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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning OCT 1, 2020 and ending SEP 30, 2021

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 \$ 78,363,676. 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

	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.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	19
	6	Total number of volunteers (estimate if necessary)	6	100
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	30,097.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	7,056.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	17,822,803.	44,987,154.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,088,629.	1,164,303.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,686,814.	7,034,016.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
12			21,598,246.	53,185,473.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,790,283.	46,443,524.
	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)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,589,303.	1,868,899.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 222,028.	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,255,771.	2,119,541.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,635,357.	50,431,964.
	19	Revenue less expenses. Subtract line 18 from line 12	-2,037,111.	2,753,509.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	164,460,538.	181,940,704.
	22	Net assets or fund balances. Subtract line 21 from line 20	34,247,454.	30,670,327.
	22		130,213,084.	151,270,377.

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 VANESSA BECHTEL, PRESIDENT & CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name KATY BROWN	Preparer's signature KATY BROWN
	Date 07/15/22	Check if self-employed <input type="checkbox"/> PTIN P00650274
	Firm's name ▶ ARMANINO LLP Firm's address ▶ 11766 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90025	Firm's EIN ▶ 94-6214841 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

1 Briefly describe the organization's mission: THE MISSION OF THE VENTURA COUNTY COMMUNITY FOUNDATION (VCCF) IS CONNECTING PEOPLE, RESOURCES, AND SOLUTIONS TO CREATE LASTING IMPACT IN OUR SHARED WORLD.

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

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

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

4a (Code:) (Expenses \$ 47,491,904. including grants of \$ 46,443,524.) (Revenue \$) CONNECTING DONORS TO THE COMMUNITY NEEDS THEY CARE ABOUT, THE VENTURA COUNTY COMMUNITY FOUNDATION GRANTED \$9,805,000 TO 225 UNIQUE PUBLIC CHARITIES, \$1,116,200 TO MORE THAN TWO HUNDRED FIFTY LOCAL STUDENTS VIA OUR SCHOLARSHIP PROGRAM, AND \$37,025,000 TO SUPPORT LOCAL BUSINESSES AND NONPROFIT ORGANIZATIONS THROUGH A BUSINESS ASSISTANCE GRANTS PROGRAM.

4b (Code:) (Expenses \$ 924,077. including grants of \$) (Revenue \$) INCREASING CHARITABLE GIVING IN FISCAL YEAR 2021, \$45 MILLION WAS ADDED TO DONOR FUNDS BRINGING THE TOTAL CHARITABLE ASSETS UNDER THE STEWARDSHIP OF THE VENTURA COUNTY COMMUNITY FOUNDATION TO OVER \$187 MILLION.

4c (Code:) (Expenses \$ 811,332. including grants of \$) (Revenue \$ 1,165,220.) 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, INTERFACE CHILDREN AND FAMILY, SERVICES/ 2-1-1 VENTURA COUNTY, BETHANY CHRISTIAN SERVICES, AREAS CHRISTIANS TAKING INITIATIVE ON NEED (ACTION), VISTA REAL PUBLIC CHARTER, SOTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS (SCAG) AND THE BETTER BUSINESS BUREAU.

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

4e Total program service expenses 49,227,313.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (11), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) VANESSA BECHTEL PRESIDENT & CEO	40.00			X			283,790.	0.	21,133.	
(2) BONNIE GILLES VP & CFO	40.00			X			210,986.	0.	13,267.	
(3) JIM RIVERA CHIEF COMPLIANCE OFFICER	40.00				X		159,283.	0.	275.	
(5) SCOTT P. HANSEN CHAIR	5.00	X		X			0.	0.	0.	
(6) SEAN LEONARD SECRETARY AND INCOMING CHAIR	1.00	X		X			0.	0.	0.	
(7) VERONICA QUINTANA TREASURER	1.00	X		X			0.	0.	0.	
(8) MERYL CHASE DIRECTOR (START 11/2020)	1.00	X					0.	0.	0.	
(9) GEOFF DEAN DIRECTOR	1.00	X					0.	0.	0.	
(10) JACK EDELSTEIN DIRECTOR	1.00	X					0.	0.	0.	
(11) JOHN KEARNEY DIRECTOR	1.00	X					0.	0.	0.	
(12) LEAH LACAYO DIRECTOR	1.00	X					0.	0.	0.	
(13) STANELY MANTOOTH DIRECTOR (LEFT 12/2020)	1.00	X					0.	0.	0.	
(14) JIM MCGEE DIRECTOR	1.00	X					0.	0.	0.	
(15) MIKE POWERS DIRECTOR	1.00	X					0.	0.	0.	
(16) VENKAT YEPURI DIRECTOR (START 11/2020)	1.00	X					0.	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	25,000.				
	e Government grants (contributions)	1e	36,391,726.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	8,570,428.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,423,031.				
	h Total. Add lines 1a-1f			44,987,154.			
	Program Service Revenue	2 a RENTAL INCOME	Business Code				
		531120	823,532.	823,532.			
b MANAGEMENT FEES		561000	340,771.	340,771.			
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			1,164,303.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,732,436.	917.	30,097.	1,701,422.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	30,479,783.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	25,178,203.				
	c Gain or (loss)	7c	5,301,580.				
	d Net gain or (loss)			5,301,580.		5,301,580.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			53,185,473.	1,165,220.	30,097.	7,003,002.	

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 ...	43,740,541.	43,740,541.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,702,983.	2,702,983.		
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	558,905.	354,744.	124,801.	79,360.
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	1,111,835.	843,717.	154,119.	113,999.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,512.	4,883.	7,153.	476.
9 Other employee benefits	72,733.	56,187.	10,252.	6,294.
10 Payroll taxes	112,914.	81,679.	18,644.	12,591.
11 Fees for services (nonemployees):				
a Management				
b Legal	200,486.	48,677.	151,809.	
c Accounting	74,995.	15,000.	59,995.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	480,175.	480,175.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	153,529.	72,202.	81,327.	
12 Advertising and promotion	139,381.	41,147.	98,234.	
13 Office expenses	72,392.	24,153.	45,334.	2,905.
14 Information technology	79,067.	12,354.	64,092.	2,621.
15 Royalties				
16 Occupancy	345,705.	343,507.	1,788.	410.
17 Travel	619.	102.	517.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	26,866.	3,980.	22,886.	
20 Interest	200,944.	160,823.	40,121.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	205,282.	200,862.	4,420.	
23 Insurance	112,396.	35,098.	73,926.	3,372.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIP	27,704.	4,499.	23,205.	
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	50,431,964.	49,227,313.	982,623.	222,028.
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	330,524.	1	71,987.
	2 Savings and temporary cash investments	11,301,577.	2	3,971,600.
	3 Pledges and grants receivable, net	5,026,575.	3	600,000.
	4 Accounts receivable, net	386,334.	4	326,616.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	104,307.	9	145,379.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,659,840.		
	b Less: accumulated depreciation	10b 2,284,093.	8,580,716.	10c 8,375,747.
	11 Investments - publicly traded securities	114,337,340.	11	139,013,908.
	12 Investments - other securities. See Part IV, line 11	23,732,823.	12	28,149,896.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	660,342.	15	1,285,571.
16 Total assets. Add lines 1 through 15 (must equal line 33)	164,460,538.	16	181,940,704.	
Liabilities	17 Accounts payable and accrued expenses	496,763.	17	698,164.
	18 Grants payable	569,190.	18	448,988.
	19 Deferred revenue	7,105,000.	19	25,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	19,028,777.	21	22,391,354.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,517,309.	23	4,401,200.
	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	530,415.	25	705,621.
	26 Total liabilities. Add lines 17 through 25	34,247,454.	26	30,670,327.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	121,107,876.	27	146,534,863.
	28 Net assets with donor restrictions	9,105,208.	28	4,735,514.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	130,213,084.	32	151,270,377.
33 Total liabilities and net assets/fund balances	164,460,538.	33	181,940,704.	

Form 990 (2020)

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	53,185,473.
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,431,964.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,753,509.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	130,213,084.
5	Net unrealized gains (losses) on investments	5	18,533,119.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-229,335.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	151,270,377.

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 on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2020)

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,843,901.	4,274,639.	28,140,045.	17,822,803.	44,987,154.	98,068,542.
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	2,843,901.	4,274,639.	28,140,045.	17,822,803.	44,987,154.	98,068,542.
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)						
6 Public support. Subtract line 5 from line 4.						98,068,542.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	2,843,901.	4,274,639.	28,140,045.	17,822,803.	44,987,154.	98,068,542.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,488,639.	1,734,081.	1,944,826.	2,091,736.	1,732,436.	8,991,718.
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.)						
11 Total support. Add lines 7 through 10						107,060,260.
12 Gross receipts from related activities, etc. (see instructions)					12	4,949,913.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	91.60 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	86.61 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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 line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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 line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No" 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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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) 2020

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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.)

Horizontal lines for supplemental information input.

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

2020

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/>	\$ 30,430,975.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 943,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

2020

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	135	555
2 Aggregate value of contributions to (during year)	2,381,943.	44,997,154.
3 Aggregate value of grants from (during year)	3,468,855.	542,226.
4 Aggregate value at end of year	28,958,209.	151,240,967.

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 (for example, 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 FASB 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 FASB 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 FASB 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) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|-------------|
| c Beginning balance | 19,028,777. |
| d Additions during the year | 4,226,033. |
| e Distributions during the year | 863,456. |
| f Ending balance | 22,391,354. |
- 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	125,365,799.	119,914,481.	106,019,906.	102,828,306.	92,251,843.
b Contributions	3,748,596.	3,365,312.	16,316,881.	1,966,146.	2,339,745.
c Net investment earnings, gains, and losses	25,121,265.	9,144,438.	3,367,292.	6,820,966.	11,662,632.
d Grants or scholarships	7,294,401.	7,058,432.	5,789,598.	5,595,512.	3,425,914.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	146,941,259.	125,365,799.	119,914,481.	106,019,906.	102,828,306.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 98.0900 %
 - b Permanent endowment .7800 %
 - c Term endowment 1.1300 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- 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		7,879,841.	1,692,190.	6,187,651.
c Leasehold improvements		124,931.	123,869.	1,062.
d Equipment		470,068.	468,034.	2,034.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,375,747.

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) HEDGE FUND COMPOSITE	14,830,162.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY COMPOSITE	13,319,734.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	28,149,896.	

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	336,595.
(3) SECURITY DEPOSITS	61,076.
(4) VALUE OF INTEREST RATE SWAP	307,950.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	705,621.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	70,979,676.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 18,533,119.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d -258,741.		
e	Add lines 2a through 2d		2e	18,274,378.
3	Subtract line 2e from line 1		3	52,705,298.
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 480,175.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	480,175.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	53,185,473.

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	49,951,789.
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	49,951,789.
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 480,175.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	480,175.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	50,431,964.

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 9/30/2021, VCCF MAINTAINED 96 AGENCY FUNDS

WITH NET ASSETS TOTALING \$22,391,354.

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 -27,251.

CHANGE IN VALUE OF INTEREST RATE SWAP -202,084.

COMPLEX ASSET SUPPORTING ORGANIZATION -29,406.

TOTAL TO SCHEDULE D, PART XI, LINE 2D -258,741.

**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

2020

**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
90210 SURGERY MEDICAL CENTER 450 N ROXBURY DR #600 BEVERLY HILLS, CA 90210	13-4341801	FOR PROFIT	26,436.	0.			REIMBURSE SHIPPING COSTS FOR COVID19 RELATED PPE DISTRIBUTIONS
911 AT EASE INTERNATIONAL PO BOX 30363 SANTA BARBARA, CA 93130	84-5130619	501C3	25,000.	0.			IN SUPPORT OF FUNDING OPERATIONS AND DIRECT SERVICES TO FIRST RESPONDERS IN VENTURA
911 AT EASE INTERNATIONAL PO BOX 30363 SANTA BARBARA, CA 93130	84-5130619	501C3	25,000.	0.			IN SUPPORT OF FUNDING OPERATIONS AND DIRECT SERVICES TO FIRST RESPONDERS IN VENTURA
911 AT EASE INTERNATIONAL PO BOX 30363 SANTA BARBARA, CA 93130	84-5130619	501C3	25,000.	0.			IN SUPPORT OF FUNDING OPERATIONS AND DIRECT SERVICES TO FIRST RESPONDERS IN VENTURA
ALZHEIMER'S ASSOCIATION CALIFORNIA CENTRAL COAST CHAPTER - 1528 CHAPALA ST., #204 - SANTA BARBARA, CA 93101	77-0006745	501C3	50,000.	0.			IN SUPPORT FOR THE ALZ CARES COMMUNITY ALLIANCES FOR RESOURCES, EDUCATION AND SUPPORT
ARCHDIOCESE OF LOS ANGELES 3424 WILSHIRE BLVD. LOS ANGELES, CA 90010-2241	95-1642382	RELIGIOUS ORG	10,000.	0.			DONATION TO THE "CALLED TO RENEW" CAMPAIGN

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 92.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 3.

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

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCHDIOCESE OF LOS ANGELES 3424 WILSHIRE BLVD. LOS ANGELES, CA 90010-2241	95-1642382	RELIGIOUS ORG	20,000.	0.			RESTRICTED TO PADRE SERRA PARISH MUSIC MINISTRY
ARCHDIOCESE OF LOS ANGELES 3424 WILSHIRE BLVD. LOS ANGELES, CA 90010-2241	95-1642382	RELIGIOUS ORG	20,000.	0.			RESTRICTED TO ST. JOHN'S SEMINARY CAPITAL PROJECT
ASCENSION LUTHERAN SCHOOL 1600 E. HILLCREST DR. THOUSAND OAKS, CA 91360	95-2243400	SCHOOL	10,000.	0.			IN SUPPORT OF THE MARK AND JACOB ISKANDER SCHOLARSHIP AT ASCENSION LUTHERAN SCHOOL FOR
BALL STATE UNIVERSITY FOUNDATION 2800 WEST BETHEL AVE MUNCIE, IN 47304	35-6024566	501C3	10,000.	0.			ACCOUNT #4994, FOR THE DEPARTMENT OF JOURNALISM RECRUITING SCHOLARSHIPS
BALL STATE UNIVERSITY FOUNDATION 2800 WEST BETHEL AVE MUNCIE, IN 47304	35-6024566	501C3	20,000.	0.			IN SUPPORT OF FUND #2854 - THE BONA D. PRESS CCIM GRADUATE ASSISTANTSHIP
BALL STATE UNIVERSITY FOUNDATION 2800 WEST BETHEL AVE MUNCIE, IN 47304	35-6024566	501C3	20,000.	0.			IN SUPPORT OF FUND #7470 - THE DAVID OWSLEY GRADUATE ASSISTANTSHIP
BOYS & GIRLS CLUB OF CAMARILLO 1500 TEMPLE AVENUE CAMARILLO, CA 93010	95-6194547	501C3	7,500.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
BOYS & GIRLS CLUB OF CAMARILLO 1500 TEMPLE AVENUE CAMARILLO, CA 93010	95-6194547	501C3	100,000.	0.			IN SUPPORT OF THE EXPANDING POSSIBILITIES CAMPAIGN WHICH AIMS TO FUND A 6,500-SQUARE-FOOT
BOYS & GIRLS CLUB OF GREATER CONEJO VALLEY - 30343 CANWOOD STREET, STE. 200 - AGOURA HILLS, CA 91301	91-2151731	501C3	6,000.	0.			TRANSPORTATION FOR KIDS FROM SCHOOL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF GREATER CONEJO VALLEY - 1 DOLE DRIVE #3331 - WESTLAKE VILLAGE, CA 91362	91-2151731	501C3	6,000.	0.			IN SUPPORT OF GENERAL OPERATIONS
BOYS & GIRLS CLUB OF GREATER OXNARD & PORT HUENEME - 1900 WEST 5TH STREET - OXNARD, CA 93030	95-1785162	501C3	20,000.	0.			TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION.
BOYS & GIRLS CLUB OF GREATER OXNARD & PORT HUENEME - 1900 WEST 5TH STREET - OXNARD, CA 93030	95-1785162	501C3	30,000.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
BOYS & GIRLS CLUB OF GREATER OXNARD & PORT HUENEME - 1900 WEST 5TH STREET - OXNARD, CA 93030	95-1785162	501C3	36,000.	0.			REMOTE LEARNING SUPPORT FOR THE CHILDREN OF NYELAND ACRES
BOYS & GIRLS CLUB OF GREATER OXNARD & PORT HUENEME - 1900 WEST 5TH STREET - OXNARD, CA 93030	95-1785162	501C3	37,500.	0.			TO ENHANCE AND CREATE NEW STEAM INNOVATION CENTERS AT FOUR CLUBHOUSES (MARTIN V. SMITH, HARRIET
BOYS & GIRLS CLUB OF GREATER OXNARD & PORT HUENEME - 1900 WEST 5TH STREET - OXNARD, CA 93030	95-1785162	501C3	50,000.	0.			SECOND PAYMENT IN SUPPORT OF THE \$5 MILLION COMPREHENSIVE CAMPAIGN TO RENOVATE SPACE, UPGRADE
BOYS & GIRLS CLUB OF GREATER OXNARD & PORT HUENEME - 1900 WEST 5TH STREET - OXNARD, CA 93030	95-1785162	501C3	100,000.	0.			TO BE USED AS PRESENTED IN THE ATTACHED BUDGET PROPOSAL FOR EDUCATION
BOYS & GIRLS CLUB OF MID CENTRAL COAST - 901 NORTH RAILROAD AVE - SANTA MARIA, CA 93458	95-2468116	501C3	9,100.	0.			TO ASSIST THE CLUB WITH COVID EXPENSES ENSURING 200 YOUTH WILL HAVE THE OPPORTUNITY TO THRIVE
BOYS & GIRLS CLUB OF MID CENTRAL COAST - 901 NORTH RAILROAD AVE - SANTA MARIA, CA 93458	95-2468116	501C3	9,900.	0.			DISTANCE LEARNING SUPPORT AT THE CLUB'S EVANS PARK-RAILROAD FACILITY

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BOYS & GIRLS CLUB OF SANTA CLARA VALLEY - P O BOX 152 - SANTA PAULA, CA 93061	95-2497853	501C3	10,000.	0.			TO PROVIDE FUNDING FOR THE AFTER SCHOOL STEM ACADEMY
BOYS & GIRLS CLUB OF SANTA CLARA VALLEY - P O BOX 152 - SANTA PAULA, CA 93061	95-2497853	501C3	15,300.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
CALIFORNIA LUTHERAN UNIVERSITY 60 WEST OLSEN ROAD MC 1200 THOUSAND OAKS, CA 91360	95-2962640	SCHOOL	117,000.	0.			TO FUND A COUNTYWIDE ANTI-BODY PREVALENCE STUDY ON COVID-19 IN VENTURA COUNTY
CALIFORNIA OIL MUSEUM P.O. BOX 48 SANTA PAULA, CA 93061-0048	45-3830307	501C3	10,680.	0.			TO SUPPORT THE CA OIL MUSEUM AND ITS PROGRAMS AS DEFINED IN ITS MISSION STATEMENT
CALIFORNIA STATE UNIVERSITY NORTHRIDGE FOUNDATION - 18111 NORDHOFF ST. - NORTHRIDGE, CA 91330	95-6196006	501C3	20,000.	0.			TO PROVIDE FUNDING FOR THE MATT WINN MEMORIAL EHSS SCHOLARSHIP AT CA STATE UNIVERSITY
CAMARILLO HEALTH CARE DISTRICT 3639 E. LAS POSAS RD., SUITE 117 CAMARILLO, CA 93010	95-2834854	501C3	143,708.	0.			TO SUPPORT THE CAMARILLO HEATH CARE DISTRICT, ONLY TO BE USED FOR THE CARE-A-VAN SERVICE IN
CANCER SUPPORT COMMUNITY VALLEY/VENTURA/SANTA BARBARA - 530 HAMPSHIRE ROAD - WESTLAKE VILLAGE, CA 91361	77-0205691	501C3	25,000.	0.			TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION
CANCER SUPPORT COMMUNITY VALLEY/VENTURA/SANTA BARBARA - 530 HAMPSHIRE ROAD - WESTLAKE VILLAGE, CA 91361	95-1690973	501C3	25,000.	0.			IN SUPPORT OF GENERAL OPERATIONS
CASA PACIFICA CENTERS FOR CHILDREN & FAMILIES - 1722 SOUTH LEWIS ROAD - CAMARILLO, CA 93012-8520	77-0195022	501C3	100,000.	0.			TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION

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CASA PACIFIC CALIFORNIA CENTERS FOR CHILDREN & FAMILIES - 1722 SOUTH LEWIS ROAD - CAMARILLO, CA 93012-8520	77-0195022	501C3	200,000.	0.			\$100,000 TO SUPPORT THE TRANSITIONAL YOUTH SERVICE (TYS) PROGRAM AND \$100,000 TO SUPPORT THE
CATHOLIC CHARITIES, VENTURA COUNTY 303 N. VENTURA AVENUE VENTURA, CA 93001	95-1690973	501C3	6,559.	0.			TO PROVIDE CHARITABLE SUPPORT FOR CATHOLIC CHARITIES, VENTURA COUNTY WITH PRIORITY FOR OJAI
CATHOLIC CHARITIES, VENTURA COUNTY 303 N. VENTURA AVE. VENTURA, CA 93001	95-1690973	501C3	41,400.	0.			FOR RECOVERY AND REBUILDING ASSISTANCE FOR EIGHT HILL-WOOLSEY FIRE CASES (CASES #15031,
CATHOLIC CHARITIES, VENTURA COUNTY 303 N. VENTURA AVENUE VENTURA, CA 93001	95-1690973	501C3	15,000.	0.			SUPPORT IS RESTRICTED SPECIFICALLY TO THE SHOE PROGRAM AT MOORPARK PANTRY PLUS, A PROGRAM OF
CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY - 2021 SPERRY AVENUE, SUITE 9 - VENTURA, CA 93003	77-0578864	501C3	20,000.	0.			IN SUPPORT OF THE SUMMER YOUTH LEADERSHIP PROGRAM
CHANNEL ISLANDS YMCA-VENTURA FAMILY BRANCH - 3760 TELEGRAPH RD. - VENTURA, CA 93003	95-1643379	501C3	6,290.	0.			TO SUPPORT THE CHANNEL ISLANDS YMCA-VENTURA FAMILY BRANCH
CHILD DEVELOPMENT RESOURCES OF VENTURA COUNTY - 221 E. VENTURA BOULEVARD - OXNARD, CA 93036	95-3543275	501C3	15,000.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
CITY OF CAMARILLO P.O. BOX 248 CAMARILLO, CA 93011-0248	95-2313271	GOVERNMENT	195,000.	0.			IN SUPPORT OF THE RUSSELL FISCHER BUSINESS COLLECTION AT THE CAMARILLO LIBRARY
CITY OF CAMARILLO P.O. BOX 248 CAMARILLO, CA 93011-0248	95-2313271	GOVERNMENT	164,635.	0.			CAMARILLO BUSINESS RECOVERY GRANT PROGRAM: REIMBURSEMENT FOR UNUSED EXCESS FUNDS

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CITY OF THOUSAND OAKS 2100 E. THOUSAND OAKS BLVD. THOUSAND OAKS, CA 91362	95-2367317	GOVERNMENT	212,322.	0.			TO PROVIDE FINANCIAL SUPPORT TO THE CITY OF THOUSAND OAKS FOR THE CIVIC AUDITORIUM/FORUM
COMMUNITY MEMORIAL HEALTH SYSTEM 2674 E. MAIN ST, STE E #210 VENTURA, CA 93003	95-1683892	501C3	10,000.	0.			TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION - COMMUNITY MEMORIAL HOSPITAL
COMMUNITY MEMORIAL HEALTH SYSTEM 2674 E. MAIN ST, STE E #210 VENTURA, CA 93003	95-1683892	501C3	95,000.	0.			A SECOND YEAR GRANT IN THE AMOUNT OF \$95,000 HAS BEEN APPROVED FROM VCCF CAREGIVING INITIATIVE.
CONEJO VALLEY SENIOR CONCERNS 401 HODENCAMP ROAD THOUSAND OAKS, CA 91360	95-2992927	501C3	10,000.	0.			STAFF, FOOD AND DELIVERY OF FOOD/PHARMACY ORDERS, TELEPHONIC AND ONLINE SUPPORT FOR SENIORS
COUNCIL ON AMERICAN-ISLAMIC RELATIONS CA - 2180 W CRESCENT AVE, SUITE F - ANAHEIM, CA 92801-3842	77-0411194	501C3	7,500.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
COUNTY OF VENTURA HUMAN SERVICES AGENCY - 855 PARTRIDGE DRIVE - VENTURA, CA 93003	95-6000944	GOVERNMENT	5,700.	0.			TO PROVIDE GRANTS TO QUALIFIED FARM WORKER HOUSEHOLDS IMPACTED BY COVID-19. GRANTS WILL BE
COUNTY OF VENTURA HUMAN SERVICES AGENCY - 855 PARTRIDGE DRIVE - VENTURA, CA 93001	95-6000944	GOVERNMENT	16,700.	0.			TO PROVIDE GRANTS TO QUALIFIED FARM WORKER HOUSEHOLDS IMPACTED BY COVID-19, AND WILL BE
COUNTY OF VENTURA HUMAN SERVICES AGENCY - 855 PARTRIDGE DRIVE - VENTURA, CA 93003	95-6000944	GOVERNMENT	22,000.	0.			TO PROVIDE GRANTS TO QUALIFIED FARM WORKER HOUSEHOLDS IMPACTED BY COVID-19.
COUNTY OF VENTURA HUMAN SERVICES AGENCY - 855 PARTRIDGE DRIVE - VENTURA, CA 93001	95-6000944	GOVERNMENT	28,000.	0.			TO PROVIDE GRANTS TO QUALIFIED FARM WORKER HOUSEHOLDS IMPACTED BY COVID-19, AND WILL BE

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COUNTY OF VENTURA HUMAN SERVICES AGENCY - 855 PARTRIDGE DRIVE - VENTURA, CA 93003	95-6000944	GOVERNMENT	33,000.	0.			TO PROVIDE GRANTS TO QUALIFIED FARM WORKER HOUSEHOLDS IMPACTED BY COVID-19. GRANTS WILL BE
COUNTY OF VENTURA HUMAN SERVICES AGENCY - 855 PARTRIDGE DRIVE - VENTURA, CA 93001	95-6000944	GOVERNMENT	52,300.	0.			TO PROVIDE GRANTS TO QUALIFIED FARM WORKER HOUSEHOLDS IMPACTED BY COVID-19.
COUNTY OF VENTURA HUMAN SERVICES AGENCY - 855 PARTRIDGE DRIVE - VENTURA, CA 93003	95-6000944	GOVERNMENT	109,500.	0.			TO PROVIDE GRANTS TO QUALIFIED FARM WORKER HOUSEHOLDS IMPACTED BY COVID-19. GRANTS WILL BE
COUNTY OF VENTURA HUMAN SERVICES AGENCY - 855 PARTRIDGE DRIVE - VENTURA, CA 93001	95-6000944	GOVERNMENT	172,000.	0.			TO PROVIDE GRANTS TO QUALIFIED FARM WORKER HOUSEHOLDS IMPACTED BY COVID-19. GRANTS WILL BE
COUNTY OF VENTURA-AUDITOR 800 SOUTH VICTORIA AVENUE L#1540 VENTURA, CA 93009-1540	95-6000944	GOVERNMENT	4,345,000.	0.			RETURN OF EXCESS BUSINESS ASSISTANCE GRANTS PROGRAM FUNDS
DELTA SIGMA THETA SORORITY, INC., VENTURA COUNTY ALUMNAE CHA - P.O. BOX 7285 - OXNARD, CA 93031-7285	52-1338072	501C3	9,000.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
DIVERSITY COLLECTIVE VENTURA COUNTY - 2471 PORTOLA ROAD, SUITE 100 - VENTURA, CA 93003	46-5312131	501C3	15,000.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
EL CONCILIO FAMILY SERVICES 301 SOUTH "C" STREET OXNARD, CA 93030-5808	95-3792795	501C3	5,091.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
FOCUS ON THE MASTERS 505 POLI STREET, SUITE 310 VENTURA, CA 93001-4964	77-0498291	501C3	7,000.	0.			FOR AN ONLINE, CROSS-CURRICULAR ARTS PROGRAM SERVING CHILDREN OF ALL AGES, AS WELL AS

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FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501C3	9,800.	0.			IN SUPPORT OF GENERAL OPERATIONS
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501C3	10,000.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501C3	12,500.	0.			IN SUPPORT OF SERVING 800 FARMWORKERS WITH NUTRITIOUS FOOD
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501C3	6,259.	0.			FOR THE SUPPORT OF FOOD SHARE
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501C3	10,000.	0.			FOOD AND DISTRIBUTION SUPPLIES
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501C3	100,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501C3	10,000.	0.			TO SUPPORT THE 805 UNDOCUFUND GENERAL OPERATING BUDGET AS IT TRANSITIONS INTO BEING AN
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501C3	10,000.	0.			FOR UNRESTRICTED FUNDING FOR THE 805 UNDOCUFUND NONPROFIT OPERATIONAL EXPENSES
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501C3	20,513.	0.			FOR ADMIN EXPENSES OF 805UNDOCUFUND-COVID-19 TO ASSIST UNDOCUMENTED INDIVIDUALS AND FAMILIES

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FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501C3	31,674.	0.			FOR 805UNDOCUFUND-COVID-19 TO ASSIST UNDOCUMENTED INDIVIDUALS AND FAMILIES
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501C3	32,028.	0.			FOR 805UNDOCUFUND-COVID-19 TO ASSIST UNDOCUMENTED INDIVIDUALS AND FAMILIES
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501C3	32,500.	0.			TO PROVIDE FUNDING FOR A NEW 805 UNDOCUFUND EXECUTIVE DIRECTOR POSITION AS PART OF THE
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501C3	50,000.	0.			FOR UNRESTRICTED STAFF AND OPERATING EXPENSES FOR THE 805 UNDOCUFUND COVID-19 RESPONSE
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501C3	50,000.	0.			TO PROVIDE SUPPORT FOR THE ADMINISTRATIVE EXPENSES OF FUTURE LEADERS FOR AMERICA FOR
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501C3	56,410.	0.			THIS GRANT WILL FUND THE ADDITION OF THREE BILINGUAL SUPPORT STAFF MEMBERS FOR THE
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501C3	75,000.	0.			TO PROVIDE FUNDING FOR A NEW 805 UNDOCUFUND EXECUTIVE DIRECTOR POSITION AS PART OF THE
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501C3	75,000.	0.			FOR PROJECT SUPPORT FOR THE 805 UNDOCUFUND TO PROVIDE BASIC NEEDS AND FINANCIAL ASSISTANCE FOR
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501C3	97,852.	0.			IN SUPPORT OF THE 805UNDOCUFUND-COVID-19 TO ASSIST UNDOCUMENTED INDIVIDUALS AND FAMILIES

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FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501C3	100,000.	0.			TO PROVIDE DIRECT SUPPORT THROUGH THE 805 UNDOCUFUND FOR INDIVIDUALS AND FAMILIES
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501C3	261,458.	0.			TO SUPPORT UNDOCUMENTED FAMILIES AND INDIVIDUALS IMPACTED BY COVID-19
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501C3	682,717.	0.			FOR 805UNDOCUFUND-COVID-19 TO ASSIST UNDOCUMENTED INDIVIDUALS AND FAMILIES
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501C3	99,169.	0.			TO PROVIDE FUNDING FOR A NEW 805 UNDOCUFUND EXECUTIVE DIRECTOR POSITION AS PART OF THE
GIVE AN HOUR NONPROFIT CORPORATION PO BOX 5918 BETHESDA, MD 20824-5918	61-1493378	501C3	7,835.	0.			IN SUPPORT OF THE OJAI VALLEY SCHOOL DISTRICT MENTAL HEALTH/EMOTIONAL WELLNESS SUPPORT PROJECT
GIVE AN HOUR NONPROFIT CORPORATION PO BOX 5918 BETHESDA, MD 20824-5918	61-1493378	501C3	9,900.	0.			IN SUPPORT OF EXTENDING THE SPANISH-SPEAKING SUPPORT LINE FOR GIVE AN HOUR IN CA IN RESPONSE TO
H.O.M.E. INC., D.B.A. NIOS DE BAJA 2390-C LAS POSAS RD #169 CAMARILLO, CA 93010	33-0119870	501C3	10,000.	0.			GENERAL OPERATING SUPPORT
H.O.M.E. INC., D.B.A. NIOS DE BAJA 2390-C LAS POSAS RD #169 CAMARILLO, CA 93010	33-0119870	501C3	10,000.	0.			IN SUPPORT OF GENERAL OPERATIONS
HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501C3	65,000.	0.			HEIFER PROJECT NUMBER: US0000 REGENERATIVE AGRICULTURE PROJECT

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HELP OF OJAI P.O. BOX 621 OJAI, CA 93024	95-2872549	501C3	6,559.	0.			TO PROVIDE CHARITABLE SUPPORT FOR HELP OF OJAI
HILLSDALE COLLEGE 33 E COLLEGE ST HILLSDALE, MI 49242	38-1374230	501C3	10,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES
HOUSING TRUST FUND VENTURA COUNTY 360 MOBIL AVE, STE 213A CAMARILLO, CA 93010	45-3191747	501C3	102,000.	0.			FARMWORKER HOUSING - IN SUPPORT OF THE CYPRESS PLACE AT GARDEN CITY IN OXNARD.
HUENEME SCHOOL DISTRICT 205 N. VENTURA ROAD PORT HUENEME, CA 93041-3065	95-6001639	SCHOOL	21,163.	0.			TO SUPPORT THE LIBRARIES OF THE PORT HUENEME ELEMENTARY SCHOOL DISTRICT
HUMANE SOCIETY OF THE UNITED STATES - 1255 23RD STREET, NW, SUITE 450 - WASHINGTON, DC 20037	53-0225390	501C3	10,000.	0.			TO PROVIDE FUNDING FOR AN ANIMAL WELFARE COMMUNITY ASSESSMENT
HUMANE SOCIETY OF VENTURA COUNTY P.O. BOX 297 OJAI, CA 93024	95-2272598	501C3	75,000.	0.			SUPPORT THE CAPITAL CAMPAIGN TO BUILD A HUMANE SOCIETY HUB. " THIS GRANT IS TO BE USED
INTERFACE CHILDREN & FAMILY SERVICES - 4001 MISSION OAKS BLVD., SUITE I - CAMARILLO, CA 93012	95-2944459	501C3	158,185.	0.			IN SUPPORT OF VC-LTDRG COORDINATION SERVICES
INTERFACE CHILDREN FAMILY SERVICES 4001 MISSION OAKS BLVD., SUITE I CAMARILLO, CA 93012	95-2944459	501C3	62,500.	0.			INDIVIDUAL ASSISTANCE FOR 25 VENTURA COUNTY HOUSEHOLDS IMPACTED BY THE THOMAS FIRE
INTERFACE CHILDREN FAMILY SERVICES 4001 MISSION OAKS BLVD., SUITE I CAMARILLO, CA 93012	95-2944459	501C3	125,000.	0.			INDIVIDUAL ASSISTANCE FOR 50 VENTURA COUNTY HOUSEHOLDS IMPACTED BY THE HILL WOOLSEY FIRE

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INTERNATIONAL OCD FOUNDATION, INC. P.O. BOX 961029 BOSTON, MA 02196	22-2894564	501C3	6,000.	0.			TO SUPPORT GENERAL RESEARCH
LEIOMYOSARCOMA SUPPORT AND DIRECT RESEARCH FOUNDATION - POST OFFICE BOX 52697 - TULSA, OK 74152	87-0763851	501C3	6,000.	0.			SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION
LIVINGSTON MEMORIAL, VNA 1996 EASTMAN AVE., STE. 101 VENTURA, CA 93003-5768	95-1693538	501C3	25,000.	0.			IN SUPPORT OF THE ORGANIZATION'S CHARITABLE MISSION
MEADOWLARK SERVICE LEAGUE P.O. BOX 3063 CAMARILLO, CA 93011	23-7170994	501C3	50,000.	0.			SPONSORSHIP OF EVENTS - ACKNOWLEDGEMENT FOR THE SPONSORSHIPS SHOULD BE GIVEN TO THE WILLIAM AND
MEADOWLARK SERVICE LEAGUE P.O. BOX 3063 CAMARILLO, CA 93011	23-7170994	501C3	100,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES
MICHAEL P NOSCO FOUNDATION INC. 3248 HANOVER CT NEWBURY PARK, CA 91320	45-3794018	501C3	10,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES
MIXTECO/INDIGENA COMMUNITY ORGANIZING PROJECT - 135 MAGNOLIA AVE - OXNARD, CA 93030	30-0045901	501C3	30,000.	0.			TO PROVIDE GRANTS TO QUALIFIED FARM WORKER HOUSEHOLDS IMPACTED BY COVID-19.
MIXTECO/INDIGENA COMMUNITY ORGANIZING PROJECT - P.O. BOX 20543 - OXNARD, CA 93034-0543	30-0045901	501C3	60,000.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
MIXTECO/INDIGENA COMMUNITY ORGANIZING PROJECT - 520 W. FIFTH ST. - OXNARD, CA 93030	30-0045901	501C3	100,000.	0.			TO STRENGTHEN THE ORGANIZATION'S IMMIGRANT LEGAL DEFENSE WORK

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOORPARK COLLEGE FOUNDATION 7075 CAMPUS ROAD MOORPARK, CA 93021	95-3533986	501C3	50,000.	0.			TO EXPAND AND ENHANCE MOORPARK COLLEGE'S BASIC NEEDS PROGRAM WHICH PROVIDES FOOD, HOUSING
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501C3	7,442.	0.			TO PROVIDE SUPPORT TO MVC FOR THE PURCHASE, MAINTENANCE AND RESTORATION OF THE
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501C3	10,000.	0.			TO SUPPORT GENERAL OPERATING EXPENSES OF THE MUSEUM
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501C3	15,000.	0.			OUTREACH PROGRAM - VIRTUAL
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501C3	20,000.	0.			TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501C3	22,226.	0.			TO FUND SALARY OF THE SMITH-HOBSON FAMILY COLLECTIONS MANAGER
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501C3	30,000.	0.			THIS GRANT WILL SUPPORT THE ARCHIVES PROJECT, A MAJOR EFFORT TO DIGITIZE THE MUSEUM'S COLLECTION.
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501C3	48,102.	0.			TO PROVIDE PERMANENT AND ONGOING FINANCIAL SUPPORT FOR THE MUSEUM OF VENTURA COUNTY'S EXECUTIVE
NADINE GRIFFEY ACADEMY OF KENYA 2390 C LAS POSAS RD. #249 CAMARILLO, CA 93010	20-8856931	501C3	15,830.	0.			TO SUPPORT ORPHANS FROM THE SLUMS OF NAIROBI TO GET INTO PRIVATE BOARDING SCHOOLS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL DISASTER SEARCH DOG FOUNDATION - 6800 WHEELER CANYON ROAD - SANTA PAULA, CA 93060	77-0412509	501C3	60,000.	0.			SEARCH DOG TRAINING
NEW WEST SYMPHONY ASSOCIATION 2100 THOUSAND OAKS BLVD., SUITE D THOUSAND OAKS, CA 91362	77-0406042	501C3	10,000.	0.			SYMPHONIC ADVENTURES - VIRTUAL
NEW WEST SYMPHONY ASSOCIATION 2100 THOUSAND OAKS BLVD., SUITE D THOUSAND OAKS, CA 91362	77-0406042	501C3	33,766.	0.			TO PROVIDE ANNUAL SUPPORT FOR THE SALARY ONLY OF THE NEW WEST SYMPHONY'S MUSIC DIRECTOR/CONDUCTOR,
NEW WEST SYMPHONY ASSOCIATION 2100 THOUSAND OAKS BLVD., SUITE D THOUSAND OAKS, CA 91362	77-0406042	501C3	95,000.	0.			SUPPORT UP TO \$30,000 EACH FOR TOUR OF JAPAN, TOUR OF KOREA AND TOUR OF CHINA; AND UP TO \$5,000
NYELAND PROMISE 3701 ORANGE DRIVE OXNARD, CA 93036	83-2109489	501C3	36,950.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
ODD FELLOW-REBEKAH CHILDREN'S HOME OF CA - 290 I.O.O.F. AVENUE - GILROY, CA 95020	94-1167402	501C3	57,318.	0.			FOR THE ODD FELLOWS CHILDREN'S HOME AT GILROY CA
OJAI MUSIC FESTIVAL P.O. BOX 185 OJAI, CA 93024	95-2122508	501C3	20,000.	0.			IN SUPPORT OF THE 2021 OJAI MUSIC FESTIVAL
OJAI MUSIC FESTIVAL P.O. BOX 185 OJAI, CA 93024	95-2122508	501C3	20,000.	0.			EDUCATIONAL OUTREACH PROGRAMS AND GENERAL OPERATING SUPPORT
OJAI VALLEY SCHOOL 723 EL PASEO ROAD OJAI, CA 93023	95-1661099	501C3	6,500.	0.			OVS-OJAI FESTIVAL IMAGINE CONCERT FOR VALLEY 4TH-6TH GRADERS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORGANIZACION EN CALIFORNIA DE LIDERES CAMPESINAS INC. - P.O BOX 20033 - OXNARD, CA 93034	95-4611282	501C3	50,000.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
OUR LADY OF GUADALUPE CHURCH 427 N. OAK STREET SANTA PAULA, CA 93060	95-3594759	RELIGIOUS ORG	42,000.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
OXNARD ALANO CLUB 4910 S C ST OXNARD, CA 93033	95-2756184	501C3	25,000.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
OXNARD PERFORMING ARTS CENTER CORPORATION - 800 HOBSON WAY - OXNARD, CA 93030	77-0524980	501C3	20,000.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
PANCREATIC CANCER ACTION NETWORK INC. - 1500 ROSECRANS AVE., SUITE 200 - MANHATTAN BEACH, CA 90266	33-0841281	501C3	300,000.	0.			TO SUPPORT THE OPENING OF FIVE ADDITIONAL SITES IN THE MIDWEST AND SOUTH TO PROVIDE PANCREATIC CANCER
PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST (PPCCC) - 518 GARDEN STREET - SANTA BARBARA, CA 93101	95-2319356	501C3	23,560.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
LUCHA, INC. 940 EAST MAIN STREET SANTA PAULA, CA 93060	95-3400870	501C3	17,710.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
PROJECT UNDERSTANDING OF SAN BUENAVENTURA - 2734 JOHNSON DRIVE, SUITE E - VENTURA, CA 93003	95-3246871	501C3	42,394.	0.			TO SUPPORT THE HOMELESS2HOME PROGRAM.
REENTRY INITIATIVE 402 KIMBARK ST. 2ND FLOOR LONGMONT, CO 80501	81-3681963	501C3	7,000.	0.			TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REITER AFFILIATED COMPANIES, LLC 730 SOUTH A STREET OXNARD, CA 93030	20-5559931	FOR PROFIT	14,239.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
RESCUE MISSION ALLIANCE PO BOX 5545 OXNARD, CA 93031	23-7278002	501C3	6,877.	0.			IN SUPPORT OF ONGOING OPERATIONS
RUBICON THEATRE COMPANY 1006 EAST MAIN STREET VENTURA, CA 93001-0048	77-0495901	501C3	10,000.	0.			RESTRICTED TO PAY FOR ORGANIZATION'S CURRENT YEAR AUDIT
RUBICON THEATRE COMPANY 1006 EAST MAIN STREET VENTURA, CA 93001-0048	77-0495901	501C3	10,000.	0.			EDUCATION OUTREACH PROGRAM
SACRED HEART CHURCH 10800 HENDERSON RD. VENTURA, CA 93004	95-1979938	RELIGIOUS ORG	25,000.	0.			FOR CAPITAL IMPROVEMENTS AND MAINTENANCE, PLEASE NOTE THAT GRANT FUNDS MAY NOT BE USED FOR
SAFE PASSAGE YOUTH FOUNDATION 2101 EAST OLSEN ROAD THOUSAND OAKS, CA 91360	82-4462446	501C3	7,200.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
SAFE PASSAGE YOUTH FOUNDATION 2101 EAST OLSEN ROAD THOUSAND OAKS, CA 91360	82-4462446	501C3	10,000.	0.			NUTRITION FOR CHILDREN AND INFANTS
SAFE PASSAGE YOUTH FOUNDATION 2101 EAST OLSEN ROAD THOUSAND OAKS, CA 91360	82-4462446	501C3	100,000.	0.			TO BE USED AS PRESENTED IN THE ATTACHED BUDGET PROPOSAL FOR EDUCATION
SANTA PAULA ART MUSEUM 117 NORTH 10TH STREET SANTA PAULA, CA 93060-2877	92-0179722	501C3	10,000.	0.			TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA PAULA ART MUSEUM 117 NORTH 10TH STREET SANTA PAULA, CA 93060-2877	92-0179722	501C3	10,000.	0.			TO SUPPORT GENERAL EXPENSES OF THE COLE CREATIVITY CENTER AS NEEDED
SANTA PAULA ART MUSEUM 117 NORTH 10TH STREET SANTA PAULA, CA 93060-2877	92-0179722	501C3	10,814.	0.			TO SUPPORT THE SANTA PAULA ART MUSEUM
SANTA PAULA CHAMBER OF COMMERCE P. O. BOX 1 SANTA PAULA, CA 93061	95-1192410	501C6	15,000.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
SPIRIT OF SANTA PAULA 1498 E HARVARD BLVD SANTA PAULA, CA 93060	27-0005506	501C3	10,000.	0.			TO PROVIDED FUNDING FOR NEW MANAGEMENT SYSTEM PERSONNEL
ST. JOHN'S HEALTHCARE FOUNDATION, OXNARD & PLEASANT VALLEY - 1600 NORTH ROSE AVENUE - OXNARD, CA 93030	20-2865781	501C3	20,000.	0.			RESTRICTED TO ST. JOHN'S REGIONAL EMERGENCY MENTAL HEALTH SERVICES UNIT
ST. JUDE THE APOSTLE CATHOLIC CHURCH - 32032 WEST LINDERO CANYON ROAD - WESTLAKE VILLAGE, CA 91361-4270	95-2758216	RELIGIOUS ORG	15,000.	0.			FOR UNRESTRICTED USE - PLEASE SEE ATTACHED LIST OF SERVICE ORGANIZATIONS ON FILE WITH VCCF
THE ARC OF VENTURA COUNTY 5103 WALKER ST. VENTURA, CA 93003-7358	95-2266987	501C3	25,000.	0.			TO BE USED FOR THE PURCHASE OF A PASSENGER VEHICLE THAT WILL BE USED FOR IN-PERSON SERVICES
THE ARC OF VENTURA COUNTY 5103 WALKER ST. VENTURA, CA 93003-7358	95-2266987	501C3	25,000.	0.			TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION
THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY - 550 DANA ST - SAN LUIS OBISPO, CA 93401	77-0496500	501C3	83,333.	0.			FOR THE UNDOCUFUND FOR COVID-19

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE RONALD REAGAN PRESIDENTIAL FOUNDATION - 40 PRESIDENTIAL DR., STE. 200 - SIMI VALLEY, CA 93065	77-0054631	501C3	10,000.	0.			IN SUPPORT OF THE CHARITABLE MISSION OF THE ORGANIZATION.
THE SALVATION ARMY 30840 HAWTHORNE BLVD, BUILDING D - GSD - RANCHO PALOS VERDES, CA 90275	94-1156347	501C3	90,796.	0.			TO SUPPORT THE SALVATION ARMY FOR USE IN VENTURA COUNTY, CA AND PREFERABLY IN THE CITY OF CAMARILLO
TOTALLY LOCAL VC AGRICULTURAL EDUCATION FOUNDATION - 375 LOS CABOS LANE - VENTURA, CA 93001	81-2646767	501C3	62,500.	0.			INDIVIDUAL ASSISTANCE FOR 25 VENTURA COUNTY HOUSEHOLDS IMPACTED BY THE THOMAS FIRE
TOTALLY LOCAL VC AGRICULTURAL EDUCATION FOUNDATION - 375 LOS CABOS LANE - VENTURA, CA 93001	81-2646767	501C3	125,000.	0.			INDIVIDUAL ASSISTANCE FOR 50 VENTURA COUNTY HOUSEHOLDS IMPACTED BY THE HILL WOOLSEY FIRE
TOTALLY LOCAL VC AGRICULTURAL EDUCATION FOUNDATION - 375 LOS CABOS LANE - VENTURA, CA 93001	81-2646767	501C3	150,000.	0.			INDIVIDUAL ASSISTANCE FOR 30 VENTURA OR LOS ANGELES COUNTY HOUSEHOLDS IMPACTED BY THE
VENTURA BOTANICAL GARDEN P.O. BOX 3127 VENTURA, CA 93006-3127	20-8416864	501C3	10,000.	0.			TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION
VENTURA COLLEGE FOUNDATION 4667 TELEGRAPH ROAD VENTURA, CA 93003	77-0037747	501C3	57,216.	0.			TO GRANT SCHOLARSHIPS TO STUDENTS WHO HAVE ATTENDED VENTURA COLLEGE TO HELP FUND THEIR
VENTURA COLLEGE FOUNDATION 4667 TELEGRAPH ROAD VENTURA, CA 93003	77-0037747	501C3	57,863.	0.			TO PROVIDE FUNDING TO GRANT SCHOLARSHIPS TO STUDENTS WHO HAVE ATTENDED VENTURA COLLEGE
VENTURA COUNTY AIR POLLUTION CONTROL DISTRICT - 4567 TELEPHONE RD, 2ND FLOOR - VENTURA, CA 93003	95-6000944	501C3	25,000.	0.			IN SUPPORT OF THE AIR QUALITY IMPROVEMENT PROGRAMS: CITY OF VENTURA LANDSCAPE EQUIPMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VENTURA COUNTY AIR POLLUTION CONTROL DISTRICT - 669 COUNTY SQUARE DRIVE 2ND FLOOR - VENTURA, CA 93003	95-6000944	501C3	43,601.	0.			LAKE CASITAS AND SANTA PAULA LANDSCAPING EQUIPMENT REPLACEMENT
VENTURA COUNTY CIVIC ALLIANCE PO BOX 23412 VENTURA, CA 93002	81-3713600	501C3	20,000.	0.			RESEARCH SPONSORSHIP - PRODUCTION AND DISTRIBUTION OF THE BI-ANNUAL STATE OF THE
VENTURA COUNTY FAMILY JUSTICE CENTER FOUNDATION, INC. - 1000 TOWN CENTER DRIVE #300 - OXNARD, CA 93036	82-2765815	501C3	10,000.	0.			TO PROVIDE FUNDING FOR THE NECESSARY INFRASTRUCTURE FOR THE PETS OF THE RESIDENTS IN
VENTURA COUNTY FAMILY JUSTICE CENTER FOUNDATION, INC. - 1000 TOWN CENTER DRIVE #300 - OXNARD, CA 93036	82-2765815	501C3	200,000.	0.			TO PROVIDE FUNDING FOR THE ADDITION OF A 4-UNIT TINY HOME VILLAGE AT THE FAMILY JUSTICE CENTER FOR
VENTURA COUNTY TAXPAYERS ASSOCIATION - PO BOX 3878 - VENTURA, CA 93006	95-1809970	501C4	15,000.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
VENTURA LAND TRUST P.O. BOX 1284 VENTURA, CA 93002	01-0769456	501C3	50,000.	0.			IN SUPPORT OF THE VENTURA LAND TRUST'S CURRENT MATCHING FUNDS CAMPAIGN
VENTURA MUSIC FESTIVAL ASSOCIATION 472 E. SANTA CLARA STREET VENTURA, CA 93001	77-0314562	501C3	10,000.	0.			GENERAL OPERATING SUPPORT
VISIONLINK, INC. 3101 IRIS AVE BOULDER, CO 80301	04-3325509	FOR PROFIT	50,000.	0.			FOR CASE MANAGEMENT SOFTWARE BEING DEVELOPED BY THE COUNTY OF VENTURA; \$38,500 TO BE USED FOR
VISTA REAL CHARTER HIGH SCHOOL (SANTA PAULA CAMPUS) - 177 HOLSTON DR - LANCASTER, CA 93535	34-2050844	501C3	6,000.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN FOUNDATION OF VERTEBRATE ZOOLOGY - 439 CALLE SAN PABLO - CAMARILLO, CA 93012	95-6096078	501C3	7,000.	0.			FOR THE OJAI DIGITAL PROGRAMMING AND MENTORING INITIATIVE TO WORK WITH OJAI VALLEY AND OAK VIEW
WESTMINSTER FREE CLINIC 2673 SAN MIGUEL CIRCLE THOUSAND OAKS, CA 91360	77-0563241	501C3	75,000.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
YMCA - SOUTHEAST VENTURA COUNTY 31105 THOUSAND OAKS BLVD. WESTLAKE VILLAGE, CA 91362	95-2305501	501C3	10,000.	0.			ADMINISTRATIVE EXPENSES TO DISTRIBUTE FUNDING TO HOUSEHOLDS IMPACTED BY THE HILL-WOOLSEY FIRE
YMCA - SOUTHEAST VENTURA COUNTY 31105 THOUSAND OAKS BLVD. WESTLAKE VILLAGE, CA 91362	95-2305501	501C3	350,000.	0.			INDIVIDUAL ASSISTANCE FOR 70 VENTURA OR LOS ANGELES COUNTY HOUSEHOLDS IMPACTED BY THE

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS PAID TO VARIOUS EDUCATIONAL INSTITUTIONS	275	1,113,438.	0.		APPLICATION PROCESS DRIVEN BY SCHOLARSHIP FUND PARAMETERS, OVERSEEN BY SCHOLARSHIP COMMITTEE AND RATIFIED BY VCCF
COVID-19 CARES ACT GRANTS FOR COUNTY OF VENTURA	319	1,534,740.	0.		REIMBURSEMENT OF COSTS OF BUSINESS INTERRUPTION DUE TO COVID-19 PUBLIC HEALTH EMERGENCY
FUNDING FOR DISASTER VICTIMS	3	54,805.	0.		FINANCIAL ASSISTANCE TO REBUILD AFTER WILDFIRE DISASTERS

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:

VCCF MAINTAINS DOCUMENTS BASED ON THE FUNDHOLDERS GRANT REQUEST AND THE ACTUAL FUND PURPOSE AND COMPARES BEFORE ANY GRANTS ARE MADE. IN ADDITION, ALL GRANTS ARE APPROVED BY THE VCCV BOARD OF DIRECTORS. WE DO DUE DILIGENCE WORK TO CONFIRM A GRANTEE'S GOOD STANDING WITH THE ATTORNEY GENERAL REPORTING REQUIREMENTS AND STATUS WITH THE IRS. ALL GRANTEES RECEIVED A LETTER IDENTIFYING THE PURPOSE WHICH FURTHER EXPLAINS THAT CASHING OF THE CHECK CONFIRMS THEIR COMPLIANCE WITH THE DESIGNATED PURPOSE.

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: 911 AT EASE INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF FUNDING OPERATIONS AND

DIRECT SERVICES TO FIRST RESPONDERS IN VENTURA COUNTY WHO ARE SERVING THE

FRONTLINES OF THE COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT: 911 AT EASE INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF FUNDING OPERATIONS AND

DIRECT SERVICES TO FIRST RESPONDERS IN VENTURA COUNTY WHO ARE SERVING THE

FRONTLINES OF THE COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT: 911 AT EASE INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF FUNDING OPERATIONS AND

DIRECT SERVICES TO FIRST RESPONDERS IN VENTURA COUNTY WHO ARE SERVING THE

FRONTLINES OF THE COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT:

ALZHEIMER'S ASSOCIATION CALIFORNIA CENTRAL COAST CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT FOR THE ALZ CARES

COMMUNITY ALLIANCES FOR RESOURCES, EDUCATION AND SUPPORT PROGRAM IN

VENTURA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: ASCENSION LUTHERAN SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE MARK AND JACOB

ISKANDER SCHOLARSHIP AT ASCENSION LUTHERAN SCHOOL FOR FOSTER KIDS

2021/2022 SCHOOL YEAR

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

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT COVID-19 VACCINE OUTREACH

AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF

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

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

POSSIBILITIES CAMPAIGN WHICH AIMS TO FUND A 6,500-SQUARE-FOOT EXPANSION

OF THE CLUB TO MEET THE GROWING DEMANDS (1 OF 3 PAYMENTS TOTALING

\$500,000 WITH FINAL DISTRIBUTION COMPLETED PRIOR TO FEBRUARY 28, 2023)

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUB OF GREATER OXNARD & PORT HUENEME

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT COVID-19 VACCINE OUTREACH

AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUB OF GREATER OXNARD & PORT HUENEME

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENHANCE AND CREATE NEW STEAM

INNOVATION CENTERS AT FOUR CLUBHOUSES (MARTIN V. SMITH, HARRIET H.

SAMUELSSON, PORT HUENEME, AND NYLAND ACRES)

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUB OF GREATER OXNARD & PORT HUENEME

(H) PURPOSE OF GRANT OR ASSISTANCE: SECOND PAYMENT IN SUPPORT OF THE \$5

MILLION COMPREHENSIVE CAMPAIGN TO RENOVATE SPACE, UPGRADE TECHNOLOGY AND

EXPAND PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUB OF MID CENTRAL COAST

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST THE CLUB WITH COVID

EXPENSES ENSURING 200 YOUTH WILL HAVE THE OPPORTUNITY TO THRIVE

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUB OF SANTA CLARA VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT COVID-19 VACCINE OUTREACH

AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA STATE UNIVERSITY NORTHRIDGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR THE MATT WINN

MEMORIAL EHSS SCHOLARSHIP AT CA STATE UNIVERSITY NORTHRIDGE

NAME OF ORGANIZATION OR GOVERNMENT: CAMARILLO HEALTH CARE DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CAMARILLO HEATH CARE

DISTRICT, ONLY TO BE USED FOR THE CARE-A-VAN SERVICE IN CAMARILLO

NAME OF ORGANIZATION OR GOVERNMENT:

CASA PACIFIC CALIFORNIA CENTERS FOR CHILDREN & FAMILIES

(H) PURPOSE OF GRANT OR ASSISTANCE: \$100,000 TO SUPPORT THE TRANSITIONAL

YOUTH SERVICE (TYS) PROGRAM AND \$100,000 TO SUPPORT THE RESIDENTIAL

TREATMENT CENTER (RTC)

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES, VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR RECOVERY AND REBUILDING

ASSISTANCE FOR EIGHT HILL-WOOLSEY FIRE CASES (CASES #15031, 17757, 15052,

14991, 15012, 16572, 15415, 15005)

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES, VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT IS RESTRICTED SPECIFICALLY TO THE SHOE PROGRAM AT MOORPARK PANTRY PLUS, A PROGRAM OF CATHOLIC CHARITIES OF VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT:

CHILD DEVELOPMENT RESOURCES OF VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF THOUSAND OAKS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL SUPPORT TO THE CITY OF THOUSAND OAKS FOR THE CIVIC AUDITORIUM/FORUM THEATRE.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY MEMORIAL HEALTH SYSTEM

(H) PURPOSE OF GRANT OR ASSISTANCE: A SECOND YEAR GRANT IN THE AMOUNT OF \$95,000 HAS BEEN APPROVED FROM VCCF CAREGIVING INITIATIVE. THE PURPOSE OF THIS GRANT IS FOR THE SALARIES FOR THE CAREGIVER NAVIGATION PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT:

COUNCIL ON AMERICAN-ISLAMIC RELATIONS CA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF

NAME OF ORGANIZATION OR GOVERNMENT:

COUNTY OF VENTURA HUMAN SERVICES AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE GRANTS TO QUALIFIED FARM

Part IV Supplemental Information

WORKER HOUSEHOLDS IMPACTED BY COVID-19. GRANTS WILL BE ADMINISTERED BY
THE FARMWORKER RESOURCE PROGRAM UNDER DIRECTION OF HSA MANAGERS.

NAME OF ORGANIZATION OR GOVERNMENT:
COUNTY OF VENTURA HUMAN SERVICES AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE GRANTS TO QUALIFIED FARM
WORKER HOUSEHOLDS IMPACTED BY COVID-19, AND WILL BE ADMINISTERED BY THE
FARMWORKER RESOURCE PROGRAM UNDER DIRECTION OF HAS MANAGERS

NAME OF ORGANIZATION OR GOVERNMENT:
COUNTY OF VENTURA HUMAN SERVICES AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE GRANTS TO QUALIFIED FARM
WORKER HOUSEHOLDS IMPACTED BY COVID-19.
GRANTS WILL BE ADMINISTERED BY THE FARMWORKER RESOURCE PROGRAM UNDER THE
DIRECTION OF HSA MANAGERS

NAME OF ORGANIZATION OR GOVERNMENT:
COUNTY OF VENTURA HUMAN SERVICES AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE GRANTS TO QUALIFIED FARM
WORKER HOUSEHOLDS IMPACTED BY COVID-19, AND WILL BE ADMINISTERED BY THE
FARMWORKER RESOURCE PROGRAM UNDER DIRECTION OF HAS MGRS

NAME OF ORGANIZATION OR GOVERNMENT:
COUNTY OF VENTURA HUMAN SERVICES AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE GRANTS TO QUALIFIED FARM
WORKER HOUSEHOLDS IMPACTED BY COVID-19. GRANTS WILL BE ADMINISTERED BY
THE FARMWORKER RESOURCE PROGRAM UNDER THE DIRECTION OF THE HSA MANAGERS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

COUNTY OF VENTURA HUMAN SERVICES AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE GRANTS TO QUALIFIED FARM

WORKER HOUSEHOLDS IMPACTED BY COVID-19.

GRANTS WILL BE ADMINISTERED BY THE FARMWORKER RESOURCE PROGRAM UNDER

DIRECTION OF HAS MANAGERS.

NAME OF ORGANIZATION OR GOVERNMENT:

COUNTY OF VENTURA HUMAN SERVICES AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE GRANTS TO QUALIFIED FARM

WORKER HOUSEHOLDS IMPACTED BY COVID-19. GRANTS WILL BE ADMINISTERED BY

THE FARMWORKER RESOURCE PROGRAM UNDER DIRECTION OF HSA MANAGERS

NAME OF ORGANIZATION OR GOVERNMENT:

COUNTY OF VENTURA HUMAN SERVICES AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE GRANTS TO QUALIFIED FARM

WORKER HOUSEHOLDS IMPACTED BY COVID-19. GRANTS WILL BE ADMINISTERED BY

THE FARMWORKER RESOURCE PROGRAM UNDER DIRECTION OF HAS MGRS

NAME OF ORGANIZATION OR GOVERNMENT: DIVERSITY COLLECTIVE VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT COVID-19 VACCINE OUTREACH

AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF

NAME OF ORGANIZATION OR GOVERNMENT: EL CONCILIO FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT COVID-19 VACCINE OUTREACH

AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF

NAME OF ORGANIZATION OR GOVERNMENT: FOCUS ON THE MASTERS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR AN ONLINE, CROSS-CURRICULAR ARTS PROGRAM SERVING CHILDREN OF ALL AGES, AS WELL AS TEACHERS AND PARENTS IN THE OJAI VALLEY AND OAK VIEW

NAME OF ORGANIZATION OR GOVERNMENT: FOOD SHARE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF

NAME OF ORGANIZATION OR GOVERNMENT: FUTURE LEADERS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 805 UNDOCUFUND GENERAL OPERATING BUDGET AS IT TRANSITIONS INTO BEING AN INDEPENDENT ORGANIZATION

NAME OF ORGANIZATION OR GOVERNMENT: FUTURE LEADERS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR ADMIN EXPENSES OF 805UNDOCUFUND-COVID-19 TO ASSIST UNDOCUMENTED INDIVIDUALS AND FAMILIES WHO HAVE LOST THEIR HOMES, WAGES, AND/OR EMPLOYMENT DUE TO COVID-19.

NAME OF ORGANIZATION OR GOVERNMENT: FUTURE LEADERS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR 805UNDOCUFUND-COVID-19 TO ASSIST UNDOCUMENTED INDIVIDUALS AND FAMILIES WHO HAVE LOST THEIR HOMES, WAGES, AND/OR EMPLOYMENT DUE TO COVID-19.

NAME OF ORGANIZATION OR GOVERNMENT: FUTURE LEADERS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR 805UNDOCUFUND-COVID-19 TO ASSIST UNDOCUMENTED INDIVIDUALS AND FAMILIES WHO HAVE LOST THEIR HOMES, WAGES, AND/OR EMPLOYMENT DUE TO COVID-19.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FUTURE LEADERS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR A NEW 805

UNDOCUFUND EXECUTIVE DIRECTOR POSITION AS PART OF THE 805 UNDOCUFUND

LONG-TERM INDEPENDENT NONPROFIT PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: FUTURE LEADERS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR UNRESTRICTED STAFF AND OPERATING

EXPENSES FOR THE 805 UNDOCUFUND COVID-19 RESPONSE EFFORTS.

NAME OF ORGANIZATION OR GOVERNMENT: FUTURE LEADERS OF AMERICA

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

ADMINISTRATIVE EXPENSES OF FUTURE LEADERS FOR AMERICA FOR THE EFFORTS IN

DISTRIBUTING DIRECT ASSISTANCE TO RECIPIENTS AFFECTED BY COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: FUTURE LEADERS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WILL FUND THE ADDITION OF

THREE BILINGUAL SUPPORT STAFF MEMBERS FOR THE 805UNDOCUFUND'S COVID-19

RESPONSE EFFORTS, AND YEAR-END BONUSES FOR THE ENTIRE 805UNDOCUFUND TEAM

WHO HAVE BEEN WORKING TO ADDRESS A SIGNIFICANT NUMBER OF APPLICATIONS FOR

NAME OF ORGANIZATION OR GOVERNMENT: FUTURE LEADERS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR A NEW 805

UNDOCUFUND EXECUTIVE DIRECTOR POSITION AS PART OF THE 805 UNDOCUFUND

LONG-TERM INDEPENDENT NONPROFIT PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: FUTURE LEADERS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PROJECT SUPPORT FOR THE 805

UNDOCUFUND TO PROVIDE BASIC NEEDS AND FINANCIAL ASSISTANCE FOR

Part IV Supplemental Information

INDIVIDUALS AND FAMILIES IN VENTURA AND SANTA BARBARA COUNTIES IN

RESPONSE TO THE COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT: FUTURE LEADERS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE

805UNDOCUFUND-COVID-19 TO ASSIST UNDOCUMENTED INDIVIDUALS AND FAMILIES

WHO HAVE LOST THEIR HOMES, WAGES, AND/OR EMPLOYMENT DUE TO COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: FUTURE LEADERS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE DIRECT SUPPORT THROUGH

THE 805 UNDOCUFUND FOR INDIVIDUALS AND FAMILIES WHO HAVE LOST THEIR

HOMES, WAGES, AND/OR EMPLOYMENT DUE TO COVID-19.

NAME OF ORGANIZATION OR GOVERNMENT: FUTURE LEADERS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR 805UNDOCUFUND-COVID-19 TO ASSIST

UNDOCUMENTED INDIVIDUALS AND FAMILIES WHO HAVE LOST THEIR HOMES, WAGES,

AND/OR EMPLOYMENT DUE TO COVID-19.

NAME OF ORGANIZATION OR GOVERNMENT: FUTURE LEADERS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR A NEW 805

UNDOCUFUND EXECUTIVE DIRECTOR POSITION AS PART OF THE 805 UNDOCUFUND

LONG-TERM INDEPENDENT NONPROFIT PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: GIVE AN HOUR NONPROFIT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF EXTENDING THE

SPANISH-SPEAKING SUPPORT LINE FOR GIVE AN HOUR IN CA IN RESPONSE TO THE

COVID-19 PANDEMIC

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: HUMANE SOCIETY OF VENTURA COUNTY

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

BUILD A HUMANE SOCIETY HUB." THIS GRANT IS TO BE USED AS A NAMING

OPPORTUNITY FOR THE NEW DOG KENNEL FOR LOST AND FOUND DOGS.

NAME OF ORGANIZATION OR GOVERNMENT: MEADOWLARK SERVICE LEAGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP OF EVENTS -

ACKNOWLEDGEMENT FOR THE SPONSORSHIPS SHOULD BE GIVEN TO THE WILLIAM AND

JOANNE CHARITABLE TRUST

NAME OF ORGANIZATION OR GOVERNMENT:

MIXTECO/INDIGENA COMMUNITY ORGANIZING PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE GRANTS TO QUALIFIED FARM

WORKER HOUSEHOLDS IMPACTED BY COVID-19.

GRANTS OF \$1000 WILL BE GIVEN TO 30 INDIGENOUS FARMWORKER HOUSEHOLDS

SERVED BY MICOP.

NAME OF ORGANIZATION OR GOVERNMENT:

MIXTECO/INDIGENA COMMUNITY ORGANIZING PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT COVID-19 VACCINE OUTREACH

AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF

NAME OF ORGANIZATION OR GOVERNMENT: MOORPARK COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND AND ENHANCE MOORPARK

COLLEGE'S BASIC NEEDS PROGRAM WHICH PROVIDES FOOD, HOUSING RESOURCES,

EMOTIONAL SUPPORT AND FINANCIAL ASSISTANCE TO STUDENTS AS THEY PURSUE

THEIR EDUCATION.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MUSEUM OF VENTURA COUNTY

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

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

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

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

SOME FU

NAME OF ORGANIZATION OR GOVERNMENT: MUSEUM OF VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WILL SUPPORT THE ARCHIVES

PROJECT, A MAJOR EFFORT TO DIGITIZE THE MUSEUM'S COLLECTION. THE

FOUR-YEAR PROJECT WILL ENSURE THAT LOCAL COLLECTIONS ARE ACCESSIBLE TO

THE PUBLIC THROUGH ONLINE SYSTEMS AVAILABLE LOCALLY, STATEWIDE, AND

NATIONALLY.

NAME OF ORGANIZATION OR GOVERNMENT: MUSEUM OF VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE PERMANENT AND ONGOING

FINANCIAL SUPPORT FOR THE MUSEUM OF VENTURA COUNTY'S EXECUTIVE DIRECTOR

POSITION.

NAME OF ORGANIZATION OR GOVERNMENT: NEW WEST SYMPHONY ASSOCIATION

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

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

AS NEW WEST SYMPHONY IS LOCATED IN WEST VENTURA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: NEW WEST SYMPHONY ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT UP TO \$30,000 EACH FOR TOUR

OF JAPAN, TOUR OF KOREA AND TOUR OF CHINA; AND UP TO \$5,000 FOR TOUR OF

INDIA, WHICH ARE PART OF NWS' 2020/21 SEASON. ANY REMAINING FUNDS MAY BE

Part IV Supplemental Information

SPENT ON OTHER NON-WESTERN PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: NYELAND PROMISE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT COVID-19 VACCINE OUTREACH

AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF

NAME OF ORGANIZATION OR GOVERNMENT:

ORGANIZACION EN CALIFORNIA DE LIDERES CAMPESINAS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT COVID-19 VACCINE OUTREACH

AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF

NAME OF ORGANIZATION OR GOVERNMENT: OUR LADY OF GUADALUPE CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT COVID-19 VACCINE OUTREACH

AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF

NAME OF ORGANIZATION OR GOVERNMENT: OXNARD ALANO CLUB

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT COVID-19 VACCINE OUTREACH

AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF

NAME OF ORGANIZATION OR GOVERNMENT:

OXNARD PERFORMING ARTS CENTER CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT COVID-19 VACCINE OUTREACH

AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF

NAME OF ORGANIZATION OR GOVERNMENT: PANCREATIC CANCER ACTION NETWORK INC.

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

ADDITIONAL SITES IN THE MIDWEST AND SOUTH TO PROVIDE PANCREATIC CANCER

PATIENTS IN THOSE AREAS INFORMATION ABOUT PRECISION PROMISE AND EXPAND

Part IV Supplemental Information

PARTICIPATION IN CLINICAL TRIALS TO ACCELERATE NEW TREATMENT OPTIONS

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST (PPCCC)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT COVID-19 VACCINE OUTREACH

AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF

NAME OF ORGANIZATION OR GOVERNMENT: LUCHA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT COVID-19 VACCINE OUTREACH

AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF

NAME OF ORGANIZATION OR GOVERNMENT: REITER AFFILIATED COMPANIES, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT COVID-19 VACCINE OUTREACH

AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF

NAME OF ORGANIZATION OR GOVERNMENT: SACRED HEART CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CAPITAL IMPROVEMENTS AND

MAINTENANCE, PLEASE NOTE THAT GRANT FUNDS MAY NOT BE USED FOR

ADMINISTRATIVE PURPOSES.

NAME OF ORGANIZATION OR GOVERNMENT: SAFE PASSAGE YOUTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT COVID-19 VACCINE OUTREACH

AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF

NAME OF ORGANIZATION OR GOVERNMENT: SANTA PAULA CHAMBER OF COMMERCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT COVID-19 VACCINE OUTREACH

AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE ARC OF VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED FOR THE PURCHASE OF A PASSENGER VEHICLE THAT WILL BE USED FOR IN-PERSON SERVICES RELATED TO COMMUNITY INTEGRATION

NAME OF ORGANIZATION OR GOVERNMENT:

TOTALLY LOCAL VC AGRICULTURAL EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: INDIVIDUAL ASSISTANCE FOR 30 VENTURA OR LOS ANGELES COUNTY HOUSEHOLDS IMPACTED BY THE HILL-WOOLSEY FIRE

NAME OF ORGANIZATION OR GOVERNMENT: VENTURA COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO GRANT SCHOLARSHIPS TO STUDENTS WHO HAVE ATTENDED VENTURA COLLEGE TO HELP FUND THEIR EDUCATION AFTER GRADUATING FROM VC AT ANY FOUR-YEAR COLLEGE OR UNIVERSITY.

NAME OF ORGANIZATION OR GOVERNMENT: VENTURA COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING TO GRANT SCHOLARSHIPS TO STUDENTS WHO HAVE ATTENDED VENTURA COLLEGE TO HELP FUND THEIR EDUCATION AFTER GRADUATING FROM VC AT ANY FOUR-YEAR COLLEGE OR UNIVERSITY.

NAME OF ORGANIZATION OR GOVERNMENT:

VENTURA COUNTY AIR POLLUTION CONTROL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE AIR QUALITY IMPROVEMENT PROGRAMS: CITY OF VENTURA LANDSCAPE EQUIPMENT REBATE PROGRAM AND LAKE CASITAS ROWING ASSOCIATION TRAINING BOAT REPOWER

NAME OF ORGANIZATION OR GOVERNMENT: VENTURA COUNTY CIVIC ALLIANCE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: RESEARCH SPONSORSHIP - PRODUCTION

AND DISTRIBUTION OF THE BI-ANNUAL STATE OF THE REGION REPORT

NAME OF ORGANIZATION OR GOVERNMENT:

VENTURA COUNTY FAMILY JUSTICE CENTER FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR THE NECESSARY

INFRASTRUCTURE FOR THE PETS OF THE RESIDENTS IN THE 4-UNIT TINY HOMES

NAME OF ORGANIZATION OR GOVERNMENT:

VENTURA COUNTY FAMILY JUSTICE CENTER FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR THE ADDITION

OF A 4-UNIT TINY HOME VILLAGE AT THE FAMILY JUSTICE CENTER FOR

TRANSITIONAL HOUSING FOR FAMILIES, INCLUDING CHILDREN AND PETS

NAME OF ORGANIZATION OR GOVERNMENT: VENTURA COUNTY TAXPAYERS ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT COVID-19 VACCINE OUTREACH

AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF

NAME OF ORGANIZATION OR GOVERNMENT: VISIONLINK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CASE MANAGEMENT SOFTWARE BEING

DEVELOPED BY THE COUNTY OF VENTURA; \$38,500 TO BE USED FOR FUND

DISTRIBUTION TRACKING AND \$11,500 FOR MEGAN,S LAW DATA INTEGRATION;

INCLUDES SPECIFICATIONS DEVELOPMENT, PROJECT MANAGEMENT, AND TESTING AND

DEPLOYMENT

NAME OF ORGANIZATION OR GOVERNMENT:

VISTA REAL CHARTER HIGH SCHOOL (SANTA PAULA CAMPUS)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT COVID-19 VACCINE OUTREACH

Part IV Supplemental Information

AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF

NAME OF ORGANIZATION OR GOVERNMENT:

WESTERN FOUNDATION OF VERTEBRATE ZOOLOGY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE OJAI DIGITAL PROGRAMMING AND MENTORING INITIATIVE TO WORK WITH OJAI VALLEY AND OAK VIEW STUDENTS AND TEACHERS TO SUPPORT SCIENCE EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: WESTMINSTER FREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF

NAME OF ORGANIZATION OR GOVERNMENT: YMCA - SOUTHEAST VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: INDIVIDUAL ASSISTANCE FOR 70 VENTURA OR LOS ANGELES COUNTY HOUSEHOLDS IMPACTED BY THE HILL-WOOLSEY FIRE

(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

2020

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 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) 2020

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)	230,090.	48,300.	5,400.	14,401.	6,732.	304,923.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BONNIE GILLES VP & CFO	(i)	178,665.	29,321.	3,000.	12,823.	444.	224,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JIM RIVERA CHIEF COMPLIANCE OFFICER	(i)	147,783.	8,500.	3,000.	0.	275.	159,558.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

THE VCCF BOARD OF DIRECTORS APPROVED A BONUS PAY STRUCTURE FOR THE

EXECUTIVE STAFF. THE CEO HAS A RANGE OF 0 TO 20%, AND THE CFO, CCO AND COO

HAVE RANGES FROM 5 TO 15%. THE BOARD APPROVES THE BONUS FOR THE OFFICERS

(CEO AND CFO) AND THE CEO APPROVES OTHER BONUSES. THESE BONUSES ARE

DETERMINED AND RECOMMENDED BASED ON THE ANNUAL REVIEW CYCLE FOR THE

EMPLOYEES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**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	7	793,031.	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	X	1	630,000.	APPRAISAL
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 10

	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) 2020

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 CONTRIBUTORS 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

2020

Open to Public
Inspection

Name of the organization

VENTURA COUNTY COMMUNITY FOUNDATION

Employer identification number

77-0165029

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.

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

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization VENTURA COUNTY COMMUNITY FOUNDATION	Employer identification number 77-0165029
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WWW.VCCF.ORG.

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

CHANGE IN VALUE OF SPLIT INTEREST TRUSTS	-27,251.
CHANGE IN VALUE OF INTEREST RATE SWAP	-202,084.
TOTAL TO FORM 990, PART XI, LINE 9	-229,335.

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

2020

**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	1,093,872.	8,813,850.	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	
VCCF COMPLEX ASSETS - 85-1735066 4001 MISSION OAKS BLVD SUITE A CAMARILLO, CA 93012	COMPLEX ASSETS MANAGEMENT	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) 2020

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	25,000.	CASH
(2) MARTIN V. AND MARTHA K. SMITH FOUNDATION	L	53,157.	CASH
(3)			
(4)			
(5)			
(6)			

