE FOLLOWING QUESTIONS:

- 1. HAS AN ORGANIZATION'S INCOME BEEN INCREASING AT A SIMILAR RATE TO THEIR EXPENSES OR NOT?
- 2. ARE THEY GENERALLY BRINGING IN MORE THAN THEY SPEND IN ORDER TO GROW THE ORGANIZATION?
- 3. WHAT IS THEIR CURRENT CASH ON HAND, DO THEY HAVE ENOUGH TO MEET EXPENSES NEXT MONTH OR 3 MONTHS FROM NOW?
- 4. HOW MANY DAYS/ MONTHS OF RESERVES DO THEY HAVE IN CASE EXPECTED FUNDING DOESN'T COME THROUGH?
- 5. WHAT IS THE PROGRAMMATIC BUDGET IN RELATIONSHIP TO ORGANIZATIONAL BUDGET (I.E., DOES IT REPRESENT A SUBSTANTIAL PROPORTION OF THE OVERALL BUDGET TOTAL)?

VCCF THEN USES A FINANCIAL ASSESSMENT TOOL TO ANSWER THESE QUESTIONS AND PROVIDE FOR A VISUAL REPRESENTATION OF THE FINANCIAL HEALTH OF AN ORGANIZATION OVER TIME.

**Part IV Supplemental Information**

WHILE ON THEIR OWN THESE DO NOT NECESSARILY PREDICT THE SUCCESS OR FAILURE

OF A PARTICULAR PROJECT, THEY DO HELP GUIDE THE RIGHT FINANCIAL QUESTIONS

OF CURRENT AND PROSPECTIVE GRANTEES TO MAKE SURE THEY CAN PUT GRANT FUNDS

TO GOOD USE AND HAVE A PLAN IN MIND TO ADDRESS ANY POTENTIAL CHALLENGES.

IF AN ORGANIZATION FAILS TO BE TRANSPARENT AND/ OR PROVIDE SATISFACTORY

ANSWERS TO QUESTIONS ASKED, VCCF WILL LIKELY DENY ANY GRANT FUNDING.

ADDITIONALLY, IF VCCF BECOMES AWARE THAT AN ORGANIZATION FAILED TO ADHERE

TO THE REQUIREMENTS OF THE GRANT PURPOSE, VCCF WILL REQUIRE THE

ORGANIZATION TO REPAY ALL FUNDING AND WILL ADD THEM TO A "DO NOT FUND" LIST

FOR ANY FUTURE CONSIDERATION. IF AN ORGANIZATION IS UNABLE TO USE ALL

GRANT AWARDED FUNDS FOR THE REQUIRED CHARITABLE PURPOSE, THE ORGANIZATION

IS REQUIRED TO RETURN ALL REMAINING FUNDS TO VCCF.

ALL GRANTS REQUIRE APPROVAL BY THE VCCF CHIEF COMPLIANCE OFFICER AND ARE

SIGNED BY THE PRESIDENT & CEO. VCCF BOARD OF DIRECTOR APPROVAL IS REQUIRED

FOR ALL DONOR ADVISED GRANTMAKING AND SCHOLARSHIP DISBURSEMENTS.

FINALLY, ALL GRANT FUNDS MUST BE USED IN COMPLIANCE WITH ALL APPLICABLE

ANTI-TERRORIST FINANCING AND ASSET CONTROL LAWS, STATUTES AND EXECUTIVE

ORDERS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF CAMARILLO

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR USE AT THE CAMARILLO LIBRARY

BRANCH LOCATED ON LAS POSAS ROAD, ONLY IN THE BUSINESS SECTION, TO

PURCHASE BOOKS AND/OR SUBSCRIPTIONS

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: SANTA BARBARA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ESTABLISH THE "SOCIAL JUSTICE

FUND FOR VENTURA COUNTY," A PERMANENT ENDOWMENT FUND, TO BE HELD AT THE

SANTA BARBARA FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: LIVINGSTON MEMORIAL, VNA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED FOR MERGER COSTS

INCLUDING MARKETING, CALIFORNIA DEPARTMENT OF PUBLIC HEALTH INSURANCE,

UPGRADED COMPUTER EQUIPMENT, LEGAL SERVICES, MAIL MERGER INFORMATION TO

6,000 CAMARILLO HOSPICE HOUSEHOLDS, INSURANCE RIDER, TELEPHONE LINES,

AUDIT AND ACCOUNTING, ALARM SYSTEM INSTALLATION, AND TRANSFER UTILITIES

NAME OF ORGANIZATION OR GOVERNMENT: VENTURA COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED ENTIRELY FOR THE GRANTING

OF SCHOLARSHIPS TO STUDENTS WHO HAVE ATTENDED VENTURA COMMUNITY COLLEGE,

TO HELP FUND THEIR EDUCATION AFTER GRADUATING FROM VENTURA COMMUNITY

COLLEGE IN ANY FOUR YEAR COLLEGE OR UNIVERSITY, OR GRADUATE SCHOOL, AND

FOR SUCH PERIOD OF TIME AFTER GRADUATING FROM VENTURA COMMUNITY COLLEGE

AS THE COLLEGE DETERMINES THE STUDENT MAY BENEFICIALLY USE FUNDS FOR SUCH

ADVANCED EDUCATION. THERE SHALL BE NO RESTRICTIONS OF GENDER, RACE,

RELIGION, OR COUNTY OF NATIONAL ORIGIN IN SELECTED THE RECIPIENTS FOR

THESE SCHOLARSHIP AWARDS. NO REPAYMENT OF THE SCHOLARSHIP AWARD SHALL BE

REQUIRED

NAME OF ORGANIZATION OR GOVERNMENT:

CASA PACIFICA CENTERS FOR CHILDREN & FAMILIES

(H) PURPOSE OF GRANT OR ASSISTANCE: A \$100,000 PLEDGE TO THE "BUILDING

NEW FOUNDATION'S OF HOPE" CAPITAL CAMPAIGN PAYABLE OVER THREE YEARS TO

**Part IV Supplemental Information**

SECURE NAMING OPPORTUNITY IN HONOR OF IRENE MORRIS.

NAME OF ORGANIZATION OR GOVERNMENT:

VENTURA COUNTY AIR POLLUTION CONTROL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR THE CITY OF

OJAI TO CONVERT GASOLINE AND DIESEL POWERED LANDSCAPING EQUIPMENT TO

BATTERY ELECTRIC MODELS

NAME OF ORGANIZATION OR GOVERNMENT: NEW WEST SYMPHONY ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ANNUAL SUPPORT FOR THE

SALARY ONLY OF THE NEW WEST SYMPHONY'S MUSIC DIRECTOR/CONDUCTOR, SO LONG

AS NEW WEST SYMPHONY IS LOCATED IN WEST VENTURA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: HUMANE SOCIETY OF VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE GRANTS SOLELY AND

EXCLUSIVELY IN SUPPORT OF HSVC, AS INDICATED IN THE ORIGINAL HARRY

VALENTINE BEQUEST, FOR THE SUPPORT OF CHARITABLE ACTIVITIES, INCLUDING

SUPPORT FOR THE HSVC SPAY AND NEUTER PROGRAM, AND THE OPERATING AND

CAPITAL BUDGETS

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUB OF GREATER OXNARD & PORT HUENEME

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE COSTS OF A FEASIBILITY

STUDY. THIS STUDY WILL PROVIDE BGCOP WITH AN ASSESSMENT OF ITS

FUNDRAISING CAPACITY AND A CLEAR PATH FORWARD TO EMBARK ON A NECESSARY

FUNDRAISING CAMPAIGN TO HELP SUSTAIN AND ENHANCE YOUR IMPORTANT WORK

NAME OF ORGANIZATION OR GOVERNMENT:



**Part IV Supplemental Information**

CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY (CAUSE)

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL CHARITABLE PURPOSES TO SUPPORT EFFORTS TO CREATE EQUALITY IN ACCESS ECONOMIC OPPORTUNITY

NAME OF ORGANIZATION OR GOVERNMENT: OJAI MUSIC FESTIVAL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE IYER/SAIRAM CONCERT IN ITS FORTHCOMING "NEW PERSPECTIVES ON INDIAN MUSIC AND CULTURE" PROJECT AT THE 2017 OJAI MUSIC FESTIVAL AND TO SUPPORT THE 2017 OJAI MUSIC FESTIVAL

NAME OF ORGANIZATION OR GOVERNMENT: YMCA - SOUTHEAST VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CONSTRUCTION AND NAMING OF A SPECIAL NEEDS LOCKER ROOM, ENSURING THAT ALL CHILDREN AND ADULTS, REGARDLESS OF PHYSICAL AND MENTAL CHALLENGES, ARE ABLE TO ACCESS THE YMCA PROGRAMS AND FACILITIES

NAME OF ORGANIZATION OR GOVERNMENT: ST. JUDE THE APOSTLE CATHOLIC CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR UNRESTRICTED USES ADDRESSING LOCAL BASIC NEEDS ANDS SAFETY SERVICES. PLEASE SEE THE ATTACHED LIST OF SERVICES/ORGANIZATIONS

NAME OF ORGANIZATION OR GOVERNMENT: BALL STATE UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 4994 JOURNALISM SCHOLARSHIPS FOR STUDENT RECRUITMENT (BONA CRESS PRESS AND LAWRENCE PRESS JOURNALISM SCHOLARSHIP)

NAME OF ORGANIZATION OR GOVERNMENT: MUSEUM OF VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDS TO ENRICH THE LIBRARY PROGRAMS AND SERVICES. FUNDS ARE NOT TO BE USED TO DEFER THE

**Part IV Supplemental Information**

SALARIES OF ANY PERSONS OR BASIC OPERATING SERVICES OF THE MUSEUM AND/OR

THE LIBRARY

NAME OF ORGANIZATION OR GOVERNMENT: MUSEUM OF VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION PROGRAMS FOR

UNDERSERVED CHILDREN IN VENTURA COUNTY AND FOR GENERAL CHARITABLE

PURPOSES

NAME OF ORGANIZATION OR GOVERNMENT: YMCA - SOUTHEAST VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CONSTRUCTION AND

NAMING OF A SPECIAL NEEDS LOCKER ROOM, ENSURING THAT ALL CHILDREN AND

ADULTS, REGARDLESS OF PHYSICAL AND MENTAL CHALLENGES, ARE ABLE TO ACCESS

THE YMCA PROGRAMS AND FACILITIES

NAME OF ORGANIZATION OR GOVERNMENT:

VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT TO VENTURA COUNTY

MENTAL HEALTH FOR THE PURPOSE OF EDUCATION, RESEARCH AND DEVELOPMENT ON

BEHALF OF VENTURA COUNTY MENTAL HEALTH SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: PERFORMANCES TO GROW ON

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR INCLUSION OF SAMITE, THE MUSIC

OF UGANDA IN PERFORMANCE TO GROW ON'S OJAI STORYTELLING FESTIVAL,

SEPTEMBER 7-10, 2017

NAME OF ORGANIZATION OR GOVERNMENT: MUSEUM OF VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT TO VCMHA FOR THE

PURCHASE, MAINTENANCE AND RESTORATION OF THE MUSEUM'S COLLECTION OF

**Part IV Supplemental Information**

GEORGE STUART'S HISTORICAL FIGURES AND/OR REPAIRS AND IMPROVEMENTS TO THE

FRED W. SMITH GALLERY. IF THE NEEDS OF THE PRIMARY PURPOSE ARE MET AND

SOME FUNDS REMAIN IN ANY YEAR, THESE MAY BE USED FOR OTHER

ACTIVITIES/NEEDS OF THE MUSEUM

NAME OF ORGANIZATION OR GOVERNMENT: KIDSTREAM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST IN RAISING FUNDS, FOR A

PROPOSED STUDY TO DOCUMENT THE ECONOMIC AND SOCIAL IMPACT THAT THE

ESTABLISHMENT OF A KIDSTREAM CHILDREN'S MUSEUM WILL HAVE NOT ONLY IN THE

COMMUNITY OF CAMARILLO BUT FOR VENTURA COUNTY AS A WHOLE. THE IMPORTANCE

OF THIS EFFORT WAS IDENTIFIED DURING YOUR ORGANIZATION'S FEASIBILITY

STUDY.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF LOS ANGELES

(H) PURPOSE OF GRANT OR ASSISTANCE: 8 ASSISTIVE DEVICES, 5 HOME

MODIFICATIONS, SUCH AS RAMPS, GRAB BARS, ETC. 25 HOURS FCRC STAFF TIME

SALARY, BENEFITS, OVER

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY ACTION OF VENTURA COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED FOR THE PURCHASE OF ONE

INDUSTRIAL WASHER AND ONE INDUSTRIAL DRYER THAT WILL BE USED BY THE

ORGANIZATION'S HOMELESS TRANSITION CENTER

NAME OF ORGANIZATION OR GOVERNMENT:

CYSTIC FIBROSIS FOUNDATION, ROCKY MOUNTAIN CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ROCKY MOUNTAIN

CHAPTER. GOULD FAMILY RESPONSE TO 2016 PELICAN MAILING AS A \$5,000

**Part IV Supplemental Information**

CHAMPION DONOR

NAME OF ORGANIZATION OR GOVERNMENT: NATURAL RESOURCE DEFENSE COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL CHARITABLE PURPOSES, TO THE NRDC TRUSTEE MATCHING CAMPAIGN. PLEASE NOTE THAT THE FUND ADVISOR AND DONOR MAY NOT RECEIVE ANY TANGIBLE BENEFITS AND DECLINES ANY ASSOCIATED SPONSOR LEVEL GIFTS SUCH AS DINNER TICKETS, ETC., FOR THEMSELVES, FAMILY MEMBERS, OR RELATED PARTIES DUE TO THE IRS RESTRICTION

NAME OF ORGANIZATION OR GOVERNMENT: STANFORD UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED FOR ANY EDUCATIONAL EXPENSES INCLUDED IN THE COST OF BRIAN NGUYEN'S ( STUDENT ID #06222930) ATTENDING YOUR INSTITUTION. WE ENCOURAGE ITS USE FOR NON-TAXABLE PURPOSES INCLUDING TUITION, BOOKS, FEES, OR EQUIPMENT NEEDED FOR COURSE WORK. PLEASE BE AWARE THAT THESE FUNDS ARE INTENDED TO BE USED TO REDUCE STUDENT OBLIGATIONS OR LOANS RATHER THAN REDUCING SCHOLARSHIPS OR GRANTS GIVEN BY THE UNIVERSITY (UNLESS REQUIRED BY FEDERAL LAW)

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF WASHINGTON FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL CHARITABLE PURPOSES OF THE BILL HOLM CENTER CULTURAL DEPARTMENT OF THE BURKE MUSEUM, IN MEMORY OF GORDON J. CARLSON. THIS GIFT IS RESTRICTED TO THE BILL HOLM CENTER RESEARCH ENDOWMENT FUND #HOLMBC-99-1074

NAME OF ORGANIZATION OR GOVERNMENT: VENTURA COUNTY HOUSING TRUST FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR VCHTF'S ANNUAL FUNDRAISING AND SOCIAL EVENT ON SEPTEMBER 21ST 2017. PLEASE NOTE THAT THE FUND ADVISOR AND DONOR MAY NOT RECEIVE ANY TANGIBLE BENEFITS AND DECLINES ANY

**Part IV Supplemental Information**

ASSOCIATED SPONSOR LEVEL GIFTS SUCH AS MEMBERSHIP, DINNER TICKETS, ETC.,

FOR THEMSELVES, FAMILY MEMBERS, OR RELATED PARTIES DUE TO THE IRS

RESTRICTION

Multiple horizontal lines for supplemental information input.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
VENTURA COUNTY COMMUNITY FOUNDATION

Employer identification number  
77-0165029

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) VANESSA BECHTEL PRESIDENT & CEO	(i)	160,000.	0.	0.	8,752.	5,400.	174,152.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(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.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization **VENTURA COUNTY COMMUNITY FOUNDATION** Employer identification number **77-0165029**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	622,711. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS REPORTED IN COLUMN (B) IS THE NUMBER OF

DONORS THAT PROVIDED NON-CASH CONTRIBUTIONS AND NOT THE NUMBER OF ITEMS

CONTRIBUTED.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

VENTURA COUNTY COMMUNITY FOUNDATION

Employer identification number

77-0165029

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VCCF IS A FIDUCIARY, PROMOTING AND ENABLING PHILANTHROPY TO IMPROVE OUR  
COMMUNITY. FOR GOOD. FOR EVER.

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

OTHER PROGRAM WORK INCLUDING SUPPORTING THE SOCIAL JUSTICE FUND AND THE  
VENTURA COUNTY CIVIC ALLIANCE.

EXPENSES \$ 173,040. INCLUDING GRANTS OF \$ 0. REVENUE \$ 78,180.

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

THE VCCF AUDIT COMMITTEE WILL REVIEW THE FORM 990 IN CONJUNCTION WITH THE  
CORRESPONDING AUDITED FINANCIAL STATEMENTS AND SUBMIT THEM FOR APPROVAL TO  
THE FULL BOARD OF DIRECTORS AT ITS ANNUAL MEETING AS TWO SEPARATE VOTES.  
ALL VCCF BOARD OF DIRECTORS AND OFFICERS RECEIVED THE FORM 990 IN ITS  
ENTIRETY IMMEDIATELY BEFORE FILING. THE TAX RETURN IS SIGNED BY EITHER THE  
PRESIDENT & CEO OR CFO AT THE TIME OF SUBMITTAL.

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

THE BOARD OF DIRECTORS, VCCF SCHOLARSHIP AND INVESTMENT COMMITTEES, AS  
RECOGNIZED BY THE VCCF BOARD OF DIRECTORS, STAFF AND ANY RECURRENT  
VOLUNTEERS ARE REQUIRED TO SIGN AND COMPLY WITH THE POLICY ANNUALLY. THE  
BOARD AND MANAGEMENT REGULARLY MONITORS FOR POTENTIAL CONFLICTS OF  
INTEREST. IF A CONFLICT IS FOUND TO EXIST, THE PERSON WITH THE CONFLICT IS  
ASKED TO RECUSE HIM/HERSELF FROM ANY VOTING ON RELATED MATTERS.

FORM 990, PART VI, SECTION B, LINE 15:

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization VENTURA COUNTY COMMUNITY FOUNDATION	Employer identification number 77-0165029
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NEWLY RETAINED VCCF OFFICERS AND SENIOR MANAGEMENT TOOK SELF-IMPOSED SALARY

REDUCTIONS OF UP TO 20% IN MID FISCAL YEAR 2015, WHICH HAS CONTINUED

THROUGHOUT FISCAL YEAR 2017, IN AN EFFORT TO SUPPORT THE FISCAL

RESTRUCTURING EFFORTS OF VCCF. VCCF INTENDS TO RESTORE COMPENSATION TO

THESE OFFICERS AND SENIOR MANAGEMENT IN FISCAL YEAR 2018, OR AS SOON AS

FINANCIALLY POSSIBLE. THE STARTING COMPENSATION OF THESE OFFICERS AND

SENIOR MANAGEMENT WERE CONSISTENT WITH SALARY SURVEYS PROVIDED BY THE

SOUTHERN CALIFORNIA COMPENSATION SURVEY, LEAGUE OF CALIFORNIA COMMUNITY

FOUNDATIONS, AND COUNCIL ON FOUNDATIONS NATIONAL DATA WHEN THEY WERE HIRED

IN FISCAL YEAR 2015.

FORM 990, PART VI, SECTION C, LINE 19:

VCCF POSTED THE FORM 990 ON ITS WEBSITE AND PROVIDED IT UPON REQUEST IN

EITHER ELECTRONIC OR PRINTED FORM. ALL GOVERNING DOCUMENTS ARE AVAILABLE

UPON REQUEST AND PROVIDED WITHIN ONE BUSINESS DAY. REQUESTS CAN BE MADE AT

WWW.VCCF.ORG.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST TRUSTS	-42,799.
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FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization: **VENTURA COUNTY COMMUNITY FOUNDATION**  
Employer identification number: **77-0165029**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
VCCF NONPROFIT CENTER LLC - 46-0705326 4001 MISSION OAKS BLVD SUITE A CAMARILLO, CA 93012	RENTAL OF OFFICE BUILDING TO LOCAL NON-PROFIT ORGANIZATIONS	CALIFORNIA	578,393.	9,441,196.	VENTURA COUNTY COMMUNITY FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MARTIN V AND MARTHA K SMITH FOUNDATION - 77-0048451, 4001 MISSION OAKS BLVD SUITE A, CAMARILLO, CA 93012	TO ENHANCE THE QUALITY OF LIFE FOR RESIDENTS OF VENTURA CO, OXNARD PLAINS	CALIFORNIA	501(C)(3)	509(A)(3)	VENTURA COUNTY COMMUNITY FOUNDATION		X

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

Schedule R (Form 990) 2016

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MARTIN V & MARTHA K SMITH FOUNDATION	L	50,000.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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



