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Form **990**

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization VENTURA COUNTY COMMUNITY FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4001 MISSION OAKS BLVD. A City or town, state or province, country, and ZIP or foreign postal code CAMARILLO, CA 93012 F Name and address of principal officer: VANESSA BECHTEL SAME AS C ABOVE	D Employer identification number 77-0165029 E Telephone number (805) 988-0196 G Gross receipts \$ 105,346,258. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <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		
J Website: ▶ WWW.VCCF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1987
M State of legal domicile: CA		

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROMOTE AND ENABLE PHILANTHROPY TO IMPROVE OUR COMMUNITY FOR GOOD AND FOR EVER.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	75
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-15,472.
b Net unrelated business taxable income from Form 990-T, line 38	7b	-15,472.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	4,274,639.	28,140,045.
	9 Program service revenue (Part VIII, line 2g)	746,898.	997,541.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,689,094.	9,355,058.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,710,631.	38,492,644.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,116,689.	11,681,166.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	884,420.	1,272,124.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 267,517.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,250,586.	2,208,628.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,251,695.	15,161,918.	
19 Revenue less expenses. Subtract line 18 from line 12	3,458,936.	23,330,726.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	129,116,818.	148,269,326.
	21 Total liabilities (Part X, line 26)	21,183,052.	22,608,962.
	22 Net assets or fund balances. Subtract line 21 from line 20	107,933,766.	125,660,364.

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	▶ Signature of officer	Date		
	▶ VANESSA BECHTEL, PRESIDENT & CEO			
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	KATY BROWN	KATY BROWN	07/22/20	P00650274
	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 \$ 12,295,062. including grants of \$ 11,681,166.) (Revenue \$ 243,349.) CONNECTING DONORS TO THE COMMUNITY NEEDS THEY CARE ABOUT, THE VENTURA COUNTY COMMUNITY FOUNDATION GRANTED \$6,937,701 TO 232 UNIQUE PUBLIC CHARITIES, \$1,043,694 TO MORE THAN THREE HUNDRED SIXTY LOCAL STUDENTS VIA OUR SCHOLARSHIP PROGRAM AND \$3,699,771 TO SUPPORT MORE THAN TWO HUNDRED TWENTY INDIVIDUAL VICTIMS OF A TRAGIC CRIME. 91.1 PERCENT OF TOTAL GRANTS WERE TO PUBLIC CHARITIES IN THE VENTURA COUNTY REGION. RECIPIENT SECTORS INCLUDED, ANIMAL WELFARE 1.7%, ARTS AND CULTURE 13.7%, EDUCATION 6.5%, HEALTH MEDICINES AND SCIENCE 10.6%, HUMAN SERVICES 56.9 %, RELIGION-RELATED 3.1%, YOUTH SERVICES 5.5%, SOCIAL JUSTICE 1.4%, AND OTHER SERVICES 0.6%.

4b (Code:) (Expenses \$ 953,057. including grants of \$) (Revenue \$) INCREASING CHARITABLE GIVING IN FISCAL YEAR 2019, \$28 MILLION WAS ADDED TO DONOR FUNDS BRINGING THE TOTAL CHARITABLE DOLLARS UNDER THE STEWARDSHIP OF THE VENTURA COUNTY COMMUNITY FOUNDATION TO \$148 MILLION.

4c (Code:) (Expenses \$ 950,467. including grants of \$) (Revenue \$ 761,752.) THE VENTURA COUNTY COMMUNITY FOUNDATION IS PROUD TO OFFER BELOW-MARKET RENT FOR TWELVE NONPROFITS IN VENTURA COUNTY. NONPROFIT TENANTS INCLUDE: ECONOMIC DEVELOPMENT COLLABORATIVE OF VENTURA COUNTY, GOLD COAST VETERANS FOUNDATION, CASA OF VENTURA, MAKE-A-WISH TRI-COUNTIES, NEW WEST SYMPHONY, INTERFACE CHILDREN AND FAMILY, SERVICES/ 2-1-1 VENTURA COUNTY, BETHANY CHRISTIAN SERVICES, AREAS CHRISTIANS TAKING INITIATIVE ON NEED (ACTION), VISTA REAL PUBLIC CHARTER, SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS (SCAG) AND THE BETTER BUSINESS BUREAU.

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

4e Total program service expenses 14,198,586.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain 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 CHAIR	1.00	X		X				0.	0.	0.
(2) MICHAEL SILACCI VICE CHAIR AND TREASURER	1.00	X		X				0.	0.	0.
(3) TIM GALLAGHER SECRETARY	1.00	X		X				0.	0.	0.
(4) STANLEY MANTOOTH DIRECTOR	1.00	X						0.	0.	0.
(5) CHARLES MAXEY, PHD DIRECTOR	1.00	X						0.	0.	0.
(6) GEOFF DEAN DIRECTOR	1.00	X						0.	0.	0.
(7) SEAN L. LEONARD DIRECTOR	1.00	X						0.	0.	0.
(8) JIM MCGEE DIRECTOR	1.00	X						0.	0.	0.
(9) MICHAEL POWERS DIRECTOR	1.00	X						0.	0.	0.
(10) VERONICA QUINTANA DIRECTOR	1.00	X						0.	0.	0.
(11) VANESSA BECHTEL PRESIDENT & CEO	40.00			X				203,736.	0.	15,747.
(12) BONNIE GILLES, CPA CFO	40.00			X				152,500.	0.	9,000.
(13) JIM RIVERA COO	40.00				X			150,400.	0.	0.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	28,140,045.				
	g Noncash contributions included in lines 1a-1f: \$		137,452.				
	h Total. Add lines 1a-1f		28,140,045.				
Program Service Revenue	2 a RENTAL INCOME	Business Code					
		531120	754,192.	754,192.			
	b MANAGEMENT FEES	561000	243,349.	243,349.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		997,541.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,944,826.	7,560.	-15,472.	1,952,738.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		74,263,846.					
		b Less: cost or other basis and sales expenses		66,853,614.			
		c Gain or (loss)		7,410,232.			
	d Net gain or (loss)		7,410,232.			7,410,232.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			38,492,644.	1,005,101.	-15,472.	9,362,970.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	6,937,701.	6,937,701.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,743,465.	4,743,465.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	581,600.	245,290.	208,710.	127,600.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	511,220.	318,721.	192,499.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	35,903.	19,022.	12,808.	4,073.
9 Other employee benefits	67,871.	39,227.	21,724.	6,920.
10 Payroll taxes	75,530.	40,313.	26,719.	8,498.
11 Fees for services (non-employees):				
a Management				
b Legal	170,973.	142,733.	10,258.	17,982.
c Accounting	74,140.	10,805.	63,335.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	526,477.	526,477.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	174,911.	145,862.		29,049.
12 Advertising and promotion	80,884.	48,942.	20,315.	11,627.
13 Office expenses	44,927.	26,023.	14,717.	4,187.
14 Information technology	92,462.	46,231.	29,403.	16,828.
15 Royalties				
16 Occupancy	348,726.	333,712.	11,741.	3,273.
17 Travel	8,018.	2,160.	3,358.	2,500.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	80,774.	50,516.	7,662.	22,596.
20 Interest	307,170.	264,014.	43,156.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	208,106.	203,383.	4,723.	
23 Insurance	88,122.	53,383.	22,667.	12,072.
24 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.)				
a BANKING/PAYROLL PROCESS	2,938.	606.	2,020.	312.
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	15,161,918.	14,198,586.	695,815.	267,517.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	13,360.	1	179,764.
	2 Savings and temporary cash investments	1,974,847.	2	4,089,116.
	3 Pledges and grants receivable, net	2,786,000.	3	3,787,666.
	4 Accounts receivable, net	24,922.	4	162,572.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	131,954.	9	117,780.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,646,372.		
	b Less: accumulated depreciation	10b 1,875,114.	8,973,616.	10c 8,771,258.
	11 Investments - publicly traded securities	92,220,415.	11	108,590,129.
	12 Investments - other securities. See Part IV, line 11	22,234,897.	12	21,821,545.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	756,807.	15	749,496.
16 Total assets. Add lines 1 through 15 (must equal line 34)	129,116,818.	16	148,269,326.	
Liabilities	17 Accounts payable and accrued expenses	255,560.	17	331,868.
	18 Grants payable	419,442.	18	340,414.
	19 Deferred revenue	1,701.	19	1,701.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	13,606,317.	21	15,101,916.
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,477,353.	23	4,419,359.
	24 Unsecured notes and loans payable to unrelated third parties	2,000,000.	24	2,000,000.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	422,679.	25	413,704.
	26 Total liabilities. Add lines 17 through 25	21,183,052.	26	22,608,962.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	102,375,014.	27	116,528,852.
	28 Temporarily restricted net assets	4,413,021.	28	7,985,781.
	29 Permanently restricted net assets	1,145,731.	29	1,145,731.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	107,933,766.	33	125,660,364.	
34 Total liabilities and net assets/fund balances	129,116,818.	34	148,269,326.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	38,492,644.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,161,918.
3	Revenue less expenses. Subtract line 2 from line 1	3	23,330,726.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	107,933,766.
5	Net unrealized gains (losses) on investments	5	-5,605,794.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,666.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	125,660,364.

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
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2018)

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,252,379.	1,547,404.	2,843,901.	4,274,639.	28,140,045.	41,058,368.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,252,379.	1,547,404.	2,843,901.	4,274,639.	28,140,045.	41,058,368.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,483.
6 Public support. Subtract line 5 from line 4.						41,054,885.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	4,252,379.	1,547,404.	2,843,901.	4,274,639.	28,140,045.	41,058,368.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,536,639.	1,035,860.	1,488,639.	1,734,081.	1,944,826.	8,740,045.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	27,458.					27,458.
11 Total support. Add lines 7 through 10						49,825,871.
12 Gross receipts from related activities, etc. (see instructions)					12	3,785,953.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	82.40 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	57.86 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c 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
1 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization VENTURA COUNTY COMMUNITY FOUNDATION	Employer identification number 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/>	\$ 1,243,845.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 15,128,286.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 788,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization 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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018
Open to Public Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	131	532
2 Aggregate value of contributions to (during year)	1,540,446.	28,065,934.
3 Aggregate value of grants from (during year)	1,782,274.	11,681,166.
4 Aggregate value at end of year	27,212,895.	125,660,365.

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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
1c	13,606,317.
1d	2,483,710.
1e	988,111.
1f	15,101,916.

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	106,019,906.	102,828,306.	92,251,843.	88,458,585.	93,355,642.
b Contributions	16,316,881.	1,966,146.	2,339,745.		
c Net investment earnings, gains, and losses	3,367,292.	6,820,966.	11,662,632.	7,128,951.	-1,521,554.
d Grants or scholarships	5,789,598.	5,595,512.	3,425,914.	3,335,693.	3,375,503.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	119,914,481.	106,019,906.	102,828,306.	92,251,843.	88,458,585.

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

- a Board designated or quasi-endowment 95.89 %
- b Permanent endowment .96 %
- c Temporarily restricted endowment 3.15 %

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
3a(i)		X
3a(ii)		X
3b		

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
1a Land		2,185,000.		2,185,000.
b Buildings		7,866,373.	1,293,212.	6,573,161.
c Leasehold improvements		124,931.	122,708.	2,223.
d Equipment		470,068.	459,194.	10,874.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,771,258.

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) FIXED INCOME COMPOSITE	2,605,518.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUND COMPOSITE	11,552,432.	END-OF-YEAR MARKET VALUE
(C) PRIVATE EQUITY COMPOSITE	7,663,595.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	21,821,545.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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	355,105.
(3) SECURITY DEPOSITS	58,599.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	413,704.

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.

1	Total revenue, gains, and other support per audited financial statements		1	32,362,039.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a -5,605,794.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 1,666.		
e	Add lines 2a through 2d		2e	-5,604,128.
3	Subtract line 2e from line 1		3	37,966,167.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 526,477.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	526,477.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	38,492,644.

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

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

1	Total expenses and losses per audited financial statements		1	14,635,441.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	14,635,441.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 526,477.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	526,477.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	15,161,918.

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 9/30/2019, VCCF MAINTAINED 93 AGENCY FUNDS

WITH NET ASSETS TOTALING \$15,101,916.

PART V, LINE 4:

THE FOUNDATION IS A FIDUCIARY OVER MORE THAN 600 INDIVIDUAL FUNDS, EACH

ESTABLISHED WITH A GIFT INSTRUMENT DESCRIBING EITHER THE GENERAL OR

SPECIFIC PURPOSE FOR WHICH GRANTS ARE MADE.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 1,666.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
805HELP C/O COMMUNITY PARTNERS 1000 N ALAMEDA ST. #240 LOS ANGELES, CA 90012	95-4302067	501(C)(3)	55,000.	0.			FOR THE ONGOING EFFORTS TO CONNECT FIRE SURVIVORS WITH COMMUNITY DISASTER RESPONSE AND MANAGEMENT
AMERICAN CIVIL LIBERTIES UNION 125 BROAD STREET 18TH FLOOR NEW YORK, NY 10033	13-6213516	501(C)(3)	10,000.	0.			TO SUPPORT CHILDREN'S ISSUES AND IMMIGRATION RIGHTS
AMERICAN RED CROSS OF VENTURA COUNTY - 836 CALLE PLANO - CAMARILLO, CA 93012	53-0196605	501(C)(3)	411,250.	0.			TO PURCHASE A NEW EMERGENCY RESPONSE VEHICLE TO SERVE THE REGION; FOR GENERAL
BALL STATE UNIVERSITY FOUNDATION 2800 WEST BETHEL AVE MUNCIE, IN 47304	35-6024566	501(C)(3)	10,000.	0.			TO SUPPORT THE GRADUATE ASSISTANT FUND FOR MUSEUM, FUND #7470
BOYS AND GIRLS CLUB OF CAMARILLO 1500 TEMPLE AVENUE CAMARILLO, CA 93010	95-6194547	501(C)(3)	87,000.	0.			TO SUPPORT THE EXPANDING POSSIBILITIES CAPITAL CAMPAIGN. PLEASE NOTE THAT THE FUND ADVISOR AND
BOYS AND GIRLS CLUB OF GREATER CONEJO VALLEY - 30343 CANWOOD STREET, STE. 200 - AGOURA HILLS, CA 91301	91-2151731	501(C)(3)	42,045.	0.			FOR GENERAL CHARITBALE PURPOSES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 90.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2018)

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 AND GIRLS CLUB OF GREATER OXNARD AND PORT HUENEME - 1900 WEST 5TH STREET - OXNARD, CA 93030	95-1785162	501(C)(3)	30,225.	0.			TO SUPPORT THE NYELAND ACRES SATURDAY PROGRAM EXTENDING THE BOYS AND GIRLS CLUB HOURS TO BE
BOYS AND GIRLS CLUB OF SANTA CLARA VALLEY - P O BOX 152 - SANTA PAULA, CA 93061	95-2497853	501(C)(3)	65,392.	0.			TO SUPPORT THE FOLLOWING PROGRAMS: NEW STEM CODING PROGRAM FOR \$6,127.25; YOUTH OF THE YEAR PROGRAM
BOYS AND GIRLS CLUB OF SANTA MARIA VALLEY - 901 NORTH RAILROAD AVE - SANTA MARIA, CA 93458	95-2468116	501(C)(3)	12,500.	0.			TO SUPPORT THE BOYS AND GIRLS CLUB OPENING THEIR CLUB ON SATURDAYS TO BETTER SERVE THE
BOYS AND GIRLS CLUB OF VENTURA 6020 NICHOLLE STREET, SUITE D VENTURA, CA 93003	95-2248919	501(C)(3)	14,177.	0.			TO BE USED TO STALL EIGHT MANDATED ALARMS FOR THE YOUTH BUSES, REPAIR THE AIR CONDITIONG AND ALARM
CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS FOUNDATION - ONE UNIVERSITY DRIVE - CAMARILLO, CA 93012	77-0433230	501(C)(3)	21,500.	0.			TO FEED AND HOUSE STUDENTS EVACUATED BY THE FIRES
CAMARILLO HEALTH CARE DISTRICT 3639 E. LAS POSAS RD., SUITE 117 CAMARILLO, CA 93010	95-2834854	GOVT	142,876.	0.			TO BE USED FOR THE CARE-A-VAN SERVICE IN CAMARILLO ONLY
CANCER SUPPORT COMMUNITY VALLEY/VENTURA/SANTA BARBARA - 530 HAMPSHIRE ROAD - WESTLAKE VILLAGE, CA 91361	77-0205691	501(C)(3)	10,000.	0.			FOR UNRESTRICTED CHARITABLE. PLEASE SEE THE ATTACHED LIST OF SERVICES/ORGANIZATIONS
CARING HANDS FOR CHILDREN 6901 MCLAREN AVE WEST HILLS, CA 91307	91-2102436	501(C)(3)	10,000.	0.			FOR GENERAL CHARITABLE PURPOSES
CASA PACIFICA CENTERS FOR CHILDREN AND FAMILIES - 1722 SOUTH LEWIS ROAD - CAMARILLO, CA 93012-8520	77-0195022	501(C)(3)	34,665.	0.			3RD PAYMENT OF A \$100,000 PLEDGE TO THE "BUILDING NEW FOUNDATION'S OF HOPE" CAPITAL CAMPAIGN TO

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
CHANNEL ISLANDS RESTORATION 928 CARPINTERIA STREET SANTA BARBARA, CA 93103	61-1463876	501(C)(3)	10,000.	0.			FOR GENERAL CHARITABLE PURPOSES
CHANNEL ISLANDS YMCA-VENTURA FAMILY BRANCH - 3760 TELEGRAPH RD. - VENTURA, CA 93003	95-1643379	501(C)(3)	6,238.	0.			TO SUPPORT THE CHANNEL ISLANDS YMCA - VENTURA FAMILY BRANCH
CIRCLE OF HEALTH INTERNATIONAL 411 W MONROE ST. AUSTIN, TX 78704	65-1213326	501(C)(3)	8,000.	0.			FOR GENERAL CHARITABLE PURPOSES OF THE WORK ON THE US/MEXICO BORDER
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
CITY OF THOUSAND OAKS 2100 E. THOUSAND OAKS BLVD. THOUSAND OAKS, CA 91362	95-2367314	GOVT	209,764.	0.			TO PROVIDE SUPPORT TO THE CITY OF THOUSAND OAKS FOR THE CIVIC ADITORIUM/FORUM THEATRE
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
CONEJO FREE CLINIC 80 E. HILLCREST DR. SUITE 102 THOUSAND OAKS, CA 91360-4219	95-3177953	501(C)(3)	6,007.	0.			TO COVER EXPENSES RELATED TO IT EXPERTISE NECESSARY FOR THE RECOVERY OF THE APRIL 2019 RANSOMWARE
CONEJO RECREATION AND PARK DISTRICT - 403 W. HILLCREST DRIVE - THOUSAND OAKS, CA 91360	95-2265201	501(C)(3)	7,250.	0.			FOR THE PURPOSES OF THERAPEUTIC RECREATION TO BE DISTRIBUTED AS FOLLOWS: \$5000 TO THE
CONEJO VALLEY SENIOR CONCERNS 401 HODENCAMP ROAD THOUSAND OAKS, CA 91360	95-2992927	501(C)(3)	20,000.	0.			FOR ADULT DAYCARE, MEALS AND SUPPORT FOR OUR COMMUNITY'S SENIORS WHO WERE EVACUATED AND NEED

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
DEANZA ACADEMY OF TECHNOLOGY AND THE ARTS - 2060 CAMERON ST. - VENTURA, CA 93001	95-2397308	501(C)(3)	6,443.	0.			TO BE USED FOR EIGHT (8) TEACHER-INITIATED PROJECTS THAT ARE SCHEDULED TO TAKE PLACE
ECONOMIC DEVELOPMENT COLLABORATIVE OF VENTURA COUNTY - 4001 MISSION OAKS BLVD, STE A1 - CAMARILLO, CA 93012	77-0439585	501(C)(3)	75,000.	0.			FOR GENERAL OPERATION SUPPORT AS YOU SERVE BUSINESS OWNERS IMPACTED BY FIRES
EVERGREEN STATE COLLEGE FOUNDATION 2700 EVERGREEN PARKWAY NW OLYMPIA, WA 98505	91-0981488	501(C)(3)	5,250.	0.			TO SUPPORT THE LEGACY OF NATIVE PRINT ENDOWMENT FUND
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501(C)(3)	61,231.	0.			TO PROVIDE SUPPORT TO FOOD SHARE TO CARRY OUT ITS ROLE AND MISSION
FREE CLINIC OF SIMI VALLEY 2060 TAPO STREET SIMI VALLEY, CA 93063-3417	23-7108154	501(C)(3)	25,000.	0.			TO BE USED FOR THE CAPITAL CAMPAIGN AND NAMING OPPORTUNITY OF RECEPTION/WAITING AREA
GENESIS SOBER LIVING INC 614 DEVONSHIRE DR. OXNARD, CA 93030	45-2602482	501(C)(3)	10,000.	0.			FOR GENERAL CHARITABLE PURPOSES
GIVE AN HOUR, CALIFORNIA PO BOX 5918 BETHESDA, MD 20824-5918	61-1493378	501(C)(3)	296,700.	0.			FOR VC STRONGER TOGETHER
GOLD COAST CHRISTIAN CHURCH 3500 CAMINO AVE OXNARD, CA 93030	77-0482433	501(C)(3)	23,625.	0.			FOR GENERAL CHARITABLE PURPOSES
H.O.M.E. INC., D.B.A. NIN++OS DE BAJA - 2390-C LAS POSAS RD #169 - CAMARILLO, CA 93010	33-0119870	501(C)(3)	10,000.	0.			FOR GENERAL CHARITABLE PURPOSES

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
HOME SUPPORT GROUP INC./SANTA CLARA VALLEY HOSPICE - P.O. BOX 365 - SANTA PAULA, CA 93061	95-3668475	501(C)(3)	7,226.	0.			TO SUPPORT THE SANTA CLARA VALLEY HOSPICE PROGRAM
HOSPICE OF THE CONEJO VALLEY 80 E. HILLCREST DR. SUITE 204 THOUSAND OAKS, CA 91360	95-3219656	501(C)(3)	7,500.	0.			FOR SUPPORT GROUPS FOR THE HILL-WOLSEY FIRE SURVIVORS
HUENEME SCHOOL DISTRICT 205 N. VENTURA ROAD PORT HUENEME, CA 93041-3065	95-6001639	GOVT	21,216.	0.			TO PROVIDE SUPPORT TO THE PORT HUENEME ELEMENTARY SCHOOL DISTRICT
HUMANE SOCIETY OF VENTURA COUNTY P.O. BOX 297 OJAI, CA 93024	95-2272598	501(C)(3)	32,854.	0.			TO PROVIDE GRANTS SOLELY AND EXCLUSIVELY IN SUPPORT OF HSVC, AS INDICATED IN THE ORIGINAL
INTERFACE CHILDREN FAMILY SERVICES 4001 MISSION OAKS BLVD., SUITE I CAMARILLO, CA 93012	95-2944459	501(C)(3)	461,161.	0.			FOR GENERAL SUPPORT FOR CRISIS INTERVENTION, RECOVERY, AND VIOLENCE PREVENTION SERVICES
JEWISH FEDERATION OF VENTURA COUNTY - 7620 FOOTHILL ROAD - VENTURA, CA 93004	95-3848761	501(C)(3)	37,640.	0.			FOR JEWISH FAMILY SERVICES TO PROVIDE MENTAL HEALTH COUNSELING AND DISASTER CASE
KCLU 60 W. OLSEN ROAD #4400 THOUSAND OAKS, CA 91360	95-2962604	501(C)(3)	30,000.	0.			\$20,000 FOR KCLU PUBLIC RADIO TO REPLACE DAMAGED MAIN TRANSMITTER AND SUPPORTING EQUIPMENT AND
LIVINGSTON MEMORIAL, VNA 1996 EASTMAN AVE., STE. 101 VENTURA, CA 93003-5768	95-1693538	501(C)(3)	10,350.	0.			TO SUPPORT LIVINGSTON MEMORIAL VISITING NURSE ASSOCIATION FOR CHARITABLE OR EDUCATIONAL
LOCKWOOD ANIMAL RESCUE CENTER PO BOX 1510 FRAZIER PARK, CA 93225	81-3020602	501(C)(3)	16,000.	0.			TO HELP WITH EXPENSES RELATED TO LODGING AND BASIC NEEDS FOR PEOPLE AND ANIMALS

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
LOS PADRES FOREST ASSOCIATION 6755 HOLLISTER AVENUE, STE. 150 GOLETA, CA 93117	77-0011516	501(C)(3)	15,000.	0.			TO PARTIALLY COVER CONSILTANT EXPENSES FOR THE DEVELOPMENT OF THE FUNDRAISING PLAN
MIXTECO/INDIGENA COMMUNITY ORGANIZING PROJECT - 520 W. FIFTH ST. - OXNARD, CA 93030	30-0045901	501(C)(3)	607,899.	0.			TO SUPPORT THE "GUELAGUETZA 2019," THE CREATION OF AN ANNUAL INDIGENOUS CULTURAL EVENT
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501(C)(3)	117,381.	0.			FOR GENERAL CHARITABLE PURPOSES
NADINE GRIFFEY ACADEMY OF KENYA 2390 C LAS POSAS RD. #249 CAMARILLO, CA 93010	20-8856931	501(C)(3)	15,204.	0.			TO SUPPORT TUITION, ROOM AND BOARD, CLOTHING AND SCHOOL SUPPLIES FOR ORPHANED CHILDREN FROM
NATIONAL DISASTER SEARCH DOG FOUNDATION - 6800 WHEELER CANYON ROAD - SANTA PAULA, CA 93060	77-0412509	501(C)(3)	60,000.	0.			FOR GENERAL CHARITABLE PURPOSES
NEW WEST SYMPHONY ASSOCIATION 2100 THOUSAND OAKS BLVD., SUITE D THOUSAND OAKS, CA 91362	77-0406042	501(C)(3)	90,241.	0.			GENERAL OPERATING SUPPORT
OAKBROOK PARK CHUMASH INDIAN CORPORATION - 3290 LANG RANCH PARKWAY - THOUSAND OAKS, CA 91362	77-0209692	501(C)(3)	20,000.	0.			TO SUPPORT CREW UTILITY VEHICLE TO ASSIST IN REBUILDING PARK FEATURES INCLUDING A REPLICA
ODD FELLOW-REBEKAH CHILDREN'S HOME OF CALIFORNIA - 290 I.O.O.F. AVENUE - GILROY, CA 95020	94-1167402	501(C)(3)	57,037.	0.			FOR THE ODD FELLOWS CHILDREN'S HOME AT GILROY CALIFORNIA
OJAI MUSIC FESTIVAL P.O. BOX 185 OJAI, CA 93024	95-2122508	501(C)(3)	25,000.	0.			TO SUPPORT THE OJAI MUSIC FESTIVAL GENERAL OPERATIONS

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
OJAI VALLEY SCHOOL 723 EL PASEO ROAD OJAI, CA 93023	95-1661099	501(C)(3)	31,800.	0.			TO REBUILD THE GRACE HOBSON SMITH GIRLS DORM
ORDER OF MALTA WESTERN ASSOCIATION 610 16TH STREET, SUITE 410 OAKLAND, CA 94612	23-7450840	501(C)(3)	10,000.	0.			FOR THE 2018 ANNUAL APPEAL
PADRE SERRA PARISH 5205 UPLAND ROAD CAMARILLO, CA 93012	77-0185669	501(C)(3)	13,000.	0.			FOR THE CAPITAL FUND
PROJECT UNDERSTANDING OF SAN BUENAVENTURA - 2734 JOHNSON DRIVE, SUITE E - VENTURA, CA 93003	95-3246871	501(C)(3)	24,437.	0.			TO SUPPORT THE HOMELESS TO HOME (H2H) PROGRAM
RESCUE MISSION ALLIANCE 315 NORTH A STREET OXNARD, CA 93030-4901	23-7278002	501(C)(3)	10,000.	0.			FOR EMERGENCY SHELTER, RESIDENTIAL HOUSING AND VOCATIONAL TRAINING
SACRED HEART CHURCH 10800 HENDERSON RD. VENTURA, CA 93004	95-1979938	501(C)(3)	25,000.	0.			TO PROVIDE CAPITAL MONIES
SALVATION ARMY, OXNARD AND PORT HUENEME - P.O. BOX 752 - OXNARD, CA 93032	94-1156347	501(C)(3)	100,000.	0.			TO HELP WITH EXPENSES RELATED TO CASE MANAGEMENT AND BASIC NEEDS ASSISTANCE
SAN BUENAVENTURA SYMPHONY INC. 676 W HIGHLAND DR CAMARILLO, CA 93010	77-0417189	501(C)(3)	15,000.	0.			FOR GENERAL CHARITABLE PURPOSES
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SUITE 200 SANTA BARBARA, CA 93101	95-1866094	501(C)(3)	30,000.	0.			TO BE USED FOR THE CRITICAL NEEDS IN THE OJAI VALLEY, SO THEY MAY BE MORE EFFECTIVELY

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
SANTA MARIA VALLEY YMCA 3400 SKYWAY DRIVE SANTA MARIA, CA 93455	95-2158363	501(C)(3)	7,500.	0.			TO SUPPORT SUMMER AND WINTER PROGRAMS FOR THE COMMUNITY
SANTA MONICA MOUNTAINS FUND 401 W HILLCREST DRIVE THOUSAND OAKS, CA 91360	95-4187832	501(C)(3)	20,000.	0.			FOR REBUILDING BRIDGES ON BACKBONE TRAIL
SANTA PAULA ART MUSEUM 117 NORTH 10TH STREET SANTA PAULA, CA 93060-2877	92-0179722	501(C)(3)	55,958.	0.			FOR GENERAL CHARITABLE PURPOSES
SANTA PAULA ROTARY SCHOLARSHIP FOUNDATION - P.O. BOX 809 - SANTA PAULA, CA 93060-0809	95-3666739	501(C)(3)	96,535.	0.			THE SECOND THIRD YEAR TERMINATION PAYOUT OF 50% OF THE VALUE OF THE SANTA PAULA ROTARY SCHOLARSHIP
ST. CYRIL OF JERUSALEM CATHOLIC CHURCH - 4601 FIRMAMENT AVENUE - ENCINO, CA 91436	95-2370901	501(C)(3)	15,000.	0.			FOR GENERAL CHARITABLE PURPOSES
ST. JOHN'S HEALTHCARE FOUNDATION, OXNARD AND PLEASANT VALLEY - 1600 NORTH ROSE AVENUE - OXNARD, CA 93030	20-2865781	501(C)(3)	30,000.	0.			FOR GENERAL CHARITABLE PURPOSES FOR SUPPORT OF COMMUNITY AND REGIONAL PROJECTS, IDENTIFIED WITH
ST. JUDE THE APOSTLE CATHOLIC CHURCH - 32032 WEST LINDERO CANYON ROAD - WESTLAKE VILLAGE, CA 91361-4270	95-2758216	501(C)(3)	15,000.	0.			FOR UNRESTRICTED USES ADDRESSING LOCAL BASIC NEEDS ANDS SAFETY SERVICES. PLEASE SEE THE
ST. MONICA CATHOLIC COMMUNITY 725 CALIFORNIA AVENUE SANTA MONICA, CA 90403	95-1642385	501(C)(3)	10,000.	0.			FOR THE ST. MONICA'S SCHOOLS SCHOLARSHIP ENDOWMENT FUND (TREPP ENDOWMENT)
TEMPLE NER SIMCHA 5737 KANAN ROAD UNIT 176 AGOURA HILLS, CA 91301	47-2556081	501(C)(3)	31,006.	0.			FOR GENERAL CHARITABLE PURPOSES, WITH THE GRANT PERIOD ENDING IN 2020

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
TEXAS RUGBY ASSOCIATION OF AUSTIN (TRAA) - 9801 TREE BEND COVE - AUSTIN, TX 78750	80-0154062	501(C)(3)	10,000.	0.			TO BE USED FOR PRIVATE ROAD IMPROVEMENTS TO BURR FIELD IN SUPPORT OF YOUTH AND MEN'S RUGBY, IN
THE ABUNDANT TABLE P.O. BOX 6295 VENTURA, CA 93006	26-2243787	501(C)(3)	10,000.	0.			FOR GENERAL CHARITABLE PURPOSES
THE LITTLE ANGELS PROJECT 29348 ROADSIDE DRIVE ROOM B AGOURA HILLS, CA 91301	81-1635505	501(C)(3)	10,000.	0.			TO HELP WITH EXPENSES RELATED TO VETERINARY CARE FOR INJURED ANIMALS
THE RONALD REAGAN PRESIDENTIAL FOUNDATION - 40 PRESIDENTIAL DR., STE. 200 - SIMI VALLEY, CA 93065	77-0054631	501(C)(3)	17,050.	0.			THE REMAINING 25% OF THE "RONALD REAGAN PRESIDENTIAL FOUNDATION FUND" TO BE DISTRIBUTED
THE SALVATION ARMY - CALIFORNIA SOUTH DIVISION - 155 SOUTH OAK STREET - VENTURA, CA 93001	94-1156347	501(C)(3)	1,067,183.	0.			TO PROVIDE MID TO LONG-TERM DIRET FINANCIAL ASSISTANCE FOR 800 INDIVIDUALS AND FAMILIES
THE TEEN PROJECT 8140 SUNLAND BLVD SUN VALLEY, CA 91352	30-0421837	501(C)(3)	25,000.	0.			FOR GENERAL CHARITABLE PURPOSES
THOMAS AQUINAS COLLEGE 10000 N. OJAI ROAD SANTA PAULA, CA 93060	94-1698615	501(C)(3)	10,000.	0.			FOR THE CHAPEL DEBT RETIREMENT
THOUSAND OAKS ALLIANCE FOR THE ARTS - 2100 E. THOUSAND OAKS BLVD., SUITE E - THOUSAND OAKS, CA 91362	95-4466987	501(C)(3)	25,000.	0.			FOR SPONSORSHIP FROM VCCF AT THE "HOST" LEVEL FOR THE 25TH ANNIVERSARY CELEBRATION
TOTALLY LOCAL VC AGRICULTURAL EDUCATION FOUNDATION - 375 LOS CABOS LANE - VENTURA, CA 93001	81-2646767	501(C)(3)	155,560.	0.			TO PROVIDE DIRECT FINANCIAL ASSISTANCE AND CASE MANAGEMENT TO 131 INDIVIDUALS AND FAMILIES

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
UNITED POLICYHOLDERS 381 BUSH STREET 8TH FLOOR SAN FRANCISCO, CA 94104	94-3162024	501(C)(3)	70,200.	0.			FOR EFFORTS TO DATE AND FOR WORK IN THE COMING YEAR RELATED TO THE HILL-WOOLSEY FIRE
UPPER OJAI RELIEF 4222 MARKET STREET, SUITE C VENTURA, CA 93003	82-3717315	501(C)(3)	20,000.	0.			FOR EFFORTS RELATED TO THE HILL AND WOOLSEY FIRE RESPONSE. FUNDS ARE TO BE USED FOR A TRAILER AND
VENTURA BOTANICAL GARDEN P.O. BOX 3127 VENTURA, CA 93006-3127	20-8416864	501(C)(3)	25,000.	0.			FOR GENERAL CHARITABLE PURPOSES
VENTURA COLLEGE FOUNDATION 4667 TELEGRAPH ROAD VENTURA, CA 93003	77-0037747	501(C)(3)	63,949.	0.			TO BE USED ENTIRELY FOR THE GRANTING OF SCHOLARSHIPS TO STUDENTS WHO HAVE ATTENDED VENTURA
VENTURA COUNTY AIR POLLUTION CONTROL DISTRICT - 669 COUNTY SQUARE DRIVE 2ND FLOOR - VENTURA, CA 93003	95-6000944	GOVT	50,949.	0.			FOR THE CITY OF THOUSAND OAKS TO INSTALL 11 EV STATIONS
VENTURA COUNTY CIVIC ALLIANCE PO BOX 23412 VENTURA, CA 93002	81-3713600	501(C)(3)	18,000.	0.			TO SUPPORT THE STATE OF THE REGION REPORT FOR VENTURA COUNTY
VENTURA COUNTY FARM TO SCHOOL COLLABORATIVE - PO BOX 6295 - VENTURA, CA 93006	26-2243787	501(C)(3)	10,000.	0.			TO SUPPORT THE VENTURA COUNTY FARM TO SCHOOL COLLABORATIVE (VCF2SC)
VENTURA COUNTY LEGAL AID INC. C/O VENTURA COUNTY BAR ASSOCIATION 4475 MARKET STREET SUITE B - VENTURA, CA	43-1956297	501(C)(3)	11,360.	0.			FOR GENERAL OPERATING EXPENSES
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 OOPERATIONS

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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WESTMINSTER FREE CLINIC 5560 NAPOLEON AVENUE OAK PARK, CA 91377	77-0563241	501(C)(3)	25,000.	0.			TO PROVIDE BILINGUAL MENTAL HEALTH SERVICES TO 150 INDIVIDUALS AND FAMILIES, AND BASIC NEEDS
WESTMINSTER PRESBYTERIAN CHURCH 32111 WATERGATE ROAD WESTLAKE VILLAGE, CA 91361		501(C)(3)	15,000.	0.			FOR GENERAL CHARITABLE PURPOSES
YMCA - SOUTHEAST VENTURA COUNTY 31105 THOUSAND OAKS BLVD. WESTLAKE VILLAGE, CA 91362	95-2305501	501(C)(3)	863,600.	0.			FOR INDIVIDUAL ASSISTANCE SUPPORT IN RESPONSE TO THE HILL/WOLSEY FIRE

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
SUPPORT FOR SURVIVORS AND FAMILY MEMBERS OF THOSE KILLED IN MASS SHOOTING AT BORDERLINE BAR & GRILL	221	3,699,771.	0.		APPLICATION PROCESS THROUGH PROTOCOL ESTABLISHED AND OVERSEEN BY SPECIAL OVERSIGHT COMMITTEE AND RATIFIED BY VCCF
SCHOLARSHIPS PAID TO VARIOUS EDUCATIONAL INSTITUTIONS	367	1,031,583.	0.		APPLICATION PROCESS DRIVEN BY SCHOLARSHIP FUND PARAMETERS, OVERSEEN BY SCHOLARSHIP COMMITTEE AND RATIFIED BY VCCF
PURCHASE APPLIANCES	1	6,111.	0.		APPLIANCES FOR FIRE VICTIM; GRANT THROUGH VENTURA LONG TERM RECOVERY GROUP
RENTAL ASSISTANCE	1	6,000.	0.		ASSISTANCE TO FIRE VICTIM; GRANT THROUGH VENTURA LONG TERM RECOVERY GROUP

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:

FOR DAF, AGENCY AND DESIGNATED GRANTS, THE FOUNDATION IS PROVIDED WITH A

WRITTEN REQUEST FOR THE GRANT. FOR COMPETITIVE GRANTMAKING WE RECEIVE

FUNDING REQUESTS WHICH ARE REVIEWED AND APPROVED BY COMMITTEES. AFTER

GRANTS ARE REQUESTED AND APPROVED, BEFORE THEY ARE MADE, FOUNDATION STAFF

PERFORMS DUE DILIGENCE ON THE GRANTEE TO ENSURE THAT THEY ARE CURRENT ON

ALL REQUIRED GOVERNMENTAL FILINGS AND IN GOOD STANDING WITH THE APPROPRIATE

AGENCIES.

Part IV Supplemental Information

FOR SCHOLARSHIPS, THE FOUNDATION USES A 3RD PARTY APPLICATION,
 ACADEMICWORKS, TO RUN OUR SCHOLARSHIP APPLICATION PROCESS. STUDENTS APPLY
 THROUGH THE APPLICATION AND ARE MATCHED BASED ON THE CRITERIA FOR EACH
 SCHOLARSHIP. ONCE THE STUDENTS ARE MATCHED, A GROUP OF VOLUNTEERS REVIEWS
 ALL OF THE APPLICATIONS, MEETS AND DECIDES WHICH STUDENT RECEIVES EACH
 SCHOLARSHIP. STUDENTS THEN PROVIDE PROOF OF ATTENDANCE AT THEIR SCHOOL OF
 CHOICE, AND THE FOUNDATION SENDS THE PAYMENT TO THE INSTITUTION.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: 805HELP C/O COMMUNITY PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE ONGOING EFFORTS TO CONNECT

FIRE SURVIVORS WITH COMMUNITY DISASTER RESPONSE AND MANAGEMENT OF

DONATIONS AND DISTRIBUTIONS; FOR THE WORK TO SUPPORT BORDERLINE RESOURCES

AND HILL FIRE AND WOOLSEY FIRE RESOURCES

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN RED CROSS OF VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE A NEW EMERGENCY RESPONSE

VEHICLE TO SERVE THE REGION; FOR GENERAL CHARITABLE PURPOSES, WITHIN

VENTURA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: BOYS AND GIRLS CLUB OF CAMARILLO

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

POSSIBILITIES CAPITAL CAMPAIGN. PLEASE NOTE THAT THE FUND ADVISOR AND

DONOR MAY NOT RECIEVE ANY TANGIBLE BENEFITS AND DECLINES ANY ASSOCIATED

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

THEMSELVES, FAMILY ME

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

BOYS AND GIRLS CLUB OF GREATER OXNARD AND PORT HUENEME

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE NYELAND ACRES

SATURDAY PROGRAM EXTENDING THE BOYS AND GIRLS CLUB HOURS TO BE OPEN ON

SATURDAY'S YEAR ROUND; TO PROVIDE SUPPORT TO OXNARD BOYS AND GIRLS CLUB

TO CARRY OUT ITS ROLE AND MISSION

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS AND GIRLS CLUB OF SANTA CLARA VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE FOLLOWING PROGRAMS:

NEW STEM CODING PROGRAM FOR \$6,127.25; YOUTH OF THE YEAR PROGRAM FOR

\$7,500; NEW CERAMIC ARTS PROGRAM FOR \$18,000; BIRTHDAY BOOK CLUB FOR

\$8,400; A NEW UPGRADED COMPUTER LAB FOR \$25,365.06

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS AND GIRLS CLUB OF SANTA MARIA VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE BOYS AND GIRLS CLUB

OPENING THEIR CLUB ON SATURDAYS TO BETTER SERVE THE FARMWORKER COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: BOYS AND GIRLS CLUB OF VENTURA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED TO STALL EIGHT MANDATED

ALARMS FOR THE YOUTH BUSES, REPAIR THE AIR CONDITIONG AND ALARM SYSTEM,

FIX BROKEN WINDOWS AND SECURE THE OUTSIDE DOORS OF THE GYM

NAME OF ORGANIZATION OR GOVERNMENT:

CASA PACIFICA CENTERS FOR CHILDREN AND FAMILIES

(H) PURPOSE OF GRANT OR ASSISTANCE: 3RD PAYMENT OF A \$100,000 PLEDGE TO

THE "BUILDING NEW FOUNDATION'S OF HOPE" CAPITAL CAMPAIGN TO SECURE NAMING

OPPORTUNITY IN HONOR OF IRENE MORRIS.

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: CONEJO FREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COVER EXPENSES RELATED TO IT

EXPERTISE NECESSARY FOR THE RECOVERY OF THE APRIL 2019 RANSOMWARE ATTACK

NAME OF ORGANIZATION OR GOVERNMENT: CONEJO RECREATION AND PARK DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PURPOSES OF THERAPEUTIC

RECREATION TO BE DISTRIBUTED AS FOLLOWS: \$5000 TO THE PEER MENTORSHIP

PROGRAM; \$2000 TO COVER BUS TRANSPORTATION TO THE BALL; AND \$250 TO COVER

THE RIDE-ON YOUTH SUMMER CAMP PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: CONEJO VALLEY SENIOR CONCERNS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR ADULT DAYCARE, MEALS AND SUPPORT

FOR OUR COMMUNITY'S SENIORS WHO WERE EVACUATED AND NEED CARE; FOR GENERAL

CHARITABLE PURPOSES

NAME OF ORGANIZATION OR GOVERNMENT:

DEANZA ACADEMY OF TECHNOLOGY AND THE ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED FOR EIGHT (8)

TEACHER-INITIATED PROJECTS THAT ARE SCHEDULED TO TAKE PLACE DURING THE

2018-2019 SCHOOL YEAR AT THE DATA MIDDLE SCHOOL. PLEASE SEE THE ATTACHED

LISTING OF FUNDED PROJECTS

Part IV Supplemental Information

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 BUDGET

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FEDERATION OF VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR JEWISH FAMILY SERVICES TO

PROVIDE MENTAL HEALTH COUNSELING AND DISASTER CASE MANAGEMENT FOR FIFTEEN

(15) THOMAS FIRE SURVIVORS FOR ONE YEAR

NAME OF ORGANIZATION OR GOVERNMENT: KCLU

(H) PURPOSE OF GRANT OR ASSISTANCE: \$20,000 FOR KCLU PUBLIC RADIO TO

REPLACE DAMAGED MAIN TRANSMITTER AND SUPPORTING EQUIPMENT AND AN

ADDITIONAL \$10,000 DESIGNATED AS MATCHING FUNDS FOR YOUR CAMPAIGN TO

REPLACE EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: LIVINGSTON MEMORIAL, VNA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT LIVINGSTON MEMORIAL

VISITING NURSE ASSOCIATION FOR CHARITABLE OR EDUCATIONAL PURPOSES

NAME OF ORGANIZATION OR GOVERNMENT:

MIXTECO/INDIGENA COMMUNITY ORGANIZING PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE "GUELAGUETZA 2019,"

THE CREATION OF AN ANNUAL INDIGENOUS CULTURAL EVENT THAT TAKES PLACE IN

THE CITY OF OAXACA TO BE HELD IN DOWNTOWN OXNARD IN JUNE 2019

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: NADINE GRIFFEY ACADEMY OF KENYA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT TUITION, ROOM AND BOARD,

CLOTHING AND SCHOOL SUPPLIES FOR ORPHANED CHILDREN FROM IMPOVERISHED

AREAS OF NAIROBI AND ELSEWHERE IN KENYA TO ATTEND BOARDING SCHOOLS AND

HOUSE THEM DURING SCHOOL BREAKS

NAME OF ORGANIZATION OR GOVERNMENT:

OAKBROOK PARK CHUMASH INDIAN CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CREW UTILITY VEHICLE TO

ASSIST IN REBUILDING PARK FEATURES INCLUDING A REPLICA VILLAGE, GAME

FIELD, STAIRWAY, BRIDGE, AND PICTOGRAPH CAVE

NAME OF ORGANIZATION OR GOVERNMENT: SANTA BARBARA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED FOR THE CRITICAL NEEDS IN

THE OJAI VALLEY, SO THEY MAY BE MORE EFFECTIVELY ADDRESSED BY THE OJAI

WOMEN'S FUND

NAME OF ORGANIZATION OR GOVERNMENT:

SANTA PAULA ROTARY SCHOLARSHIP FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE SECOND THIRD YEAR TERMINATION

PAYOUT OF 50% OF THE VALUE OF THE SANTA PAULA ROTARY SCHOLARSHIP FUND AS

OF OCTOBER 1, 2018 THE BEGINING OF THE VCCF FISCAL YEAR

NAME OF ORGANIZATION OR GOVERNMENT:

ST. JOHN'S HEALTHCARE FOUNDATION, OXNARD AND PLEASANT VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL CHARITABLE PURPOSES FOR

SUPPORT OF COMMUNITY AND REGIONAL PROJECTS, IDENTIFIED WITH THE ROMAN

CATHOLIC CHURCH

Part IV Supplemental Information

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:

TEXAS RUGBY ASSOCIATION OF AUSTIN (TRAA)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED FOR PRIVATE ROAD

IMPROVEMENTS TO BURR FIELD IN SUPPORT OF YOUTH AND MEN'S RUGBY, IN AUSTIN, WITH SIGNAGE INDICATING THAT THESE IMPROVEMENTS WERE MADE IN HONOR OF KENT HENDRICKS

NAME OF ORGANIZATION OR GOVERNMENT:

THE RONALD REAGAN PRESIDENTIAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REMAINING 25% OF THE "RONALD REAGAN PRESIDENTIAL FOUNDATION FUND" TO BE DISTRIBUTED IMMEDIATELY (AFTER RECONCILIATIONS ARE COMPLETED FOR THE CURRENT FISCAL YEAR)??

NAME OF ORGANIZATION OR GOVERNMENT:

THE SALVATION ARMY - CALIFORNIA SOUTH DIVISION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE MID TO LONG-TERM DIRET

FINANCIAL ASSISTANCE FOR 800 INDIVIDUALS AND FAMILIES FOR HOUSING, FOOD, UTILITY ASSISTANCE, AND STAFFING TO SUPOORT SIX CASE MANAGERS AND SUPERVISION. 42% VENTURA COUNTY AND 58% LA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

TOTALLY LOCAL VC AGRICULTURAL EDUCATION FOUNDATION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE DIRECT FINANCIAL ASSISTANCE AND CASE MANAGEMENT TO 131 INDIVIDUALS AND FAMILIES FOR HOUSING, FOOD, HOUSEHOLD EXPENSES AND STAFFING TO SUPPORT CASE MANAGEMENT. THE GRANT IS TO BE SPLIT 50% VENTURA COUNTY AND 50% LA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: UNITED POLICYHOLDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR EFFORTS TO DATE AND FOR WORK IN THE COMING YEAR RELATED TO THE HILL-WOOLSEY FIRE RESPONSE. AS PART OF THIS AWARD, UNITED POLICY HOLDERS IS MANDATED TO PARTICIPATE IN THE LOCAL LONG-TERM DISASTER RECOVERY GROUP ([HTTP://VCDISASTERRECOVERYGROUP.ORG](http://VCDISASTERRECOVERYGROUP.ORG)) AS WE

NAME OF ORGANIZATION OR GOVERNMENT: UPPER OJAI RELIEF

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR EFFORTS RELATED TO THE HILL AND WOOLSEY FIRE RESPONSE. FUNDS ARE TO BE USED FOR A TRAILER AND MATERIALS EXPENSES

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

NAME OF ORGANIZATION OR GOVERNMENT: WESTMINSTER FREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE BILINGUAL MENTAL HEALTH SERVICES TO 150 INDIVIDUALS AND FAMILIES, AND BASIC NEEDS ASSISTANCE TO 100 FAMILIES

Part IV Supplemental Information

(F) DESCRIPTION OF NON-CASH ASSISTANCE: APPLICATION PROCESS THROUGH
PROTOCOL ESTABLISHED AND OVERSEEN BY SPECIAL OVERSIGHT COMMITTEE AND
RATIFIED BY VCCF BOARD OF DIRECTORS

(F) DESCRIPTION OF NON-CASH ASSISTANCE: APPLICATION PROCESS DRIVEN BY
SCHOLARSHIP FUND PARAMETERS, OVERSEEN BY SCHOLARSHIP COMMITTEE AND
RATIFIED BY VCCF BOARD OF DIRECTORS

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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)	198,336.	0.	5,400.	12,000.	3,747.	219,483.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BONNIE GILLES, CPA CFO	(i)	149,500.	0.	3,000.	9,000.	0.	161,500.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JIM RIVERA COO	(i)	147,400.	0.	3,000.	0.	0.	150,400.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **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	4	137,452. 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** 4

	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) 2018

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 CONTRIUTIONS 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.

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

OMB No. 1545-0047

2018

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 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 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:

COMPENSATION AND PROPOSED INCREASES FOR SENIOR MANAGEMENT IS COMPARED WITH
SALARY DATA PROVIDED BY THE SOUTHERN CALIFORNIA GRANTMAKERS COMPENSATION
SURVEY, LEAGUE OF CALIFORNIA COMMUNITY FOUNDATIONS AND COUNCIL ON
FOUNDATIONS NATIONAL DATA TO ENSURE REASONABLENESS.

Name of the organization VENTURA COUNTY COMMUNITY FOUNDATION	Employer identification number 77-0165029
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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	1,666.
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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.

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

OMB No. 1545-0047

2018

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	823,702.	917,387.	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)	LINE 12A, I	VENTURA COUNTY COMMUNITY FOUNDATION	X	

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

Schedule R (Form 990) 2018

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

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

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

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

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

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

Part VII Supplemental Information.

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

Multiple horizontal lines for providing supplemental information.