

# **PUBLIC DISCLOSURE COPY**

**PLEASE FILE IN A SAFE PLACE**

**ARMANINO <sup>LLP</sup>**

12657 Alcosta Blvd., Suite 500  
San Ramon, CA 94583  
ph 925.790.2600  
fx 925.790.2601

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

**A** For the **2019** calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> 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  <b>F</b> Name and address of principal officer: VANESSA BECHTEL SAME AS C ABOVE	<b>D</b> Employer identification number  77-0165029  <b>E</b> Telephone number (805) 988-0196  <b>G</b> Gross receipts \$ 40,721,503.  <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ WWW.VCCF.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1987
		<b>M</b> State of legal domicile: CA

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: TO PROMOTE AND ENABLE PHILANTHROPY TO IMPROVE OUR COMMUNITY FOR GOOD AND FOR EVER.		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	10
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	10
	<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	19
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	100
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-36,175.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	-36,175.
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	28,140,045.	17,822,803.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	997,541.	1,088,629.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,355,058.	2,686,814.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
<b>12</b>			38,492,644.	21,598,246.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,681,166.	18,790,283.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	1,272,124.	1,589,303.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 216,920.	0.	0.
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,208,628.	3,255,771.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,161,918.	23,635,357.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	23,330,726.	-2,037,111.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	148,269,326.	164,460,538.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	22,608,962.	34,247,454.
	<b>22</b>		125,660,364.	130,213,084.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer VANESSA BECHTEL, PRESIDENT & CEO Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name KATY BROWN	Preparer's signature KATY BROWN
	Date 07/22/21	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 [X]

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 20,231,104. including grants of \$ 18,790,283. ) (Revenue \$ 277,808. ) CONNECTING DONORS TO THE COMMUNITY NEEDS THEY CARE ABOUT, THE VENTURA COUNTY COMMUNITY FOUNDATION GRANTED \$11,873,550 TO 270 UNIQUE PUBLIC CHARITIES, \$1,024,274 TO MORE THAN TWO HUNDRED FIFTY LOCAL STUDENTS VIA OUR SCHOLARSHIP PROGRAM, \$2,214,550 TO SUPPORT THE 2020 CENSUS COMPLETE COUNT EFFORTS AND \$3,885,000 TO SUPPORT LOCAL BUSINESSES AND NONPROFIT ORGANIZATIONS THROUGH A BUSINESS ASSISTANCE GRANTS PROGRAM. 89 PERCENT OF TOTAL GRANTS WERE TO PUBLIC CHARITIES IN THE VENTURA COUNTY REGION. RECIPIENT SECTORS INCLUDED ANIMAL WELFARE, ARTS AND CULTURE, EDUCATION, HEALTH MEDICINES AND SCIENCE, HUMAN SERVICES, RELIGION-RELATED, YOUTH SERVICES, SOCIAL JUSTICE, AND OTHER SERVICES.

4b (Code: ) (Expenses \$ 1,164,695. including grants of \$ ) (Revenue \$ ) INCREASING CHARITABLE GIVING IN FISCAL YEAR 2020, \$18 MILLION WAS ADDED TO DONOR FUNDS BRINGING THE TOTAL CHARITABLE ASSETS UNDER THE STEWARDSHIP OF THE VENTURA COUNTY COMMUNITY FOUNDATION TO \$164 MILLION.

4c (Code: ) (Expenses \$ 1,075,707. including grants of \$ ) (Revenue \$ 817,083. ) 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 22,471,506.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated 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 (10), 1b (10), 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) SCOTT HANSEN CHAIR	1.00	X		X				0.	0.	0.
(2) MICHAEL SILACCI VICE CHAIR / TREASURER (LEFT 09/20)	1.00	X		X				0.	0.	0.
(3) TIM GALLAGHER SECRETARY (LEFT 09/20)	1.00	X		X				0.	0.	0.
(4) GEOFF DEAN DIRECTOR	1.00	X						0.	0.	0.
(5) JACK EDELSTEIN DIRECTOR (START 01/20)	1.00	X						0.	0.	0.
(6) JOHN KEARNEY DIRECTOR (START 01/20)	1.00	X						0.	0.	0.
(7) LEAH LACAYO DIRECTOR (START 01/20)	1.00	X						0.	0.	0.
(8) SEAN L LEONARD DIRECTOR	1.00	X						0.	0.	0.
(9) STANLEY C. MANTOOTH DIRECTOR	1.00	X						0.	0.	0.
(10) CHARLES MAXEY, PHD DIRECTOR (LEFT 09/20)	1.00	X						0.	0.	0.
(11) JIM MCGEE DIRECTOR	1.00	X						0.	0.	0.
(12) MICHAEL POWERS DIRECTOR	1.00	X						0.	0.	0.
(13) VERONICA QUINTANA DIRECTOR	1.00	X						0.	0.	0.
(14) VANESSA BECHTEL PRESIDENT & CEO	40.00			X				252,275.	0.	20,437.
(15) BONNIE GILLES CHIEF FINANCIAL OFFICER	40.00			X				183,298.	0.	11,076.
(16) JIM RIVERA CHIEF COMPLIANCE OFFICER	40.00					X		167,583.	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	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	161,643.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	17,661,160.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$ 311,878.				
	<b>h Total.</b> Add lines 1a-1f .....			17,822,803.			
Program Service Revenue	<b>2 a</b> RENTAL INCOME .....	<b>Business Code</b>					
		531120	810,821.	810,821.			
	<b>b</b> MANAGEMENT FEES .....	561000	277,808.	277,808.			
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			1,088,629.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,091,736.	6,262.	-36,175.	2,121,649.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	19,718,335.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	19,123,257.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	595,078.				
	<b>d</b> Net gain or (loss) .....			595,078.		595,078.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
	<b>b</b> Less: direct expenses .....	<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
	<b>b</b> Less: direct expenses .....	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> .....	<b>Business Code</b>					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			21,598,246.	1,094,891.	-36,175.	2,716,727.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	17,470,032.	17,470,032.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	1,320,251.	1,320,251.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	515,255.	317,135.	153,488.	44,632.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	897,635.	565,205.	237,390.	95,040.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,385.	17,993.	7,997.	2,395.
<b>9</b> Other employee benefits .....	54,459.	35,626.	14,024.	4,809.
<b>10</b> Payroll taxes .....	93,569.	59,460.	25,137.	8,972.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	379,011.	91,240.	287,771.	
<b>c</b> Accounting .....	56,024.	3,457.	52,085.	482.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	398,049.	398,049.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	651,397.	651,397.		
<b>12</b> Advertising and promotion .....	428,270.	400,161.	7,027.	21,082.
<b>13</b> Office expenses .....	98,589.	50,783.	38,432.	9,374.
<b>14</b> Information technology .....	99,537.	56,495.	29,588.	13,454.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	346,190.	342,963.	3,227.	
<b>17</b> Travel .....	7,186.	665.	6,521.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	21,712.	9,849.	11,062.	801.
<b>20</b> Interest .....	459,034.	419,028.	40,006.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	204,321.	199,800.	4,521.	
<b>23</b> Insurance .....	106,451.	61,917.	28,655.	15,879.
<b>24</b> 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.)				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	23,635,357.	22,471,506.	946,931.	216,920.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	179,764.	<b>1</b>	330,524.
	<b>2</b> Savings and temporary cash investments .....	4,089,116.	<b>2</b>	11,301,577.
	<b>3</b> Pledges and grants receivable, net .....	3,787,666.	<b>3</b>	5,026,575.
	<b>4</b> Accounts receivable, net .....	162,572.	<b>4</b>	386,334.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	117,780.	<b>9</b>	104,307.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 10,659,840.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,079,124.	8,771,258.	<b>10c</b> 8,580,716.
	<b>11</b> Investments - publicly traded securities .....	108,590,129.	<b>11</b>	114,337,340.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	21,821,545.	<b>12</b>	23,732,823.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	749,496.	<b>15</b>	660,342.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	148,269,326.	<b>16</b>	164,460,538.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	331,868.	<b>17</b>	496,763.
	<b>18</b> Grants payable .....	340,414.	<b>18</b>	569,190.
	<b>19</b> Deferred revenue .....	1,701.	<b>19</b>	7,105,000.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	15,101,916.	<b>21</b>	19,028,777.
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	4,419,359.	<b>23</b>	4,517,309.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	2,000,000.	<b>24</b>	2,000,000.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	413,704.	<b>25</b>	530,415.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	22,608,962.	<b>26</b>	34,247,454.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	116,528,852.	<b>27</b>	121,107,876.
	<b>28</b> Net assets with donor restrictions .....	9,131,512.	<b>28</b>	9,105,208.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	125,660,364.	<b>32</b>	130,213,084.
<b>33</b> Total liabilities and net assets/fund balances .....	148,269,326.	<b>33</b>	164,460,538.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	21,598,246.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	23,635,357.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-2,037,111.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	125,660,364.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	6,703,108.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-113,277.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	130,213,084.

**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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2019)



**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,547,404.	2,843,901.	4,274,639.	28,140,045.	17,822,803.	54,628,792.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1,547,404.	2,843,901.	4,274,639.	28,140,045.	17,822,803.	54,628,792.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						132,238.
<b>6 Public support.</b> Subtract line 5 from line 4.						54,496,554.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	1,547,404.	2,843,901.	4,274,639.	28,140,045.	17,822,803.	54,628,792.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,035,860.	1,488,639.	1,734,081.	1,944,826.	2,091,736.	8,295,142.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						62,923,934.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	4,715,591.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	86.61 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	82.40 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

**Part VI**

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

Multiple horizontal lines for supplemental information.

# Schedule B

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2019

Name of the organization

VENTURA COUNTY COMMUNITY FOUNDATION

Employer identification number

77-0165029

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

**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	_____ _____ _____	\$ 4,641,345.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 3,141,782.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 1,639,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 1,387,209.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 1,095,833.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 1,000,000.	Person <input checked="" 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
---	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 780,654.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 747,856.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

**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
---	--

**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.

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

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**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)	5,576,515.	17,847,811.
3 Aggregate value of grants from (during year)	6,315,807.	18,790,283.
4 Aggregate value at end of year	27,408,799.	123,108,087.

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) 2019

**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             | 15,101,916. |
| d Additions during the year     | 4,962,739.  |
| e Distributions during the year | 1,035,878.  |
| f Ending balance                | 19,028,777. |
- 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	119,914,481.	106,019,906.	102,828,306.	92,251,843.	88,458,585.
b Contributions	3,365,312.	16,316,881.	1,966,146.	2,339,745.	
c Net investment earnings, gains, and losses	9,144,438.	3,367,292.	6,820,966.	11,662,632.	7,128,951.
d Grants or scholarships	7,058,432.	5,789,598.	5,595,512.	3,425,914.	3,335,693.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	125,365,799.	119,914,481.	106,019,906.	102,828,306.	92,251,843.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  93.70 %
  - b Permanent endowment  .80 %
  - c Term endowment  5.50 %
- 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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.	1,492,701.	6,387,140.
c Leasehold improvements		124,931.	122,808.	2,123.
d Equipment		470,068.	463,615.	6,453.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,580,716.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) FIXED INCOME COMPOSITE	2,646,231.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUND COMPOSITE	12,744,326.	END-OF-YEAR MARKET VALUE
(C) PRIVATE EQUITY COMPOSITE	8,342,266.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	23,732,823.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PLANNED GIVING LIABILITY	339,116.
(3) SECURITY DEPOSITS	61,076.
(4) VALUE OF INTEREST RATE SWAP	105,866.
(5) PPP LOAN	24,357.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	530,415.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	27,790,028.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	6,703,108.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-113,277.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	6,589,831.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	21,200,197.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	398,049.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	398,049.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	21,598,246.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	23,237,308.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	23,237,308.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	398,049.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	398,049.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	23,635,357.

**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 9/30/2020, VCCF MAINTAINED 93 AGENCY FUNDS

WITH NET ASSETS TOTALING \$19,028,777.

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 -7,411.

CHANGE IN VALUE OF INTEREST RATE SWAP -105,866.

TOTAL TO SCHEDULE D, PART XI, LINE 2D -113,277.

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS OF VENTURA COUNTY - 836 CALLE PLANO - CAMARILLO, CA 93012	53-0196605	501(C)(3)	140,000.	0.			FOR GENERAL CHARITABLE PURPOSES, WITHIN VENTURA COUNTY
AMERICAN RED CROSS OF VENTURA COUNTY - 836 CALLE PLANO - CAMARILLO, CA 93012	53-0196605	501(C)(3)	46,200.	0.			TO PURCHASE 1,100 COTS THAT WILL REPLACE THE MILITARY-STYLE COTS USED IN THE HILL-WOOLSEY
ARCHDIOCESE OF LOS ANGELES 3424 WILSHIRE BLVD. LOS ANGELES, CA 90010-2241	95-1642382	501(C)(3)	20,000.	0.			RESTRICTED TO PADRE SERRA PARISH MUSIC MINISTRY
ARCHDIOCESE OF LOS ANGELES 3424 WILSHIRE BLVD. LOS ANGELES, CA 90010-2241	95-1642382	501(C)(3)	20,000.	0.			RESTRICTED TO ST. JOHN'S SEMINARY CAPITAL PROJECT
ARCHDIOCESE OF LOS ANGELES 3424 WILSHIRE BLVD. LOS ANGELES, CA 90010-2241	95-1642382	501(C)(3)	10,000.	0.			FOR THE CALLED TO RENEW CAMPAIGN, PLEASE GIVE CREDIT TO ST. MAXIMILIAN KOLBE
AREA HOUSING AUTHORITY 1400 W. HILLCREST DR. NEWBURY PARK, CA 91320-2721	95-2775099	501(C)(3)	10,000.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 110.

**3** Enter total number of other organizations listed in the line 1 table ▶ 31.

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

**Schedule I (Form 990) (2019)**



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALL STATE UNIVERSITY FOUNDATION 2800 WEST BETHEL AVE MUNCIE, IN 47304	35-6024566	501(C)(3)	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	501(C)(3)	20,000.	0.			IN SUPPORT OF FUND # 2854 - THE BONA D. PRESS CCIM GRADUATE ASSISTANTSHIP FUND
BATES ENTERPRISES, INC. 51 HOLLYWOOD BLVD CHILDERSBURG, AL 35044	63-1141090		208,390.	0.			FOR N95 MASKS AND GOGGLES WITH VISOR SHIELD SHIPPED TO 90210 SURGERY MEDICAL CENTER
BATES ENTERPRISES, INC. 51 HOLLYWOOD BLVD CHILDERSBURG, AL 35044	63-1141090		44,400.	0.			TO COVER SHIPPING CHARGES FOR 60,000 HONEYWELL N95 MASKS TO 90210 SURGERY MEDICAL CENTER IN BEVERLY
BATES ENTERPRISES, INC. 51 HOLLYWOOD BLVD CHILDERSBURG, AL 35044	63-1141090		15,850.	0.			FOR ISOLATION SUIT SHIPMENTS TO 90120 SURGERY MEDICLE CENTER
BATES ENTERPRISES, INC. 51 HOLLYWOOD BLVD CHILDERSBURG, AL 35044	63-1141090		8,940.	0.			FOR N95 MASK CUP SHIPPMENT TO 90210 SURGERY CENTER
BOYS & GIRLS CLUB OF GREATER CONEJO VALLEY - 30343 CANWOOD STREET, STE. 200 - AGOURA HILLS, CA 91301	91-2151731	501(C)(3)	25,000.	0.			FOR GENERAL CHARITALE PURPOSES OF BOYS & GIRLS CLUB OF GREATER CONEJO VALLEY.
BOYS & GIRLS CLUB OF GREATER OXNARD & PORT HUENEME - 1900 WEST 5TH STREET - OXNARD, CA 93030	95-1785162	501(C)(3)	66,000.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS
BOYS & GIRLS CLUB OF GREATER OXNARD & PORT HUENEME - 1900 WEST 5TH STREET - OXNARD, CA 93030	95-1785162	501(C)(3)	50,000.	0.			TO SUPPORT THE CAMPAIGN TO RENOVATE SPACE, UPGRADE TECHNOLOGY AND EXPAND PROGRAMMING;

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF GREATER OXNARD & PORT HUENEME - 1900 WEST 5TH STREET - OXNARD, CA 93030	95-1785162	501(C)(3)	30,000.	0.			BELIEVE IN THE NEXT GENERATION CAMPAIGN
BOYS & GIRLS CLUB OF GREATER OXNARD & PORT HUENEME - 1900 WEST 5TH STREET - OXNARD, CA 93030	95-1785162	501(C)(3)	10,000.	0.			FOR GENERAL CHARITALE PURPOSES OF BOYS & GIRLS CLUB OF GREATER OXNARD & PORT HUENEME.
BOYS & GIRLS CLUB OF MOORPARK P.O. BOX 514 MOORPARK, CA 93020	77-0112701	501(C)(3)	10,000.	0.			FOR GENERAL CHARITALE PURPOSES OF BOYS & GIRLS CLUB OF MOORPARK AND SIMI VALLEY.
BOYS & GIRLS CLUB OF SANTA CLARA VALLEY - P O BOX 152 - SANTA PAULA, CA 93061	95-2497853	501(C)(3)	11,100.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS
BOYS & GIRLS CLUB OF SANTA CLARA VALLEY - P O BOX 152 - SANTA PAULA, CA 93061	95-2497853	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
BOYS & GIRLS CLUB OF SANTA CLARA VALLEY - P O BOX 152 - SANTA PAULA, CA 93061	95-2497853	501(C)(3)	7,000.	0.			THE AFTER SCHOOL STEM ACADEMY
BOYS & GIRLS CLUB OF SANTA MARIA VALLEY - 901 NORTH RAILROAD AVE - SANTA MARIA, CA 93458	95-2468116	501(C)(3)	9,600.	0.			TO SUPPORT OPENING THE CENTER ON SATURDAYS TO BETTER SERVE THE COMMUNITY
BOYS & GIRLS CLUB OF SANTA MARIA VALLEY - 901 NORTH RAILROAD AVE - SANTA MARIA, CA 93458	95-2468116	501(C)(3)	7,000.	0.			COVID-19 OPERATIONAL NEEDS FOR THE BOYS & GIRLS CLUBS OF THE MID CENTRAL COAST
CABRILLO ECONOMIC DEVELOPMENT CORP. - 702 COUNTY SQUARE DRIVE - VENTURA, CA 93003	95-3681521	501(C)(3)	20,000.	0.			FOR FINANCIAL SUPPORT FOR INDIVIDUALS AND FAMILIES, SCHOOL SUPPLIES AND SNACKS FOR CHILDREN,

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA LUTHERAN UNIVERSITY 60 WEST OLSEN ROAD #1300 THOUSAND OAKS, CA 91360	95-2962604	501(C)(3)	25,000.	0.			FUNDING 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	501(C)(3)	21,148.	0.			TO SUPPORT THE CALIFORNIA OIL MUSEUM AND ITS PROGRAMS
CALIFORNIA OIL MUSEUM P.O. BOX 48 SANTA PAULA, CA 93061-0048	45-3830307	501(C)(3)	5,693.	0.			TO SUPPORT THE CALIFORNIA OIL MUSEUM LOCATED IN SANTA PAULA, CA
CALIFORNIA RURAL LEGAL ASSISTANCE, INC. - P.O. BOX 1561 - OXNARD, CA 93032-1561	95-2428657	501(C)(3)	30,000.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS
CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS - STUDENT BUSINESS SERVICES 1 UNIVERSITY DR - CAMARILLO, CA	77-0433230	501(C)(3)	10,000.	0.			TO SUPPORT A FORMAL EVALUATION OF VCCF'S CAREGIVING INITIATIVE AT ADVENTIST HEALTH SIMI
CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS FOUNDATION - ONE UNIVERSITY DRIVE - CAMARILLO, CA 93012	77-0433230	501(C)(3)	10,000.	0.			VENTURA COUNTY STUDENT & FAMILY COLLEGE READINESS INSTITUTE
CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS FOUNDATION - ONE UNIVERSITY DRIVE - CAMARILLO, CA 93012	77-0433230	501(C)(3)	7,500.	0.			TO SUPPORT 50 CSUCI GRADUATES TO PARTICIPATE IN THE ADOPT-A-GRAD PROGRAM. ALUMNI RECEIVING
CAMARILLO HEALTH CARE DISTRICT 3639 E. LAS POSAS RD., SUITE 117 CAMARILLO, CA 93010	95-2834854	501(C)(3)	142,958.	0.			TO SUPPORT THE CAMARILLO HEALTH CARE DISTRICT'S CARE-A-VAN TRANSPORTATION PROGRAM.
CAREGIVERS: VOLUNTEERS ASSISTING THE ELDERLY - 1765 GOODYEAR AVENUE, SUITE 205 - VENTURA, CA 93003-8015	77-0081692	501(C)(3)	18,750.	0.			FOR GENERAL CHARITABLE PURPOSES OF CAREGIVERS: VOLUNTEERS ASSISTING THE ELDERLY.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARING HANDS FOR CHILDREN 6901 MCLAREN AVE WEST HILLS, CA 91307	91-2102436	501(C)(3)	10,000.	0.			FOR GENERAL CHARITABLE PURPOSES
CASA PACIFICA CENTERS FOR CHILDREN & FAMILIES - 1722 SOUTH LEWIS ROAD - CAMARILLO, CA 93012-8520	77-0195022	501(C)(3)	47,552.	0.			TO SUPPORT CASA PACIFICA (YOUTH CONNECTION OF VENTURA COUNTY) FOR MEDICAL, DENTAL, OPTICAL
CASA PACIFICA CENTERS FOR CHILDREN & FAMILIES - 1722 SOUTH LEWIS ROAD - CAMARILLO, CA 93012-8520	77-0195022	501(C)(3)	30,000.	0.			FOR GENERAL CHARITABLE PURPOSES OF CASA PACIFICA CENTERS FOR CHILDREN & FAMILIES.
CATHOLIC CHARITIES OF LOS ANGELES 1531 JAMES M. WOOD BLVD. LOS ANGELES, CA 90015-0095	95-1690973	501(C)(3)	25,000.	0.			FOR GENERAL CHARITABLE PURPOSES OF CATHOLIC CHARITIES OF LOS ANGELES.
CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY - 2021 SPERRY AVENUE, SUITE 9 - VENTURA, CA 93003	77-0578864	501(C)(3)	66,667.	0.			TO BE USED EXCLUSIVELY FOR ADMINISTRATIVE CAPACITY FOR THE 805 UNDOCUFUND TO PROVIDE
CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY - 2021 SPERRY AVENUE, SUITE 9 - VENTURA, CA 93003	77-0578864	501(C)(3)	20,000.	0.			FOR GENERAL CHARITABLE PURPOSES
CHAMBER OF COMMERCE -SANTA PAULA 200 NORTH 10TH STREET SANTA PAULA, CA 93060	95-1192410	501(C)(6)	26,500.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT
CHAMBER OF COMMERCE -SANTA PAULA P. O. BOX 1 SANTA PAULA, CA 93061	95-1192410	501(C)(6)	10,000.	0.			OUTREACH TO 30,000 PEOPLE; ATTEND WEEKLY LOCAL FOOD DISTRIBUTION CENTERS TO PROVIDE
CHAMBER OF COMMERCE -SANTA PAULA P. O. BOX 1 SANTA PAULA, CA 93061	95-1192410	501(C)(6)	9,500.	0.			OUTREACH TO 15,000 INDIVIDUALS; FOCUS ACTIVITIES ON THE THREE CENSUS TRACTS THAT ARE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHANNEL ISLANDS YMCA-VENTURA FAMILY BRANCH - 3760 TELEGRAPH RD. - VENTURA, CA 93003	95-1643379	501(C)(3)	10,000.	0.			TO SUPPORT STAFFING SUPPLIES AND FACILITY USAGE.
CHANNEL ISLANDS YMCA-VENTURA FAMILY BRANCH - 3760 TELEGRAPH RD. - VENTURA, CA 93003	95-1643379	501(C)(3)	6,241.	0.			FOR GENERAL CHARITABLE PURPOSES
CHILD DEVELOPMENT RESOURCES 221 E. VENTURA BOULEVARD OXNARD, CA 93036	95-3543275	501(C)(3)	25,590.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS
CHILD DEVELOPMENT RESOURCES OF VENTURA COUNTY - 221 VENTURA BOULEVARD - OXNARD, CA 93036	95-3543275	501(C)(3)	8,895.	0.			"OUTREACH TO 20,000 INDIVIDUALS MAIN OBJECTIVE WILL BE TO CONTINUE SUPPORT OF CDR'S
CHILD DEVELOPMENT RESOURCES OF VENTURA COUNTY - 221 VENTURA BOULEVARD - OXNARD, CA 93036	95-3543275	501(C)(3)	5,113.	0.			TO USE THESE FUNDS TO RETAIN THE CDR CENSUS COORDINATOR TO ASSIST WITH WRAP-UP OF ALL
CITY OF CAMARILLO P.O. BOX 248 CAMARILLO, CA 93011-0248	95-2313271	CITY OF CAMARILLO	11,000.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS
CITY OF FILLMORE 250 CENTRAL AVE. FILLMORE, CA 93015	95-6000710	CITY OF FILLMORE	6,000.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS
CITY OF MOORPARK 799 MOORPARK AVENUE MOORPARK, CA 93021	95-3860962	CITY OF MOORPARK	10,000.	0.			RETURN OF \$10,000 CONTRIBUTION TO THE VENTURA COUNTY BUSINESS ASSISTANCE GRANT PROGRAM
CITY OF MOORPARK 799 MOORPARK AVENUE MOORPARK, CA 93021	95-3860962	CITY OF MOORPARK	5,600.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF OXNARD 300 W. THIRD ST. 4TH FLOOR OXNARD, CA 93030	95-6000756	CITY OF OXNARD	9,500.	0.			OUTREACH TO 160,000 INDIVIDUALS. PRINT CENSUS INSERTS THAT WILL BE INCLUDED IN CITY
CITY OF SIMI VALLEY 2929 TAPO CANYON ROAD SIMI VALLEY, CA 93063	95-2626170	CITY OF SIMI VALLEY	20,000.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS
CITY OF THOUSAND OAKS 2100 E. THOUSAND OAKS BLVD. THOUSAND OAKS, CA 91362	95-2367314	CITY OF THOUSAND OAK	210,128.	0.			THE PRIMARY PURPOSE OF THE FUND SHALL BE TO PROVIDE FINANCIAL SUPPORT TO THE CITY OF THOUSAND
CITY OF VENTURA P.O. BOX 99 VENTURA, CA 93002-0099	95-6000807	CITY OF VENTURA	22,000.	0.			BIG BELLY ADVERTISEMENTS ADVERTISEMENTS ON SMART WASTE & RECYCLING SOLUTIONS FOR PUBLIC
COMMUNITY ACTION OF VENTURA COUNTY, INC. - 621 RICHMOND AVE. - OXNARD, CA 93030	95-2408644	501(C)(3)	26,786.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS
COMMUNITY FOUNDATION FOR MONTEREY COUNTY - 2354 GARDEN RD. - MONTEREY, CA 93940	94-1615879	501(C)(3)	124,584.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS
COMMUNITY FOUNDATION FOR MONTEREY COUNTY - 2354 GARDEN RD. - MONTEREY, CA 93940	94-1615879	501(C)(3)	72,276.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,
COMMUNITY FOUNDATION FOR MONTEREY COUNTY - 2354 GARDEN RD. - MONTEREY, CA 93940	94-1615879	501(C)(3)	48,184.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,
COMMUNITY FOUNDATION FOR MONTEREY COUNTY - 2354 GARDEN RD. - MONTEREY, CA 93940	94-1615879	501(C)(3)	48,184.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION FOR MONTEREY COUNTY - 2354 GARDEN RD. - MONTEREY, CA 93940	94-1615879	501(C)(3)	48,184.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,
COMMUNITY FOUNDATION FOR MONTEREY COUNTY - 2354 GARDEN RD. - MONTEREY, CA 93940	94-1615879	501(C)(3)	30,000.	0.			ADDITIONAL FUNDS FROM THE STATE OF CALIFORNIA'S COMPLETE COUNT OFFICE TO AUGMENT CENSUS OUTREACH
COMMUNITY FOUNDATION FOR MONTEREY COUNTY - 2354 GARDEN RD. - MONTEREY, CA 93940	94-1615879	501(C)(3)	24,092.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,
COMMUNITY FOUNDATION FOR MONTEREY COUNTY - 2354 GARDEN RD. - MONTEREY, CA 93940	94-1615879	501(C)(3)	24,000.	0.			TO SUPPORT CENSUS OUTREACH EFFORTS FOR HARD TO COUNT COMMUNITIES.
COMMUNITY FOUNDATION FOR MONTEREY COUNTY - 2354 GARDEN RD. - MONTEREY, CA 93940	94-1615879	501(C)(3)	13,384.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,
COMMUNITY FOUNDATION FOR MONTEREY COUNTY - 2354 GARDEN RD. - MONTEREY, CA 93940	94-1615879	501(C)(3)	13,384.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,
COMMUNITY FOUNDATION FOR SAN BENITO COUNTY - 829 SAN BENITO ST #200 - HOLLISTER, CA 95023	77-0312582	501(C)(3)	81,300.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO
COMMUNITY FOUNDATION FOR SAN BENITO COUNTY - 829 SAN BENITO ST #200 - HOLLISTER, CA 95023	77-0312582	501(C)(3)	9,035.	0.			HARD-TO-COUNT POPULATIONS THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,
COMMUNITY FOUNDATION FOR SAN BENITO COUNTY - 829 SAN BENITO ST #200 - HOLLISTER, CA 95023	77-0312582	501(C)(3)	6,023.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION FOR SAN BENITO COUNTY - 829 SAN BENITO ST #200 - HOLLISTER, CA 95023	77-0312582	501(C)(3)	6,023.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,
COMMUNITY FOUNDATION FOR SAN BENITO COUNTY - 829 SAN BENITO ST #200 - HOLLISTER, CA 95023	77-0312582	501(C)(3)	6,023.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,
COMMUNITY FOUNDATION SANTA CRUZ COUNTY - 7807 SOQUEL DRIVE - APTOS, CA 95003	94-2808039	501(C)(3)	27,103.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,
COMMUNITY FOUNDATION SANTA CRUZ COUNTY - 7807 SOQUEL DRIVE - APTOS, CA 95003	94-2808039	501(C)(3)	18,069.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,
COMMUNITY FOUNDATION SANTA CRUZ COUNTY - 7807 SOQUEL DRIVE - APTOS, CA 95003	94-2808039	501(C)(3)	18,069.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,
COMMUNITY FOUNDATION SANTA CRUZ COUNTY - 7807 SOQUEL DRIVE - APTOS, CA 95003	94-2808039	501(C)(3)	18,069.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,
COMMUNITY FOUNDATION SANTA CRUZ COUNTY - 7807 SOQUEL DRIVE - APTOS, CA 95003	94-2808039	501(C)(3)	9,035.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,
COMMUNITY FOUNDATION SANTA CRUZ COUNTY - 7807 SOQUEL DRIVE - APTOS, CA 95003	94-2808039	501(C)(3)	9,000.	0.			TO SUPPORT CENSUS OUTREACH EFFORTS FOR HARD TO COUNT COMMUNITIES.
COMMUNITY FOUNDATION SANTA CRUZ COUNTY - 7807 SOQUEL DRIVE - APTOS, CA 95003	94-2808039	501(C)(3)	5,019.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION SANTA CRUZ COUNTY - 7807 SOQUEL DRIVE - APTOS, CA 95003	94-2808039	501(C)(3)	5,019.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,
COMMUNITY MEMORIAL HEALTH SYSTEM 2674 E. MAIN ST, STE E #210 VENTURA, CA 93003	95-1683892	501(C)(3)	95,000.	0.			FOR SALARY EXPENSES FOR THE RN FAMILY CAREGIVER NAVIGATOR
COMMUNITY MEMORIAL HEALTHCARE FOUNDATION - 147 N. BRENT ST. - VENTURA, CA 93003	95-3847251	501(C)(3)	10,000.	0.			FOR GENERAL CHARITABLE PURPOSES
COMMUNITY MEMORIAL HEALTHCARE FOUNDATION - 147 N. BRENT ST. - VENTURA, CA 93003	95-3847251	501(C)(3)	7,191.	0.			SUPPORTING THE NURSING SCHOLARSHIP PROGRAM AT COMMUNITY MEMORIAL HOSPITAL, BASED IN
CONEJO FREE CLINIC 80 E. HILLCREST DR. SUITE 102 THOUSAND OAKS, CA 91360-4219	95-3177953	501(C)(3)	10,000.	0.			TO SUPPORT MEDICAL TESTS, SCREENINGS, DENTAL SUPPLIES, AND PERSONAL PROTECTIVE EQUIPMENT
CONEJO FREE CLINIC 80 E. HILLCREST DR. SUITE 102 THOUSAND OAKS, CA 91360-4219	95-3177953	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT ASSOCIATED WITH THE ORGANIZATION'S COVID-19 RESPONSE AND
CONEJO VALLEY SENIOR CONCERNS 401 HODENCAMP ROAD THOUSAND OAKS, CA 91360	95-2992927	501(C)(3)	28,000.	0.			TO SUPPORT INCREASED DEMAND
CONEJO VALLEY SENIOR CONCERNS 401 HODENCAMP ROAD THOUSAND OAKS, CA 91360	95-2992927	501(C)(3)	25,000.	0.			GENERAL CHARITABLE PURPOSES
CONEJO VALLEY SENIOR CONCERNS 401 HODENCAMP ROAD THOUSAND OAKS, CA 91360	95-2992927	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT ASSOCIATED WITH THE ORGANIZATION'S COVID-19 RESPONSE AND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL ON AMERICAN-ISLAMIC RELATIONS CA - 2180 W CRESCENT AVE, SUITE F - ANAHEIM, CA 92801-3842	77-0411194	501(C)(3)	15,000.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS
COUNTY OF VENTURA HUMAN SERVICES AGENCY - 855 PARTRIDGE DRIVE - VENTURA, CA 93001	95-6000944	VENTURA COUNTY	131,000.	0.			TO PROVIDE GRANTS TO QUALIFIED FARM WORKER HOUSEHOLDS IMPACTED BY COVID-19. GRANTS WILL BE
DELTA SIGMA THETA SORORITY, INC., VENTURA COUNTY ALUMNAE CHA - P.O. BOX 7285 - OXNARD, CA 93031-7285	52-1329304	501(C)(3)	9,872.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS
DIVERSITY COLLECTIVE VENTURA COUNTY - 2471 PORTOLA ROAD, SUITE 100 - VENTURA, CA 93003	46-5312131	501(C)(3)	10,000.	0.			TO SPONSOR THE DIVERSITY COLLECTIVE VENTURA COUNTY PRIDE 2020 EVENT.
DIVERSITY COLLECTIVE VENTURA COUNTY - 2471 PORTOLA ROAD, SUITE 100 - VENTURA, CA 93003	95-6000756	501(C)(3)	7,000.	0.			OUTREACH TO 1,000 INDIVIDUALS DIRECTLY AND POTENTIALLY REACH 20,000 VIA VIRTUAL EVENTS AND
DIVERSITY COLLECTIVE VENTURA COUNTY - 2471 PORTOLA ROAD, SUITE 100 - VENTURA, CA 93003	46-5312131	501(C)(3)	7,000.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS
EBENEZER FOUNDATION INC C/O LAW OFFICE OF CHRISTOLINI & DISIMONE 21 MCGRATH HIGHWAY	26-4132788	501(C)(3)	10,000.	0.			TO HELP PURCHASE VEHICLES FOR SCHOOL AND ORPHANAGE IN ZAMBIA
ECONOMIC DEVELOPMENT COLLABORATIVE OF VENTURA COUNTY - 4001 MISSION OAKS BLVD, STE A1 - CAMARILLO, CA 93012	77-0439585	501(C)(3)	70,000.	0.			THE EDC IS SERVING CLOSE TO TWO YEARS OF CLIENTS (SEVERAL THOUSAND) WITHIN A SIX-WEEK PERIOD. THIS
ECONOMIC DEVELOPMENT COLLABORATIVE OF VENTURA COUNTY - 4001 MISSION OAKS BLVD, STE A1 - CAMARILLO, CA 93012	77-0439585	501(C)(3)	50,000.	0.			GENERAL CHARITABLE PURPOSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECONOMIC DEVELOPMENT COLLABORATIVE OF VENTURA COUNTY - 4001 MISSION OAKS BLVD, STE A1 - CAMARILLO, CA 93012	77-0439585	501(C)(3)	25,000.	0.			GENERAL CHARITABLE PURPOSES
ECONOMIC DEVELOPMENT COLLABORATIVE OF VENTURA COUNTY - 4001 MISSION OAKS BLVD, STE A1 - CAMARILLO, CA 93012	77-0439585	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT FOR THEIR COVID-19 RESPONSE EFFORTS.
ECONOMIC DEVELOPMENT COLLABORATIVE OF VENTURA COUNTY - 4001 MISSION OAKS BLVD, STE A1 - CAMARILLO, CA 93012	77-0439585	501(C)(3)	15,000.	0.			OUTREACH TO AN ESTIMATED 4000 BUSINESSES, WITH AN ESTIMATED 40,000 EMPLOYEES IN VENTURA
EL CONCILIO FAMILY SERVICES 301 SOUTH "C" STREET OXNARD, CA 93030-5808	95-3792795	501(C)(3)	34,900.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS
EL CONCILIO FAMILY SERVICES 301 SOUTH "C" STREET OXNARD, CA 93030-5808	95-3792795	501(C)(3)	6,485.	0.			OUTREACH TO 3,500 INDIVIDUALS FOR CENSUS: DIRECT ENGAGEMENT ACTIVITIES; PROVIDE
FIRST 5 VENTURA COUNTY 2580 E. MAIN ST. STE. 203 VENTURA, CA 93003	77-0525458	501(C)(3)	13,500.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS
FIRST UNITED METHODIST CHURCH - VENTURA - 1338 E. SANTA CLARA ST. - VENTURA, CA 93001	95-1878835		20,000.	0.			TO SUPPORT GENERAL CHARITABLE PURPOSES WITH DISTRIBUTIONS TO SUPPORT THE WORK OF RELIGIOUS,
FOCUS ON THE MASTERS 505 POLI STREET, SUITE 310 VENTURA, CA 93001-4964	77-0498291	501(C)(3)	9,400.	0.			TO PROMOTE THE ARTS
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501(C)(3)	150,000.	0.			FOR GENERAL SUPPORT TO ASSIST WITH INCREASED DEMAND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501(C)(3)	100,000.	0.			GENERAL CHARITABLE PURPOSES
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501(C)(3)	60,000.	0.			THE EMERGENCY NEED TO PURCHASE FOOD AND THE DELAY IT IS TAKING FOR THE FOOD TO ARRIVE
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501(C)(3)	50,000.	0.			UNRESTRICTED SUPPORT RELATED TO THE ORGANIZATION'S COVID-19 EFFORTS
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501(C)(3)	50,000.	0.			TO SUPPORT ADMINISTRATIVE CAPACITY FOR FOOD DISTRIBUTION FOR TWO YEARS FOR THOSE AFFECTED
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501(C)(3)	50,000.	0.			TO SUPPORT ADMINISTRATIVE CAPACITY FOR FOOD DISTRIBUTION FOR TWO YEARS FOR THOSE AFFECTED
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501(C)(3)	40,000.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501(C)(3)	21,500.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501(C)(3)	19,000.	0.			FOR GENERAL OPERATING SUPPORT ASSOCIATED WITH THE ORGANIZATION'S COVID-19 RESPONSE AND
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501(C)(3)	15,000.	0.			FOR GENERAL CHARITABLE PURPOSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501(C)(3)	13,000.	0.			AGENCY'S RESPONSE TO COVID-19. IT IS RECOMMENDED THAT THE MAJORITY OF FUNDS ARE
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501(C)(3)	10,000.	0.			FOR GENERAL CHARITABLE PURPOSES
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501(C)(3)	10,000.	0.			FOR GENERAL CHARITABLE PURPOSES
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501(C)(3)	6,232.	0.			FOR THE SUPPORT OF FOOD SHARE, VENTURA
FOOTHILL TECHNOLOGY HIGH SCHOOL 100 DAY ROAD VENTURA, CA 93003	95-2397308		8,550.	0.			TO PROVIDE FUNDING TO ALLOW SCIENCE TEACHER, DAN BAKER, TO PURCHASE 10 AMPLYUS MINI PCR DNA
FUND FOR SANTA BARBARA 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	77-0070742	501(C)(3)	10,000.	0.			TO PARTIALLY FUND THE RESEARCH AND PUBLICATION OF A REGIONAL EQUITY STUDY OF THE CALIFORNIA
FUND FOR SANTA BARBARA 26 WEST ANAPAMU STREET SANTA BARBARA, CA 93101	77-0070742	501(C)(3)	10,000.	0.			TO PARTIALLY FUND THE RESEARCH AND PUBLICATION OF A REGIONAL EQUITY STUDY OF THE CALIFORNIA
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501(C)(3)	1,600,000.	0.			FOR 805 UNDOCUFUND-COVID-19 TO ASSIST INDIVIDUALS AND FAMILIES WHO HAVE LOST
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501(C)(3)	1,026,800.	0.			FOR 805UNDOCUFUND-COVID-19 TO ASSIST UNDOCUMENTED INDIVIDUALS AND FAMILIES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501(C)(3)	818,260.	0.			FOR 805 UNDOCUFUND-COVID-19 TO ASSIST UNDOCUMENTED INDIVIDUALS AND FAMILIES
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501(C)(3)	500,000.	0.			FOR 805 UNDOCUFUND-COVID-19 TO ASSIST INDIVIDUALS AND FAMILIES WHO HAVE LOST
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501(C)(3)	296,871.	0.			FOR PAST APPLICANTS THAT LOST A HOME ORT WERE IMPACTED BY THE WOOLSEY-HILL FIRE TO
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501(C)(3)	240,000.	0.			TO PROVIDE RELIEF TO LOCAL IMMIGRANT FAMILIES, TO HELP WITH EXPENSES INCLUDING BUT NOT LIMITED
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501(C)(3)	160,000.	0.			FOR 805 UNDOCUFUND-COVID-19 TO ASSIST UNDOCUMENTED INDIVIDUALS AND FAMILIES
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501(C)(3)	66,667.	0.			FOR OPERATIONAL SUPPORT AND CAPACITY BUILDING RELATED TO 805 UNDOCUFUND-COVID-19
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501(C)(3)	27,002.	0.			FOR GENERAL CHARITALE PURPOSES OF FUTURE LEADERS OF AMERICA.
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501(C)(3)	25,000.	0.			TO HIRE STAFF TO MEET THE INCREASED NEED RELATED TO COVID-19 AND PROCESS APPLICATIONS FOR VENTURA
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501(C)(3)	25,000.	0.			AGENCY' EFFORTS TO SUPPORT FAMILIES AFFECTED BY COVID-19. IT IS RECOMMENDED THAT THE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501(C)(3)	19,000.	0.			TO SUPPORT ADMIN OF 805UNDOCUFUND COVID-19 TO ASSIST UNDOCUMENTED INDIVIDUALS AND FAMILIES
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT ASSOCIATED WITH THE ORGANIZATION'S COVID-19 RESPONSE AND
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501(C)(3)	10,000.	0.			ADMINISTRATION OF THE 805 UNDOCUFUND FOR COVID-19 RESPONSE
FUTURE LEADERS OF AMERICA P.O. BOX 51637 OXNARD, CA 93031	77-0071036	501(C)(3)	7,000.	0.			YOUTH LEADERSHIP CONFERENCE 2020
GIVE AN HOUR NONPROFIT CORPORATION 660 HAMPSHIRE ROAD, SUITE 102 WESTLAKE VILLAGE, CA 91361	61-1493378	501(C)(3)	25,000.	0.			THESE FUNDS LAUNCHED THE WEB-BASED MENTAL HEALTH SUPPORT GROUPS FOR ENGLISH AND SPANISH
GIVE AN HOUR NONPROFIT CORPORATION PO BOX 5918 BETHESDA, MD 20824-5918	61-1493378	501(C)(3)	25,000.	0.			FOR GENERAL CHARITALE PURPOSES OF GIVE AN HOUR NONPROFIT CORPORATION.
GOLD COAST VETERANS FOUNDATION 4001 MISSION OAKS BLVD., STE. D CAMARILLO, CA 93012-5121	27-2105467	501(C)(3)	21,000.	0.			TO ENSURE THAT 50 VETERANS WHO HAVE BEEN UNSHELTERED RECEIVE HOUSING AT MOTELS IN
GOLD COAST VETERANS FOUNDATION 4001 MISSION OAKS BLVD., STE. D CAMARILLO, CA 93012-5121	27-2105467	501(C)(3)	15,008.	0.			FOR GENERAL OPERATING SUPPORT ASSOCIATED WITH THE ORGANIZATION'S COVID-19 RESPONSE AND
GOLD COAST VETERANS FOUNDATION 4001 MISSION OAKS BLVD., STE. D CAMARILLO, CA 93012-5121	27-2105467	501(C)(3)	7,584.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF VENTURA COUNTY - 1850 EASTMAN AVENUE - OXNARD, CA 93030	77-0120376	501(C)(3)	8,750.	0.			FOR GENERAL OPERATING SUPPORT ASSOCIATED WITH THE ORGANIZATION'S COVID-19 RESPONSE AND
HARBOR HOUSE 430 E. AVENIDA DE LOS ARBOLES, SUITE 203A - THOUSAND OAKS, CA 91360	38-4100881	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT ASSOCIATED WITH THE ORGANIZATION'S COVID-19 RESPONSE AND
HELP OF OJAI P.O. BOX 621 OJAI, CA 93024	95-2872549	501(C)(3)	15,000.	0.			TO SPPORT INCREASE IN SRVICE REQUESTS
HNM STAINLESS, LLC 20855 NE 16TH AVE, SUITE C 15 MIAMI, FL 33179	26-0098558		92,650.	0.			FOR A SHIPMENT OF VARIOUS PPE TO THE 90210 SURGERY MEDICAL CENTER
HNM STAINLESS, LLC 20855 NE 16TH AVE, SUITE C 15 MIAMI, FL 33179	26-0098558		69,000.	0.			FOR SHIPMENT OF DISPOSABLE FACE SHIELDS AND DISPOSABLE ISOLATION COVERALLS TO 90210
HUENEME SCHOOL DISTRICT 205 N. VENTURA ROAD PORT HUENEME, CA 93041-3065	95-6001639		21,122.	0.			TO PROVIDE SUPPORT TO THE PUBLIC ELEMENTARY SCHOOL LIBRARIES LOCATED IN THE CITY OF PORT HUENEME
HUMANE SOCIETY OF VENTURA COUNTY P.O. BOX 297 OJAI, CA 93024	95-2272598	501(C)(3)	33,004.	0.			TO PROVIDE GRANTS SOLELY AND EXCLUSIVELY IN SUPPORT OF HSVC, AS INDICATED IN THE ORIGINAL
INLAKECH CULTURAL ARTS CENTER 632 W. GUAVA STREET OXNARD, CA 93033	95-3400870	501(C)(3)	6,000.	0.			TO INTENSIFY CENSUS OUTREACH BY CREATING ADDITIONAL CAMPAIGNS TO SHARE ON CENSUS
INSTITUTE FOR COLLECTIVE TRAUMA AND GROWTH - PO BOX 3498 - SANTA BARBARA, CA 93130	45-5369447	501(C)(3)	25,000.	0.			FOR ORGANIZATIONAL SUPPORT TO SUSTAIN LONG-TERM RECOVERY RESPONDERS OF THE HILL

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERFACE CHILDREN FAMILY SERVICES 4001 MISSION OAKS BLVD., SUITE I CAMARILLO, CA 93012	95-2944459	501(C)(3)	201,000.	0.			FINANCIAL ASSISTANCE TO FAMILIES TO BRIDGE THE GAP IN RENT PAYMENTS, FINDING RENTALS IN APPROX
INTERFACE CHILDREN FAMILY SERVICES 4001 MISSION OAKS BLVD., SUITE I CAMARILLO, CA 93012	95-2944459	501(C)(3)	60,000.	0.			FUNDING FOR FACILITATION OF LONG-TERM DISASTER RECOVERY GROUP
INTERFACE CHILDREN FAMILY SERVICES 4001 MISSION OAKS BLVD., SUITE I CAMARILLO, CA 93012	95-2944459	501(C)(3)	58,373.	0.			STAFFING AND INFRASTRUCTURE FOR DISASTER RECOVERY DATA AND CASE MANAGEMENT FOR
INTERFACE CHILDREN FAMILY SERVICES 4001 MISSION OAKS BLVD., SUITE I CAMARILLO, CA 93012	95-2944459	501(C)(3)	20,000.	0.			TO SUPPORT 211 IN RESPONSE TO THE COVID-19 CRISIS, RESTRICTED TO VENTURA COUNTY REGION
INTERFACE CHILDREN FAMILY SERVICES 4001 MISSION OAKS BLVD., SUITE I CAMARILLO, CA 93012	95-2944459	501(C)(3)	10,000.	0.			STAFF TIME TO MANAGE OUTREACH AND CASE MANAGEMENT FOR DIRECT FINANCIAL ASSISTANCE TO
INTERFACE CHILDREN FAMILY SERVICES 4001 MISSION OAKS BLVD., SUITE I CAMARILLO, CA 93012	95-2944459	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
JEWISH FEDERATION OF VENTURA COUNTY - 7620 FOOTHILL ROAD - VENTURA, CA 93004	95-3848731	501(C)(3)	13,127.	0.			FOR GENERAL CHARITABLE PURPOSES
KINSA, INC. 535 MISSION ST, 18TH FLOOR SAN FRANCISCO, CA 94105	45-5560061		19,990.	0.			FOR 982 KINSA QCBP01 QUICK CARE SMART THERMOMETERS
LIVINGSTON MEMORIAL, VNA 1996 EASTMAN AVE., STE. 101 VENTURA, CA 93003-5768	95-1693538	501(C)(3)	8,372.	0.			TO PROVIDE SUPPORT TO LIVINGSTON MEMORIAL VISITING NURSE ASSOCIATION.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES PHILHARMONIC ASSOCIATION - C/O FRIENDS OF LA PHIL 151 S GRAND AVE - LOS ANGELES, CA	95-1696734	501(C)(3)	10,000.	0.			ANNUAL FUND SUPPORT
LUCHA, INC. 1008 HILLSIDE DRIVE SANTA PAULA, CA 93060	95-3400870	501(C)(3)	8,000.	0.			TO SUPPORT INLAKECH AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS
LUTHERAN SOCIAL SERVICES OF SOUTHERN CALIFORNIA - 80 E. HILLCREST DRIVE #101 - THOUSAND OAKS, CA 91360	95-2225798	501(C)(3)	10,000.	0.			FOR GENERAL CHARITALE PURPOSES OF LUTHERAN SOCIAL SERVICES OF SOUTHERN CALIFORNIA.
MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER, INC. - P.O. BOX 1114 - THOUSAND OAKS, CA 91358	95-3413415	501(C)(3)	11,000.	0.			TO ASSIST WITH IINCREASE IN FOOD REQUESTS
MARY HEALTH OF THE SICK CONVALESCENT & NURSING HOSPITAL - 2929 THERESA DRIVE - NEWBURY PARK, CA 91320	95-2299398	501(C)(3)	6,000.	0.			\$5,000 TO ANGEL SOCIETY AND \$1,000 UNRESTRICTED DONATION
MATTER LABS INC. 4001 MISSION OAKS BLVD STE P CAMARILLO, CA 93012	46-4774877		22,500.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS
MERCY HOUSE LIVING CENTERS (THE ARCH) - P.O. BOX 1905 - SANTA ANA, CA 92702	33-0315864	501(C)(3)	25,000.	0.			FOR GENERAL CHARITALE PURPOSES OF MERCY HOUSE LIVING CENTERS.
MILLENNIUM SURGICAL CORP. 40 MONUMENT RD BALA-CYNWYD, PA 19004	23-2788472		12,830.	0.			FOR VARIOUS PPE TO BE SHIPPED TO 90210 SURGERY CENTER
MIXTECO/INDIGENA COMMUNITY ORGANIZING PROJECT - 520 W. FIFTH ST. - OXNARD, CA 93030	30-0045901	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT TO ASSIST WITH A ROBUST OUTREACH AND EDUCATION EFFORT, INCLUDING VIDEOS,

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIXTECO/INDIGENA COMMUNITY ORGANIZING PROJECT - 520 W. FIFTH ST. - OXNARD, CA 93030	30-0045901	501(C)(3)	40,000.	0.			\$20,000 FOR RECEPTIONIST; \$10,000 FOR EMERGENCY ASSISTANCE; \$10,000 FOR HIPAA COMPLIANCE AND
MIXTECO/INDIGENA COMMUNITY ORGANIZING PROJECT, (MICOP) - P.O. BOX 20543 520 W. FIFTH ST. - OXNARD, CA	30-0045901	501(C)(3)	40,000.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO
MIXTECO/INDIGENA COMMUNITY ORGANIZING PROJECT, (MICOP) - 520 W. FIFTH ST. - OXNARD, CA 93034-0543	30-0045901	501(C)(3)	25,000.	0.			HARD-TO-COUNT POPULATIONS
MIXTECO/INDIGENA COMMUNITY ORGANIZING PROJECT, (MICOP) - 520 W. FIFTH ST. - OXNARD, CA 93030	30-0045901	501(C)(3)	8,000.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO
MIXTECO/INDIGENA COMMUNITY ORGANIZING PROJECT, (MICOP) - 520 W. FIFTH ST. - OXNARD, CA 93030	30-0045901	501(C)(3)	8,000.	0.			HARD-TO-COUNT POPULATIONS
MIXTECO/INDIGENA COMMUNITY ORGANIZING PROJECT, (MICOP) - 520 W. FIFTH ST. - OXNARD, CA 93030	30-0045901	501(C)(3)	8,000.	0.			FOR GENERAL CHARITABLE PURPOSES.
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501(C)(3)	48,309.	0.			TO PROVIDE PERMANENT AND ONGOING FINANCIAL SUPPORT FOR THE MUSEUM OF VENTURA COUNTY'S EXECUTIVE
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501(C)(3)	25,000.	0.			TO PAY THE SALARY FOR THE VENTURA COUNTY COLLECTIONS MANAGER POSITION AT THE MUSEUM OF
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501(C)(3)	15,000.	0.			TO SUPPORT THE 'EDUCATION REINVENTION INITIATIVE'
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501(C)(3)	10,000.	0.			FOR GENERAL CHARITABLE PURPOSES
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501(C)(3)	7,406.	0.			TO PROVIDE SUPPORT TO VCMHA FOR THE PUCHASE, MAINTENANCE AND RESTORATION OF THE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NADINE GRIFFEY ACADEMY OF KENYA 2390 C LAS POSAS RD. #249 CAMARILLO, CA 93010	20-8856931	501(C)(3)	15,406.	0.			GENERAL CHARITABLE PURPOSES
NATIONAL DISASTER SEARCH DOG FOUNDATION - 6800 WHEELER CANYON ROAD - SANTA PAULA, CA 93060	77-0412509	501(C)(3)	53,500.	0.			FOR GENERAL CHARITABLE PURPOSES.
NEW WEST SYMPHONY ASSOCIATION 2100 THOUSAND OAKS BLVD., SUITE D THOUSAND OAKS, CA 91362	77-0406042	501(C)(3)	44,317.	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	501(C)(3)	30,000.	0.			IN SUPPORT OF THE LABY HARMONY PROJECT
NEW WEST SYMPHONY ASSOCIATION 2100 THOUSAND OAKS BLVD., SUITE D THOUSAND OAKS, CA 91362	77-0406042	501(C)(3)	17,500.	0.			SYMPHONIC ADVENTURES - THE ORCHESTRA MOVES 2019-20
NUEVA VISTA MEDIA 816 ESTON STREET CAMARILLO, CA 93010	20-5069824		15,000.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS
NUEVA VISTA MEDIA 816 ESTON STREET CAMARILLO, CA 93010	20-5069824		10,000.	0.			OUTREACH TO 10,000 INDIVIDUALS; CREATE MEDIA SPOTS THAT USE TESTIMONIALS FROM
NUEVA VISTA MEDIA, INC. 816 ESTON STREET CAMARILLO, CA 93010	20-5069824		15,000.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS
NYELAND PROMISE 3701 ORANGE DRIVE OXNARD, CA 93036	83-2109489	501(C)(3)	40,000.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NYELAND PROMISE 3701 ORANGE DRIVE OXNARD, CA 93036	83-2109489	501(C)(3)	22,000.	0.			OUTREACH TO 4,000 INDIVIDUALS; HOST 60 QAC EVENTS SOCIAL-DISTANT SAFE FOLLOWING COUNTY
ODD FELLOW-REBEKAH CHILDREN'S HOME OF CALIFORNIA - 290 I.O.O.F. AVENUE - GILROY, CA 95020	94-1167402	501(C)(3)	57,058.	0.			FOR THE ODD FELLOWS CHILDREN'S HOME AT GILROY CALIFORNIA
OJAI EDUCATION FOUNDATION P.O. BOX 1769 OJAI, CA 93024	77-0322439	501(C)(3)	10,000.	0.			A COMPREHENSIVE ANALYSIS OF STAKEHOLDERS IN THE OJAI VALLEY (INCLUDING OAK VIEW) TO PROVIDE
OJAI MUSIC FESTIVAL P.O. BOX 185 OJAI, CA 93024	95-2122508	501(C)(3)	25,000.	0.			GENERAL OPERATING
OJAI VALLEY SCHOOL 723 EL PASEO ROAD OJAI, CA 93023	95-1661099		7,450.	0.			TO SUPPORT THE THREE LIVE PERFORMANCES BY THE MAHADEV INDIAN ENSEMBLE WITH DAVE CIPRIANI AT OVS
ONE STEP A LA VEZ P.O. BOX 192 FILLMORE, CA 93016	45-4604852	501(C)(3)	15,000.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS
ONE STEP A LA VEZ P.O. BOX 192 FILLMORE, CA 93016	45-4604852	501(C)(3)	10,000.	0.			OUTREACH TO 2,500 INDIVIDUALS CONDUCT WEEKLY CANVASSING, WEEKLY SOCIAL
ORDER OF MALTA WESTERN ASSOCIATION 610 16TH STREET, SUITE 410 OAKLAND, CA 94612	23-7450840	501(C)(3)	10,000.	0.			FOR THE 2019 ANNUAL APPEAL
ORGANIZACION EN CALIFORNIA DE LIDERES CAMPESINAS INC. - P.O BOX 20033 - OXNARD, CA 93034	95-4611282	501(C)(3)	50,000.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OXNARD ALANO CLUB 4910 S C ST OXNARD, CA 93033	95-2756184	501(C)(3)	8,150.	0.			OUTREACH TO 500-1,200 INDIVIDUALS DISTRIBUTE INFORMATION DURING 4 HR. BLOCKS IN
OXNARD PERFORMING ARTS CENTER CORPORATION - 800 HOBSON WAY - OXNARD, CA 93030	77-0524980	501(C)(3)	16,330.	0.			OUTREACH TO 50,000 INDIVIDUALS; ONBOARD A PART-TIME EVENTS/MARKETING
PACIFIC COAST BUSINESS TIMES 14 EAST CARRILLO STREET/SUITE A SANTA BARBARA, CA 93101	84-1514546		22,500.	0.			TO COVER THE COSTS ASSOCIATED WITH RUNNING A CENSUS AD CAMPAIGN INCLUDING 6 WEEKLY ADS
PERFORMANCES TO GROW ON P.O. BOX 212 OJAI, CA 93024	77-0400314	501(C)(3)	7,500.	0.			ENHANCING LITERACY THROUGH STORYTELLING
PHILIP E. WERTHMAN TRUST MERKAVA HOLDINGS 9737 KIRKSIDE RD - LOS ANGELES, CA 90067	09-4582507		115,613.	0.			FOR WHITE HOODED COVERALL SHIPMENT TO 90210 SURGERY MEDICAL CENTER
PHILIP E. WERTHMAN TRUST MERKAVA HOLDINGS 9737 KIRKSIDE RD - LOS ANGELES, CA 90067	09-4582507		105,500.	0.			\$48,375.00 FOR FACE SHIELDS AND \$57,125.00 FOR N95 MASKS, SHIPPED TO 90210 SURGERY CENTER
PHILIP E. WERTHMAN TRUST MERKAVA HOLDINGS 9737 KIRKSIDE RD - LOS ANGELES, CA 90067	09-4582507		82,938.	0.			FOR SHIPMENT OF SURGICAL MASKS TO 90210 SURGERY MEDICAL CENTER
PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST (PPCCC) - 518 GARDEN STREET - SANTA BARBARA, CA 93101	95-2319356	501(C)(3)	10,000.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT
PROJECT UNDERSTANDING OF SAN BUENAVENTURA - 2734 JOHNSON DRIVE, SUITE E - VENTURA, CA 93003	95-3246871	501(C)(3)	31,531.	0.			TO SUPPORT THE HOMELESS2HOME PROGRAM.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT UNDERSTANDING OF SAN BUENAVENTURA - 2734 JOHNSON DRIVE, SUITE E - VENTURA, CA 93003	95-3246871	501(C)(3)	28,000.	0.			TO SUPPORTING THE HIRING OF STAFF TO DEAL WITH INCREASED DEMAND, AS WELL AS PROVIDING FOOD AND
PROJECT UNDERSTANDING OF SAN BUENAVENTURA - 2734 JOHNSON DRIVE, SUITE E - VENTURA, CA 93003	95-3246871	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT ASSOCIATED WITH THE ORGANIZATION'S COVID-19 RESPONSE AND
PROMOTORAS Y PROMOTORES FOUNDATION P.O. BOX 444 SANTA PAULA, CA 93060	42-1618670	501(C)(3)	6,175.	0.			OUTREACH TO 1,500 INDIVIDUALS; UTILIZE CALLING TREE FOR CENSUS OUTREACH; MAINTAIN A
PROPHARMA DISTRIBUTION, LLC 11005 N DOVER ST, SUITE 1000 WESTMINSTER, CO 80021	47-1520296		14,744.	0.			FOR A SHIPMENT OF VARIOUS PPE TO 90210 SURGERY CENTER
PROPHARMA DISTRIBUTION, LLC 11005 N DOVER ST, SUITE 1000 WESTMINSTER, CO 80021	47-1520296		8,134.	0.			FOR A SHIPMENT OF VARIOUS PPE TO THE 90210 SURGERY CENTER
R.W. TOEDTER LLC 1008 SCENIC WAY DRIVE VENTURA, CA 93003	27-2468849		5,822.	0.			CIVIL AND STRUCTURAL ENGINEERING INVOICE FOR REBUILD AT 1008 SCENIC WAY DRIVE, VENTURA, CA.
REITER AFFILIATED COMPANIES, LLC 730 SOUTH A STREET OXNARD, CA 93030	20-5559931	501(C)(3)	6,205.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS
RIVER COMMUNITY CHURCH 859 E SANTA CLARA ST VENTURA, CA 93001	95-6151457		10,000.	0.			TO SUPPORT THE PROPOSED YOUTH PROGRAM THROUGH THE PURCHASE OF BENCHES, UMBRELLAS AND TABLES FOR
RIVER COMMUNITY CHURCH 859 E SANTA CLARA ST VENTURA, CA 93001	95-6151457		7,000.	0.			TO PURCHASE EQUIPMENT FOR THE YOUTH MEDIA ROOM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUBICON THEATRE COMPANY 1006 EAST MAIN STREET VENTURA, CA 93001-0048	77-0495901	501(C)(3)	10,000.	0.			TO SUPPORT THE EDUCATION OUTREACH PROGRAM
SACRED HEART CHURCH 10800 HENDERSON RD. VENTURA, CA 93004	95-1979938		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	501(C)(3)	11,775.	0.			FOR GENERAL CHARITALE PURPOSES OF SAFE PASSAGE YOUTH FOUNDATION.
SAFE PASSAGE YOUTH FOUNDATION 2101 EAST OLSEN ROAD THOUSAND OAKS, CA 91360	82-4462446	501(C)(3)	10,000.	0.			TO BE USED WHEREVER THEY HAVE THE MOST NEED.
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SUITE 200 - SANTA BARBARA, CA 93101	95-1866094	501(C)(3)	65,600.	0.			ADDITIONAL FUNDS FROM THE STATE OF CALIFORNIA'S COMPLETE COUNT OFFICE TO AUGMENT CENSUS OUTREACH
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SUITE 200 - SANTA BARBARA, CA 93101	95-1866094	501(C)(3)	60,230.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SUITE 200 - SANTA BARBARA, CA 93101	95-1866094	501(C)(3)	40,153.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SUITE 200 - SANTA BARBARA, CA 93101	95-1866094	501(C)(3)	40,153.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SUITE 200 - SANTA BARBARA, CA 93101	95-1866094	501(C)(3)	40,153.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SUITE 200 - SANTA BARBARA, CA 93101	95-1866094	501(C)(3)	37,500.	0.			COVID-19 RESPONSE
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SUITE 200 - SANTA BARBARA, CA 93101	95-1866094	501(C)(3)	25,000.	0.			FOR SUB-GRANTS FOR CENSUS OUTREACH
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SUITE 200 - SANTA BARBARA, CA 93101	95-1866094	501(C)(3)	20,077.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SUITE 200 - SANTA BARBARA, CA 93101	95-1866094	501(C)(3)	20,000.	0.			TO BE USED FOR THE CRITICAL NEEDS IN THE OJAI VALLEY, SO THEY MAY BE MORE EFFECTIVELY
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SUITE 200 - SANTA BARBARA, CA 93101	95-1866094	501(C)(3)	20,000.	0.			TO SUPPORT CENSUS OUTREACH EFFORTS FOR HARD TO COUNT COMMUNITIES.
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SUITE 200 - SANTA BARBARA, CA 93101	95-1866094	501(C)(3)	11,154.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SUITE 200 - SANTA BARBARA, CA 93101	95-1866094	501(C)(3)	11,154.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SUITE 200 - SANTA BARBARA, CA 93101	95-1866094	501(C)(3)	10,000.	0.			TO BE USED FOR THE CRITICAL NEEDS SPECIFICALLY FOR THE OAK VIEW COMMUNITY, SO THEY
SANTA MONICA MOUNTAINS TRAILS COUNCIL INC. - PO BOX 345 - AGOURA HILLS, CA 91376	95-3911604	501(C)(3)	15,000.	0.			TO PURCHASE 14 SIX-FOOT REDWOOD PICNIC TABLES AND FIVE EIGHT-FOOT REDWOOD PICNIC TABLES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECURE BEGINNINGS PO BOX 285 OJAI, CA 93024	77-0544181	501(C)(3)	10,000.	0.			GENERAL CHARITABLE PURPOSES
SIMI VALLEY HOSPITAL 2975 N. SYCAMORE DR. SIMI VALLEY, CA 93065	95-6064971	501(C)(3)	70,000.	0.			FOR SALARY EXPENSES FOR THE RN FAMILY CAREGIVER NAVIGATOR
SPIRIT OF SANTA PAULA 1498 E HARVARD BLVD SANTA PAULA, CA 93060	27-0005506	501(C)(3)	28,000.	0.			TO ADDRESS INCREASED DEMAND AND TO HELP LIMIT SPREAD OF COVID-19
SPIRIT OF SANTA PAULA 1498 E HARVARD BLVD SANTA PAULA, CA 93060	27-0005506	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
SPIRIT OF SANTA PAULA 113 N. MILL STREET SANTA PAULA, CA 93060	27-0005506	501(C)(3)	5,800.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS
ST. JOHN'S HEALTHCARE FOUNDATION, OXNARD & PLEASANT VALLEY - 1600 NORTH ROSE AVENUE - OXNARD, CA 93030	20-2865781	501(C)(3)	61,250.	0.			FOR SALARY EXPENSES FOR THE FAMILY CAREGIVER NAVIGATOR
ST. JOHN'S HEALTHCARE FOUNDATION, OXNARD & PLEASANT VALLEY - 1600 NORTH ROSE AVENUE - OXNARD, CA 93030	20-2865781	501(C)(3)	20,000.	0.			TO SUPPORT THE 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		15,000.	0.			FOR UNRESTRICTED USE - PLEASE SEE ATTACHED LIST OF SERVICE ORGANIZATIONS ON FILE WITH VCCF
ST. JUDE THE APOSTLE CATHOLIC CHURCH - 32032 WEST LINDERO CANYON ROAD - WESTLAKE VILLAGE, CA 91361-4270	95-2758216		15,000.	0.			FOR UNRESTRICTED USES ADDRESSING LOCAL BASIC NEEDS AND SAFETY SERVICES. PLEASE SEE THE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STUDENTS FOR ECO EDUCATION AND AGRICULTURE - 257 N. ALVARADO STREET - OJAI, CA 93023	37-1639971	501(C)(3)	10,000.	0.			STEAM CAREER PATHWAYS IN AGRICULTURE PRESENTATION & FIELD TRIP PROGRAM
SURFVIEW, LLC 11887 ELLICE STREET, APT 5 MALIBU, CA 90265-2228	20-2427181		5,835.	0.			FOR RENTAL ASSISTANCE FOR FRANISCA SALINAS. RENTAL ADDRESS 11887 ELLICE STREET #5 MALIBU.
TEMPLE NER SIMCHA 5737 KANAN ROAD UNIT 176 AGOURA HILLS, CA 91301	47-2556081		10,000.	0.			FOR GENERAL CHARITABLE PURPOSES.
THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY - 550 DANA ST - SAN LUIS OBISPO, CA 93401	77-0496500	501(C)(3)	100,000.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO
THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY - 550 DANA ST - SAN LUIS OBISPO, CA 93401	77-0496500	501(C)(3)	21,080.	0.			HARD-TO-COUNT POPULATIONS
THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY - 550 DANA ST - SAN LUIS OBISPO, CA 93401	77-0496500	501(C)(3)	14,054.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,
THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY - 550 DANA ST - SAN LUIS OBISPO, CA 93401	77-0496500	501(C)(3)	14,054.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,
THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY - 550 DANA ST - SAN LUIS OBISPO, CA 93401	77-0496500	501(C)(3)	14,054.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,
THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY - 550 DANA ST - SAN LUIS OBISPO, CA 93401	77-0496500	501(C)(3)	7,027.	0.			THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE,

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY - 550 DANA ST - SAN LUIS OBISPO, CA 93401	77-0496500	501(C)(3)	7,000.	0.			TO SUPPORT CENSUS OUTREACH EFFORTS FOR HARD TO COUNT COMMUNITIES.
THE SALVATION ARMY 30840 HAWTHORNE BLVD, GSD RANCHO PALOS VERDES, CA 90275	22-2406433	501(C)(3)	176,098.	0.			TO SUPPORT THE WORK OF THE SALVATION ARMY IN VENTURA COUNTY
THOUSAND OAKS ALLIANCE FOR THE ARTS - 2100 E. THOUSAND OAKS BLVD, SUITE E - THOUSAND OAKS, CA 91362	95-3561259	501(C)(3)	25,000.	0.			FOR SPONSORSHIP FROM VCCF AT THE "HOST" LEVEL FOR THE 25TH ANNIVERSARY CELEBRATION
TOTALLY LOCAL VC AGRICULTURAL EDUCATION FOUNDATION - 375 LOS CABOS LANE - VENTURA, CA 93001	81-2646767	501(C)(3)	250,000.	0.			FINANCIAL ASSISTANCE TO FAMILIES TO BRIDGE THE GAP IN RENT PAYMENTS, FINDING RENTALS IN APPROP
TOTALLY LOCAL VC AGRICULTURAL EDUCATION FOUNDATION - 375 LOS CABOS LANE - VENTURA, CA 93001	81-2646767	501(C)(3)	49,000.	0.			RESTRICTED FOR THOMAS FIRE FINANCIAL ASSISTANCE TO FAMILIES TO BRIDGE THE GAP IN RENT PAYMENTS,
TOTALLY LOCAL VC AGRICULTURAL EDUCATION FOUNDATION - 375 LOS CABOS LANE - VENTURA, CA 93001	81-2646767	501(C)(3)	44,800.	0.			TO PROVIDE CASE MANAGEMENT AND RESOURCES TO FIRE VICTIMS (54% VENTURA COUNTY AND 46% LA
TOTALLY LOCAL VC AGRICULTURAL EDUCATION FOUNDATION - 375 LOS CABOS LANE - VENTURA, CA 93001	81-2646767	501(C)(3)	10,000.	0.			TO SUPPORT STAFF TIME TO MANAGE OUTREACH AND CASE MANAGEMENT FOR DIRECT FINANCIAL ASSISTANCE TO
TURNING POINT FOUNDATION 557 E THOMPSON BLVD VENTURA, CA 93001	77-0213467	501(C)(3)	40,000.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS
TURNING POINT FOUNDATION 557 E THOMPSON BLVD VENTURA, CA 93001	77-0213467	501(C)(3)	15,000.	0.			FOR GENERAL CHARITALE PURPOSES OF TURNING POINT FOUNDATION.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VENTURA BOTANICAL GARDEN P.O. BOX 3127 VENTURA, CA 93006-3127	20-8416864	501(C)(3)	50,000.	0.			TO SUPPORT THE DEVELOPMENT OF THE VBG NURSERY PLAN/PROJECT
VENTURA BOTANICAL GARDEN P.O. BOX 3127 VENTURA, CA 93006-3127	20-8416864	501(C)(3)	27,000.	0.			TO SUPPORT THE WELCOME CENTER.
VENTURA BOTANICAL GARDEN P.O. BOX 3127 VENTURA, CA 93006-3127	20-8416864	501(C)(3)	10,000.	0.			FOR GENERAL CHARITABLE PURPOSES
VENTURA COUNTY ARTS COUNCIL 646 COUNTY SQUARE DR., SUITE154 VENTURA, CA 93003-0436	77-0450542	501(C)(3)	80,000.	0.			TO ASSIST ARTISTS IMPACTED BY THE THOMAS FIRE.
VENTURA COUNTY CLERGY & LAITY UNITED FOR ECONOMIC JUSTICE - P.O. BOX 3066 - VENTURA, CA 93006	20-8395376	501(C)(3)	12,000.	0.			PROVIDE OUTREACH TO 1,000 INDIVIDUALS ATTENDING OXNARD COLLEGE COMMUNITY MARKET THROUGH SWAP MEET
VENTURA COUNTY COMMUNITY FOUNDATION - 4001 MISSION OAKS BLVD., SUITE A - CAMARILLO, CA 93012-5121	77-0165029	501(C)(3)	50,000.	0.			FOR THE VENTURA COUNTY 2020 COMPLETE COUNT
VENTURA COUNTY COMMUNITY FOUNDATION - 4001 MISSION OAKS BLVD., SUITE A - CAMARILLO, CA 93012-5121	77-0165029	501(C)(3)	25,000.	0.			FOR THE VENTURA COUNTY 2020 COMPLETE COUNT
VENTURA COUNTY FAMILY JUSTICE CENTER FOUNDATION - 1000 TOWN CENTER DRIVE #300 - OXNARD, CA 93036	82-2765815	501(C)(3)	10,000.	0.			FOR GENERAL CHARITABLE PURPOSES
VENTURA COUNTY FAMILY JUSTICE CENTER FOUNDATION, INC. - 1000 TOWN CENTER DRIVE #300 - OXNARD, CA 93036	82-2765815	501(C)(3)	25,000.	0.			\$10,000 FOR CELLPHONE AND MOBILE PLANS; \$10,000 FOR EMERGENCY ASSISTANCE; \$5,000 FOR UNRESTRICTED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VENTURA COUNTY OFFICE OF EDUCATION 5189 VERDUGO WAY CAMARILLO, CA 93012	95-6000945	VENTURA COUNTY	27,724.	0.			TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS
VENTURA COUNTY PROBATION FOUNDATION - 1025 CACHUMA AVE - VENTURA, CA 93004	81-2788871	501(C)(3)	7,500.	0.			FOR THERAPY DOG
VENTURA LAND TRUST P.O. BOX 1284 VENTURA, CA 93002	01-0769456	501(C)(3)	100,000.	0.			FOR THE PURCHASE OF 1600 ACRES OF OPEN SPACE IN THE VENTURA HILLSIDES
VENTURA LAND TRUST P.O. BOX 1284 VENTURA, CA 93002	01-0769456	501(C)(3)	10,000.	0.			FOR THE UPCOMING LAND PURCHASE
VENTURA MUSIC FESTIVAL ASSOCIATION 472 E. SANTA CLARA STREET VENTURA, CA 93001	77-0314562	501(C)(3)	10,000.	0.			TO SUPPORT VENTURA MUSIC FESTIVAL OPERATIONS
VENTURA MUSIC FESTIVAL ASSOCIATION 472 E. SANTA CLARA STREET VENTURA, CA 93001	77-0314562	501(C)(3)	8,000.	0.			TO SUPPORT THE PERFORMANCE OF ADAWE AT THE 26TH ANNUAL VENTURA MUSIC FESTIVAL IN JULY
VILLA ESPERANZA SERVICES 2060 EAST VILLA STREET PASADENA, CA 91107	95-2148860	501(C)(3)	10,000.	0.			FOR GENERAL CHARITALE PURPOSES OF VILLA ESPERANZA SERVICES.
WESTERN WASHINGTON UNIVERSITY FOUNDATION - OLD MAIN 430, MS 9034 516 HIGH STREET - BELLINGHAM, WA 98225	91-6073519	501(C)(3)	10,000.	0.			FOR THE LARRY HANSON ARCHIVE AT THE WESTERN GALLERY, WESTERN WASHINGTON UNIVERSITY
WESTMINSTER FREE CLINIC 5560 NAPOLEON AVENUE OAK PARK, CA 91377	77-0563241	501(C)(3)	75,000.	0.			FOR GENERAL CHARITALE PURPOSES OF WESTMINSTER FREE CLINIC.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTSIDE COMMUNITY DEVELOPMENT CORPORATION - 110 N OLIVE ST SUITE J - VENTURA, CA 93001	20-0930400	501(C)(3)	12,000.	0.			OUTREACH TO 5,000 TO 8,000 INDIVIDUALS; PARTNER WITH BIKE VENTURA AND HOST TWO (2) BIKE
WOMEN'S ECONOMIC VENTURES 333 SOUTH SALINAS STREET SANTA BARBARA, CA 93103	95-3674624	501(C)(3)	125,000.	0.			THESE FUNDS WILL BE GIVEN AS A 1:1 MATCHING GRANT AND USED TO SUPPORT THE QUICK RESPONSE LOAN FUND
WOMEN'S ECONOMIC VENTURES 333 SOUTH SALINAS STREET SANTA BARBARA, CA 93103	95-3674624	501(C)(3)	50,000.	0.			GENERAL CHARITABLE PURPOSES
WOMEN'S ECONOMIC VENTURES 333 SOUTH SALINAS STREET SANTA BARBARA, CA 93103	95-3674624	501(C)(3)	25,000.	0.			GENERAL CHARITABLE PURPOSES
YMCA - SOUTHEAST VENTURA COUNTY 31105 THOUSAND OAKS BLVD. WESTLAKE VILLAGE, CA 91362	95-2305501	501(C)(3)	165,600.	0.			SECOND YEAR SCHOLARSHIPS TO THE Y FOR 92 FAMILIES WHO LOST HOMES IN THE FIRE. (9% VENTURA COUNTY
YMCA - SOUTHEAST VENTURA COUNTY 31105 THOUSAND OAKS BLVD. WESTLAKE VILLAGE, CA 91362	95-2305501	501(C)(3)	145,000.	0.			\$25,000 WILL BE GIVEN AS GENERAL OPERATING SUPPORT TO ASSIST WITH THE DISTRIBUTION OF
YMCA - SOUTHEAST VENTURA COUNTY 31105 THOUSAND OAKS BLVD. WESTLAKE VILLAGE, CA 91362	95-2305501	501(C)(3)	13,774.	0.			TO SUPPORT THE FIND MY GENIUS PROGRAM IN THE CONEJO VALLEY DURING THE SUMMER OF 2020

Schedule I (Form 990)

**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	349	1,024,274.	0.		APPLICATION PROCESS DRIVEN BY SCHOLARSHIP FUND PARAMETERS, OVERSEEN BY SCHOLARSHIP COMMITTEE AND RATIFIED BY VCCF
DISASTER RESPONSE FUNDING	224	295,977.	0.		APPLICATION PROCESS THROUGH PROTOCOL ESTABLISHED AND OVERSEEN BY SPECIAL OVERSIGHT COMMITTEE AND RATIFIED BY VCCF

**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: AMERICAN RED CROSS OF VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE 1,100 COTS THAT WILL REPLACE THE MILITARY-STYLE COTS USED IN THE HILL-WOOLSEY FIRES.

NAME OF ORGANIZATION OR GOVERNMENT: AREA HOUSING AUTHORITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020 CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: BATES ENTERPRISES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COVER SHIPPING CHARGES FOR 60,000 HONEYWELL N95 MASKS TO 90210 SURGERY MEDICAL CENTER IN BEVERLY HILLS, CA

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUB OF GREATER OXNARD & PORT HUENEME

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020 CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUB OF GREATER OXNARD & PORT HUENEME

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CAMPAIGN TO RENOVATE SPACE, UPGRADE TECHNOLOGY AND EXPAND PROGRAMMING; NAMING OPPORTUNITIES ARE CURRENTLY UNDER CONSIDERATION

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUB OF SANTA CLARA VALLEY

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL  
OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020  
CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: CABRILLO ECONOMIC DEVELOPMENT CORP.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR FINANCIAL SUPPORT FOR  
INDIVIDUALS AND FAMILIES, SCHOOL SUPPLIES AND SNACKS FOR CHILDREN,  
CLEANING AND SANITATION PRODUCTS ASSOCIATED WITH THE ORGANIZATION'S  
COVID-19 RESPONSE FOR RESIDENTS OF THEIR PROPERTIES

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA RURAL LEGAL ASSISTANCE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL  
OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020  
CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A FORMAL EVALUATION OF  
VCCF'S CAREGIVING INITIATIVE AT ADVENTIST HEALTH SIMI VALLEY, COMMUNITY  
MEMORIAL HEALTH SYSTEM, AND ST. JOHN'S REGIONAL MEDICAL CENTER. HEALTH  
SCIENCES ASSISTANT PROFESSOR, KRISTEN LINTON, MSW, PH.D., WILL BE THE  
EVALUAT

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT 50 CSUCI GRADUATES TO  
PARTICIPATE IN THE ADOPT-A-GRAD PROGRAM. ALUMNI RECEIVING ADOPT-A-GRAD

**Part IV Supplemental Information**

SERVICES THROUGH THIS GRANT MUST BE OF LATINX HERITAGE.

NAME OF ORGANIZATION OR GOVERNMENT:

CASA PACIFICA CENTERS FOR CHILDREN & FAMILIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CASA PACIFICA (YOUTH

CONNECTION OF VENTURA COUNTY) FOR MEDICAL, DENTAL, OPTICAL AND

PSYCHOLOGICAL SERVICES FOR THE CHILDREN SHELTERED AT THE CASA PACIFICA

FACILITY.

NAME OF ORGANIZATION OR GOVERNMENT:

CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY

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

ADMINISTRATIVE CAPACITY FOR THE 805 UNDOCUFUND TO PROVIDE DISASTER

SERVICES IN VENTURA AND SANTA BARBARA COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: CHAMBER OF COMMERCE -SANTA PAULA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL

OUTREACH ACTIVITIES TO HARD-TO-COUNT POOPULATIONS AS PART OF THE 2020

CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: CHAMBER OF COMMERCE -SANTA PAULA

(H) PURPOSE OF GRANT OR ASSISTANCE: OUTREACH TO 30,000 PEOPLE; ATTEND

WEEKLY LOCAL FOOD DISTRIBUTION CENTERS TO PROVIDE MATERIALS ON SIGNING UP

FOR CENSUS.; DISCUSS WITH SCHOOLS ABOUT PROVIDING CENSUS MESSAGING WITH

CHROMEBOOK DISTRIBUTION.; CREATE A SOCIAL MEDIA VIDEO USING LOCAL CITY

OFFI

NAME OF ORGANIZATION OR GOVERNMENT: CHAMBER OF COMMERCE -SANTA PAULA

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: OUTREACH TO 15,000 INDIVIDUALS;  
FOCUS ACTIVITIES ON THE THREE CENSUS TRACTS THAT ARE BEHIND IN THEIR  
RESPONSE RATE FROM 2010; HOST CAR CARAVAN WITH DIGITAL SIGNAGE; UTILIZE  
IN-TOWN BILLBOARDS AND OVER-STREET SIGNAGE; UTILIZE ROAD MAINTENANCE  
SIGNAGE THAT

NAME OF ORGANIZATION OR GOVERNMENT: CHILD DEVELOPMENT RESOURCES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL  
OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020  
CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT:

CHILD DEVELOPMENT RESOURCES OF VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: "OUTREACH TO 20,000 INDIVIDUALS  
MAIN OBJECTIVE WILL BE TO CONTINUE SUPPORT OF CDR'S CENSUS 2020 OUTREACH  
SPECIALIST. THIS NEXT WAVE OF OUTREACH WILL CONTINUE WITH ITS ONGOING  
EFFORTS BUT WILL ALSO FOCUS ON SMALLER TARGETED POPULATIONS TO CREATE A  
MORE

NAME OF ORGANIZATION OR GOVERNMENT:

CHILD DEVELOPMENT RESOURCES OF VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO USE THESE FUNDS TO RETAIN THE CDR  
CENSUS COORDINATOR TO ASSIST WITH WRAP-UP OF ALL CENSUS-RELATED WORK,  
INCLUDING WRITING FINAL REPORTS AND ARCHIVING PROMOTIONAL MATERIALS.

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF CAMARILLO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL  
OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020

**Part IV Supplemental Information**

CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF FILLMORE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL

OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020

CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF MOORPARK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL

OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020

CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF OXNARD

(H) PURPOSE OF GRANT OR ASSISTANCE: OUTREACH TO 160,000 INDIVIDUALS.

PRINT CENSUS INSERTS THAT WILL BE INCLUDED IN CITY UTILITY BILLINGS IN

ENGLISH AND SPANISH TO 40,000+ CUSTOMERS.

PROVIDE 2020 CENSUS MARKETING MATERIALS IN ENGLISH AND SPANISH TO

HIGHLIGHT THE IMPORTANCE OF COMPLET

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF SIMI VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL

OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020

CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF THOUSAND OAKS

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PRIMARY PURPOSE OF THE FUND

SHALL BE TO PROVIDE FINANCIAL SUPPORT TO THE CITY OF THOUSAND OAKS FOR

THE CIVIC AUDITORIUM/FORUM THEATRE.

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF VENTURA

(H) PURPOSE OF GRANT OR ASSISTANCE: BIG BELLY ADVERTISEMENTS

ADVERTISEMENTS ON SMART WASTE & RECYCLING SOLUTIONS FOR PUBLIC SPACES IN

HTC BLOCKS; BOOST CENSUS SOCIAL MEDIA POSTS, EXPECT TO REACH 12,000

FOLLOWERS; INCLUDE FLIERS IN ALL OF THE CITY'S WATER BILLS

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY ACTION OF VENTURA COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL

OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020

CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL

OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020

CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE

PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE

SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE

**Part IV Supplemental Information**

PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDITIONAL FUNDS FROM THE STATE OF CALIFORNIA'S COMPLETE COUNT OFFICE TO AUGMENT CENSUS OUTREACH FOR LOWEST RESPONDING TRACTS IN THE COUNTY OF MONTEREY.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV Supplemental Information**

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION FOR SAN BENITO COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020 CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION FOR SAN BENITO COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION FOR SAN BENITO COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE SPECIFICALLY PROVIDED IN EXHIBIT 2.



**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION FOR SAN BENITO COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION FOR SAN BENITO COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION SANTA CRUZ COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION SANTA CRUZ COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION SANTA CRUZ COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE

**Part IV Supplemental Information**

PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION SANTA CRUZ COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION SANTA CRUZ COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION SANTA CRUZ COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION SANTA CRUZ COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV Supplemental Information**

COMMUNITY MEMORIAL HEALTHCARE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING THE NURSING SCHOLARSHIP

PROGRAM AT COMMUNITY MEMORIAL HOSPITAL, BASED IN VENTURA, CALIFORNIA, TO

SUPPORT NURSING STUDENTS AT VENTURA COLLEGE

NAME OF ORGANIZATION OR GOVERNMENT: CONEJO FREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT MEDICAL TESTS,

SCREENINGS. DENTAL SUPPLIES, AND PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR

SERVING THE INCREASED NUMBER OF PATIENTS DUE TO COVID-19.

NAME OF ORGANIZATION OR GOVERNMENT: CONEJO FREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT

ASSOCIATED WITH THE ORGANIZATION'S COVID-19 RESPONSE AND SERVICE TO THE

COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: CONEJO VALLEY SENIOR CONCERNS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT

ASSOCIATED WITH THE ORGANIZATION'S COVID-19 RESPONSE AND SERVICE TO THE

COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT:

COUNCIL ON AMERICAN-ISLAMIC RELATIONS CA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL

OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020

CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT:

COUNTY OF VENTURA HUMAN SERVICES AGENCY

**Part IV Supplemental Information**

(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:

DELTA SIGMA THETA SORORITY, INC., VENTURA COUNTY ALUMNAE CHA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL

OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020

CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: DIVERSITY COLLECTIVE VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: OUTREACH TO 1,000 INDIVIDUALS

DIRECTLY AND POTENTIALLY REACH 20,000 VIA VIRTUAL EVENTS AND PROGRAMS.

CONDUCT 3 PHASES OF PRESENTATIONS TO LOCAL LGBTQIA+ AND COMMUNITY PARTNER

ORGANIZATIONS.

ORGANIZE AND MAINTAIN DATA OF ALL LOCAL LGBTQ PARTICIPANTS,

NAME OF ORGANIZATION OR GOVERNMENT: DIVERSITY COLLECTIVE VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL

OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020

CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT:

ECONOMIC DEVELOPMENT COLLABORATIVE OF VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE EDC IS SERVING CLOSE TO TWO

YEARS OF CLIENTS (SEVERAL THOUSAND) WITHIN A SIX-WEEK PERIOD. THIS IS

UNRESTRICTED SUPPORT TO AID IN THEIR EFFORT TO HELP LOCAL SMALL BUSINESS

OWNERS. UNPRECEDENTED DEMAND FOR SMALL BUSINESS NEEDS DURING THIS

**Part IV Supplemental Information**

UNPRECEDENTE

NAME OF ORGANIZATION OR GOVERNMENT:

ECONOMIC DEVELOPMENT COLLABORATIVE OF VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: OUTREACH TO AN ESTIMATED 4000

BUSINESSES, WITH AN ESTIMATED 40,000 EMPLOYEES IN VENTURA COUNTY.; ADD

CENSUS INFORMATION TO COMMUNICATION WITH ALL FIRMS AND BUSINESSES THEY

HAVE ENGAGED WITH SINCE THE START OF THEIR COVID-19 OUTREACH; EXPAND

DIGITAL AND SO

NAME OF ORGANIZATION OR GOVERNMENT: EL CONCILIO FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL

OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020

CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: EL CONCILIO FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: OUTREACH TO 3,500 INDIVIDUALS FOR

CENSUS: DIRECT ENGAGEMENT ACTIVITIES; PROVIDE ONE-ON-ONE EDUCATION AND

OUTREACH TO 1,200 NEW AND EXISTING CLIENTS THROUGH VIRTUAL MODALITY SUCH

AS: DIRECT PHONE CALLS, PHONE CONSULTATIONS, EMAILS, AND TEXT MESSAGING.

; PR

NAME OF ORGANIZATION OR GOVERNMENT: FIRST 5 VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL

OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020

CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV Supplemental Information**

FIRST UNITED METHODIST CHURCH - VENTURA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GENERAL CHARITABLE

PURPOSES WITH DISTRIBUTIONS TO SUPPORT THE WORK OF RELIGIOUS, EDUCATIONAL  
AND ARTS ORGANIZATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: FOOD SHARE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ADMINISTRATIVE CAPACITY

FOR FOOD DISTRIBUTION FOR TWO YEARS FOR THOSE AFFECTED BY THE FIRE.

NAME OF ORGANIZATION OR GOVERNMENT: FOOD SHARE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ADMINISTRATIVE CAPACITY

FOR FOOD DISTRIBUTION FOR TWO YEARS FOR THOSE AFFECTED BY THE FIRE.

NAME OF ORGANIZATION OR GOVERNMENT: FOOD SHARE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL

OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020  
CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: FOOD SHARE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL

OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020  
CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: FOOD SHARE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT

ASSOCIATED WITH THE ORGANIZATION'S COVID-19 RESPONSE AND SERVICE TO THE  
COMMUNITY

FOR GENERAL OPERATING SUPPORT ASSOCIATED WITH THE ORGANIZATION'S COVID-19

**Part IV Supplemental Information**

RESPONSE AND SERVICE TO THE COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: FOOD SHARE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: AGENCY'S RESPONSE TO COVID-19. IT IS RECOMMENDED THAT THE MAJORITY OF FUNDS ARE USED TO SUPPORT THE FARMWORKER COMMUNITY. IT IS ALSO RECOMMENDED THAT NO MORE THAN \$5000.00 BE USED FOR SALARIES.

NAME OF ORGANIZATION OR GOVERNMENT: FOOTHILL TECHNOLOGY HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING TO ALLOW SCIENCE TEACHER, DAN BAKER, TO PURCHASE 10 AMPLYUS MINI PCR DNA DISCOVERY SYSTEMS TO BE USED IN THE FTHS BIOSCIENCE ACADEMY CURRICULUM

NAME OF ORGANIZATION OR GOVERNMENT: FUND FOR SANTA BARBARA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PARTIALLY FUND THE RESEARCH AND PUBLICATION OF A REGIONAL EQUITY STUDY OF THE CALIFORNIA CENTRAL COAST

NAME OF ORGANIZATION OR GOVERNMENT: FUND FOR SANTA BARBARA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PARTIALLY FUND THE RESEARCH AND PUBLICATION OF A REGIONAL EQUITY STUDY OF THE CALIFORNIA CENTRAL COAST

NAME OF ORGANIZATION OR GOVERNMENT: FUTURE LEADERS OF AMERICA

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

**Part IV Supplemental Information**

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 805 UNDOCUFUND-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 805 UNDOCUFUND-COVID-19 TO

ASSIST 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 PAST APPLICANTS THAT LOST A HOME

ORT WERE IMPACTED BY THE WOOLSEY-HILL FIRE TO RECEIVE FINANCIAL  
ASSISTANCE.

NAME OF ORGANIZATION OR GOVERNMENT: FUTURE LEADERS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE RELIEF TO LOCAL IMMIGRANT

FAMILIES, TO HELP WITH EXPENSES INCLUDING BUT NOT LIMITED TO RENT,

GROCERIES, CHILDCARE EXPENSES DUE TO DISASTER RELATED SCHOOL CLOSURE,

ESSENTIAL HOUSEHOLD ITEMS, CLEAN-UP ITEMS, MEDICAL AND DENTAL EXPENSES,

TOOLS AND

NAME OF ORGANIZATION OR GOVERNMENT: FUTURE LEADERS OF AMERICA

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

ASSIST UNDOCUMENTED INDIVIDUALS AND FAMILIES WHO HAVE LOST THEIR HOMES,



**Part IV Supplemental Information**

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

NAME OF ORGANIZATION OR GOVERNMENT: FUTURE LEADERS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR OPERATIONAL SUPPORT AND CAPACITY

BUILDING RELATED TO 805UNDOCUFUND-COVID-19 EFFORTS TO ASSIST UNDOCUMENTED

INDIVIDUALS AND FAMILIES IMPACTED BY COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: FUTURE LEADERS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HIRE STAFF TO MEET THE INCREASED

NEED RELATED TO COVID-19 AND PROCESS APPLICATIONS FOR VENTURA COUNTY

RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: FUTURE LEADERS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: AGENCY' EFFORTS TO SUPPORT FAMILIES

AFFECTED BY COVID-19. IT IS RECOMMENDED THAT THE MAJORITY OF FUNDS BE

USED TO SUPPORT THE FARMWORKER COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: FUTURE LEADERS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ADMIN 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 GENERAL OPERATING SUPPORT

ASSOCIATED WITH THE ORGANIZATION'S COVID-19 RESPONSE AND SERVICE TO THE

COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: GIVE AN HOUR NONPROFIT CORPORATION

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: THESE FUNDS LAUNCHED THE WEB-BASED MENTAL HEALTH SUPPORT GROUPS FOR ENGLISH AND SPANISH SPEAKERS FOR THOSE DEALING WITH CHALLENGES RELATED TO COVID-19.

NAME OF ORGANIZATION OR GOVERNMENT: GOLD COAST VETERANS FOUNDATION  
(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENSURE THAT 50 VETERANS WHO HAVE BEEN UNSHELTERED RECEIVE HOUSING AT MOTELS IN VENTURA COUNTY DURING THE COVID-19 CRISIS.

NAME OF ORGANIZATION OR GOVERNMENT: GOLD COAST VETERANS FOUNDATION  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT ASSOCIATED WITH THE ORGANIZATION'S COVID-19 RESPONSE AND SERVICE TO THE COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: GOLD COAST VETERANS FOUNDATION  
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020 CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: HABITAT FOR HUMANITY OF VENTURA COUNTY  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT ASSOCIATED WITH THE ORGANIZATION'S COVID-19 RESPONSE AND SERVICE TO THE COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: HARBOR HOUSE

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT  
ASSOCIATED WITH THE ORGANIZATION'S COVID-19 RESPONSE AND SERVICE TO THE  
COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: HNM STAINLESS, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SHIPMENT OF DISPOSABLE FACE  
SHIELDS AND DISPOSABLE ISOLATION COVERALLS TO 90210 SURGERY MEDICAL  
CENTER

NAME OF ORGANIZATION OR GOVERNMENT: HUMANE SOCIETY OF VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE GRANTS SOLELY AND  
EXCLUSIVELY IN SUPPORT OF HSVC, AS INDICATED IN THE ORIGINAL HARRY  
VALENTINE BEQUEST, FOR THE SUPPORT OF CHARITABLE ACTIVITIES, INCLUDING  
SUPPORT FOR THE HSVC SPAY AND NEUTER PROGRAM, AND THE OPERATING AND  
CAPITAL BUDGET.

NAME OF ORGANIZATION OR GOVERNMENT: INLAKECH CULTURAL ARTS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INTENSIFY CENSUS OUTREACH BY  
CREATING ADDITIONAL CAMPAIGNS TO SHARE ON CENSUS INFORMATION ON SOCIAL  
MEDIA (20,000+) IN VARIOUS LANGUAGES, RECORD 4 THEATRICAL VIDEO SHORT  
PROMO ANNOUNCEMENTS TO BLAST ON SOCIAL MEDIA WITH URGENCY TO COMPLETE THE  
CENSUS T

NAME OF ORGANIZATION OR GOVERNMENT:

INSTITUTE FOR COLLECTIVE TRAUMA AND GROWTH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR ORGANIZATIONAL SUPPORT TO  
SUSTAIN LONG-TERM RECOVERY RESPONDERS OF THE HILL AND WOOLSEY FIRES

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: INTERFACE CHILDREN FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FINANCIAL ASSISTANCE TO FAMILIES TO

BRIDGE THE GAP IN RENT PAYMENTS, FINDING RENTALS IN APPROPRIATE PRICE RANGE,

REBUILDING AND HOME REPAIRS, MOVING COSTS, REPLACEMENT OF FURNITURE.

INCLUDE REPAYMENT OF DEBT INCURRED DUE TO LOSS OF A HOME-BASED BUSINESS

NAME OF ORGANIZATION OR GOVERNMENT: INTERFACE CHILDREN FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFFING AND INFRASTRUCTURE FOR

DISASTER RECOVERY DATA AND CASE MANAGEMENT FOR LONG-TERM RECOVERY EFFORTS

RELATED TO THE HILL-WOOLSEY FIRE

NAME OF ORGANIZATION OR GOVERNMENT: INTERFACE CHILDREN FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF TIME TO MANAGE OUTREACH AND

CASE MANAGEMENT FOR DIRECT FINANCIAL ASSISTANCE TO THOMAS FIRE SURVIVORS

NAME OF ORGANIZATION OR GOVERNMENT: LUCHA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT INLAKECH AND PROVIDE

EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF

THE 2020 CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: MATTER LABS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL

OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020

CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT:

MIXTECO/INDIGENA COMMUNITY ORGANIZING PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO ASSIST

**Part IV Supplemental Information**

WITH A ROBUST OUTREACH AND EDUCATION EFFORT, INCLUDING VIDEOS, PSAS,  
SOCIAL MEDIA, RADIO, THE MICOP WEBSITE AND DISTRIBUTION EQUIPMENT, TO  
ENSURE THE INDIGENOUS COMMUNITY ARE CONTACTED AS QUICKLY AS POSSIBLE FOR  
THEIR P

NAME OF ORGANIZATION OR GOVERNMENT:

MIXTECO/INDIGENA COMMUNITY ORGANIZING PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: \$20,000 FOR RECEPTIONIST; \$10,000  
FOR EMERGENCY ASSISTANCE; \$10,000 FOR HIPAA COMPLIANCE AND WEBSITE  
UPGRADE.

NAME OF ORGANIZATION OR GOVERNMENT:

MIXTECO/INDIGENA COMMUNITY ORGANIZING PROJECT, (MICOP)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL  
OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020  
CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT:

MIXTECO/INDIGENA COMMUNITY ORGANIZING PROJECT, (MICOP)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL  
OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020  
CENSUS FOR VENTURA COUNTY.

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

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: MUSEUM OF VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PAY THE SALARY FOR THE VENTURA COUNTY COLLECTIONS MANAGER POSITION AT THE MUSEUM OF VENTURA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: MUSEUM OF VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT TO VCMHA FOR THE PURCHASE, MAINTENANCE AND RESTORATION OF THE MUSEUM'S COLLECTION OF GEORGE STUART'S HISTORICAL FIGURES AND/OR REPAIRS AND IMPROVEMENTS

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: NUEVA VISTA MEDIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020 CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: NUEVA VISTA MEDIA

(H) PURPOSE OF GRANT OR ASSISTANCE: OUTREACH TO 10,000 INDIVIDUALS; CREATE MEDIA SPOTS THAT USE TESTIMONIALS FROM IMMIGRANT POPULATIONS THAT HAVE COMPLETED THE CENSUS 2020 QUESTIONNAIRE. IN THEIR OWN WORDS, THE IMMIGRANTS WILL CONVEY IN THEIR NATIVE LANGUAGE THAT THE CENSUS WAS EASY TO DO A

NAME OF ORGANIZATION OR GOVERNMENT: NUEVA VISTA MEDIA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL

**Part IV Supplemental Information**

OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020

CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: NYELAND PROMISE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL

OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020

CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: NYELAND PROMISE

(H) PURPOSE OF GRANT OR ASSISTANCE: OUTREACH TO 4,000 INDIVIDUALS; HOST

60 QAC EVENTS SOCIAL-DISTANT SAFE FOLLOWING COUNTY PUBLIC HEALTH

GUIDELINES; CENSUS TRACT OUTREACH: COLLABORATING WITH FOOD SHARE AND RIO

SCHOOL DISTRICT TO HOST ADDITIONAL QAC POPUPS; PRINT COLLATERALS SUCH AS

BANNER

NAME OF ORGANIZATION OR GOVERNMENT: OJAI EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: A COMPREHENSIVE ANALYSIS OF

STAKEHOLDERS IN THE OJAI VALLEY (INCLUDING OAK VIEW) TO PROVIDE

RECOMMENDATIONS ON ADDRESSING NEEDS WITH A SPECIAL FOCUS ON EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: ONE STEP A LA VEZ

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL

OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020

CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: ONE STEP A LA VEZ

(H) PURPOSE OF GRANT OR ASSISTANCE: OUTREACH TO 2,500 INDIVIDUALS

CONDUCT WEEKLY CANVASSING, WEEKLY SOCIAL MEDIA OUTREACH, YOUTH TEXT

**Part IV Supplemental Information**

BLASTS, VIDEO SHARING, CALLING OF MEMBERSHIP BASE AND THEIR PARENTS, FOUR

FOOD PANTRIES OUTREACHES OVER THE NEXT 2 MONTHS, CIRCLE OF CARE COMMUNITY

PROVID

NAME OF ORGANIZATION OR GOVERNMENT:

ORGANIZACION EN CALIFORNIA DE LIDERES CAMPESINAS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL

OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020

CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: OXNARD ALANO CLUB

(H) PURPOSE OF GRANT OR ASSISTANCE: OUTREACH TO 500-1,200 INDIVIDUALS

DISTRIBUTE INFORMATION DURING 4 HR. BLOCKS IN MORNINGS AND AFTERNOONS

DURING PEAK HOURS AT THREE 99C STORES LOCATED AT PLEASANT VALLEY PLAZA,

ROSE PARK, AND VENTURA RD AND CI, AS WELL AS AT PLEASANT VALLEY

LAUNDROMAT

NAME OF ORGANIZATION OR GOVERNMENT:

OXNARD PERFORMING ARTS CENTER CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: OUTREACH TO 50,000 INDIVIDUALS;

ONBOARD A PART-TIME EVENTS/MARKETING COORDINATOR TO SOLELY FOCUS ON

CENSUS OUTREACH AND COMMUNITY ENGAGEMENT TO FOCUS ON HARD-TO-COUNT

AREAS/DEMOGRAPHICS IN OXNARD, WHOSE ACTIVITIES WOULD INCLUDE:

CREATING A

NAME OF ORGANIZATION OR GOVERNMENT: PACIFIC COAST BUSINESS TIMES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COVER THE COSTS ASSOCIATED WITH

RUNNING A CENSUS AD CAMPAIGN INCLUDING 6 WEEKLY ADS AND 3 SIDEBOX



**Part IV Supplemental Information**

OPTIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST (PPCCC)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL

OUTREACH ACTIVITIES TO HARD-TO-COUNT POOPULATIONS AS PART OF THE 2020

CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT:

PROJECT UNDERSTANDING OF SAN BUENAVENTURA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORTING THE HIRING OF STAFF TO

DEAL WITH INCREASED DEMAND, AS WELL AS PROVIDING FOOD AND HOUSING

ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT:

PROJECT UNDERSTANDING OF SAN BUENAVENTURA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT

ASSOCIATED WITH THE ORGANIZATION'S COVID-19 RESPONSE AND SERVICE TO THE

COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: PROMOTORAS Y PROMOTORES FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: OUTREACH TO 1,500 INDIVIDUALS;

UTILIZE CALLING TREE FOR CENSUS OUTREACH; MAINTAIN A FACEBOOK GROUP PAGE

TO SHARE CENSUS INFORMATION; CONTINUE WITH CENSUS PDI VOLUNTEERING; IF

PANDEMIC SUBSIDES; PROMOTORAS WILL GO INTO COMMUNITY TO CONTINUE CENSUS

MESSAGIN

NAME OF ORGANIZATION OR GOVERNMENT: REITER AFFILIATED COMPANIES, LLC

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL

OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020

CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: RIVER COMMUNITY CHURCH

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

PROGRAM THROUGH THE PURCHASE OF BENCHES, UMBRELLAS AND TABLES FOR THE

OUTDOOR GATHERING GARDEN.

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: SANTA BARBARA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDITIONAL FUNDS FROM THE STATE OF

CALIFORNIA'S COMPLETE COUNT OFFICE TO AUGMENT CENSUS OUTREACH FOR LOWEST

RESPONDING TRACTS IN THE COUNTY OF SANTA BARBARA.

NAME OF ORGANIZATION OR GOVERNMENT: SANTA BARBARA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE

PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE

SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT: SANTA BARBARA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE

PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE

SPECIFICALLY PROVIDED IN EXHIBIT 2.

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: SANTA BARBARA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT: SANTA BARBARA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT: SANTA BARBARA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT: SANTA BARBARA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED FOR THE CRITICAL NEEDS IN THE OJAI VALLEY, SO THEY MAY BE MORE EFFECTIVELY ADDRESSED BY THE OJAI WOMEN'S FUND

NAME OF ORGANIZATION OR GOVERNMENT: SANTA BARBARA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT: SANTA BARBARA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE

**Part IV Supplemental Information**

PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT: SANTA BARBARA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED FOR THE CRITICAL NEEDS SPECIFICALLY FOR THE OAK VIEW COMMUNITY, SO THEY MAY BE MORE EFFECTIVELY ADDRESSED BY THE OJAI WOMEN'S FUND

NAME OF ORGANIZATION OR GOVERNMENT: SPIRIT OF SANTA PAULA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020 CENSUS FOR VENTURA COUNTY.

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

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

NAME OF ORGANIZATION OR GOVERNMENT:

THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020 CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT:

THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE

**Part IV Supplemental Information**

SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT:

THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT:

THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT:

THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT:

THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AWARD WILL BE USED TO INFORM THE PUBLIC OF THE IMPORTANCE OF COMPLETING THE CENSUS QUESTIONNAIRE, AS MORE SPECIFICALLY PROVIDED IN EXHIBIT 2.

NAME OF ORGANIZATION OR GOVERNMENT:

TOTALLY LOCAL VC AGRICULTURAL EDUCATION FOUNDATION

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: FINANCIAL ASSISTANCE TO FAMILIES TO BRIDGE THE GAP IN RENT PAYMENTS, FINDING RENTALS IN APPROP PRICE RANGE, REBUILDING AND HOME REPAIRS, MOVING COSTS, REPLACEMENT OF FURNITURE. INCLUDE REPAYMENT OF DEBT INCURRED DUE TO LOSS OF A HOME-BASED BUSINESS

NAME OF ORGANIZATION OR GOVERNMENT: TOTALLY LOCAL VC AGRICULTURAL EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED FOR THOMAS FIRE FINANCIAL ASSISTANCE TO FAMILIES TO BRIDGE THE GAP IN RENT PAYMENTS, FINDING RENTALS IN APPROP PRICE RANGE, REBUILDING AND HOME REPAIRS, MOVING COSTS, REPLACEMENT OF FURNITURE. INCLUDE REPAYMENT OF DEBT INCURRED DUE TO LOSS OF A

NAME OF ORGANIZATION OR GOVERNMENT: TOTALLY LOCAL VC AGRICULTURAL EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE CASE MANAGEMENT AND RESOURCES TO FIRE VICTIMS (54% VENTURA COUNTY AND 46% LA COUNTY CASES)

NAME OF ORGANIZATION OR GOVERNMENT: TOTALLY LOCAL VC AGRICULTURAL EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT STAFF TIME TO MANAGE OUTREACH AND CASE MANAGEMENT FOR DIRECT FINANCIAL ASSISTANCE TO HILL-WOOLSEY FIRE SURVIVORS

NAME OF ORGANIZATION OR GOVERNMENT: TURNING POINT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020 CENSUS FOR VENTURA COUNTY.

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT:

VENTURA COUNTY CLERGY & LAITY UNITED FOR ECONOMIC JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE OUTREACH TO 1,000

INDIVIDUALS ATTENDING OXNARD COLLEGE COMMUNITY MARKET THROUGH SWAP MEET

JUSTICE EVENTS THAT ASSIST GREEN CARD HOLDERS AND DACA HOLDERS WITH THEIR

CITIZENSHIP APPLICATIONS.; PROMOTE CENSUS PARTICIPATION THROUGH MONTHLY

DISSEMINA

NAME OF ORGANIZATION OR GOVERNMENT:

VENTURA COUNTY FAMILY JUSTICE CENTER FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$10,000 FOR CELLPHONE AND MOBILE

PLANS; \$10,000 FOR EMERGENCY ASSISTANCE; \$5,000 FOR UNRESTRICTED GENERAL

CHIRTABLE SUPPORT OF THE VENTURA COUNTY FAMILY JUSTICE CENTER FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: VENTURA COUNTY OFFICE OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND PROVIDE EDUCATIONAL

OUTREACH ACTIVITIES TO HARD-TO-COUNT POPULATIONS AS PART OF THE 2020

CENSUS FOR VENTURA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: VENTURA MUSIC FESTIVAL ASSOCIATION

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

AT THE 26TH ANNUAL VENTURA MUSIC FESTIVAL IN JULY 2020.

NAME OF ORGANIZATION OR GOVERNMENT:

WESTSIDE COMMUNITY DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: OUTREACH TO 5,000 TO 8,000

INDIVIDUALS; PARTNER WITH BIKE VENTURA AND HOST TWO (2) BIKE CARAVANS

**Part IV Supplemental Information**

THAT WOULD CANVAS THROUGH THE COMMUNITY, SPECIFICALLY FOCUSED ON THE TWO

TRACTS WITH LOWER CENSUS PARTICIPATION; PARTNER WITH CITY COUNCILWOMAN,

SOFIA RUBALCA

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN'S ECONOMIC VENTURES

(H) PURPOSE OF GRANT OR ASSISTANCE: THESE FUNDS WILL BE GIVEN AS A 1:1

MATCHING GRANT AND USED TO SUPPORT THE QUICK RESPONSE LOAN FUND FOR

MICRO-BUSINESSES IN VENTURA COUNTY. THESE BUSINESSES ARE DEFINED AS THOSE

WITH FEWER

THAN FIVE EMPLOYEES AND LESS THAN \$1 MILLION IN ANNUAL REVENUES,

NAME OF ORGANIZATION OR GOVERNMENT: YMCA - SOUTHEAST VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: SECOND YEAR SCHOLARSHIPS TO THE Y

FOR 92 FAMILIES WHO LOST HOMES IN THE FIRE. (9% VENTURA COUNTY AND 81% LA

COUNTY FAMILIES)

NAME OF ORGANIZATION OR GOVERNMENT: YMCA - SOUTHEAST VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: \$25,000 WILL BE GIVEN AS GENERAL

OPERATING SUPPORT TO ASSIST WITH THE DISTRIBUTION OF INDIVIDUAL

ASSISTANCE, AND \$120,000 WILL BE GIVEN TO SUPPORT TO INDIVIDUALS AND

FAMILIES FACING ECONOMIC CHALLENGES RELATED TO COVID-19.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: APPLICATION PROCESS DRIVEN BY

SCHOLARSHIP FUND PARAMETERS, OVERSEEN BY SCHOLARSHIP COMMITTEE AND

RATIFIED BY VCCF BOARD OF DIRECTORS

(F) DESCRIPTION OF NON-CASH ASSISTANCE: APPLICATION PROCESS THROUGH



**Part IV Supplemental Information**

PROTOCOL ESTABLISHED AND OVERSEEN BY SPECIAL OVERSIGHT COMMITTEE AND

RATIFIED BY VCCF BOARD OF DIRECTORS

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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](http://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 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019

**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)	206,875.	40,000.	5,400.	15,118.	5,319.	272,712.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BONNIE GILLES CHIEF FINANCIAL OFFICER	(i)	155,298.	25,000.	3,000.	11,076.	0.	194,374.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JIM RIVERA CHIEF COMPLIANCE OFFICER	(i)	154,583.	10,000.	3,000.	0.	0.	167,583.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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

**2019**

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](http://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	9	311,878. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

	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) 2019

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

VENTURA COUNTY COMMUNITY FOUNDATION

Employer identification number

77-0165029

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

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

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

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

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

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

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

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

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

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

VCCF POSTED THE FORM 990 ON ITS WEBSITE AND PROVIDED IT UPON REQUEST IN  
 EITHER ELECTRONIC OR PRINTED FORM. ALL GOVERNING DOCUMENTS ARE AVAILABLE  
 UPON REQUEST AND PROVIDED WITHIN ONE BUSINESS DAY. REQUESTS CAN BE MADE AT  
 WWW.VCCF.ORG.

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

CHANGE IN VALUE OF SPLIT INTEREST TRUSTS	-7,411.
CHANGE IN VALUE OF INTEREST RATE SWAP	-105,866.
TOTAL TO FORM 990, PART XI, LINE 9	-113,277.

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**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	891,281.	9,023,792.	VENTURA COUNTY COMMUNITY FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MARTIN V AND MARTHA K SMITH FOUNDATION - 77-0048451, 4001 MISSION OAKS BLVD SUITE A, CAMARILLO, CA 93012	TO ENHANCE THE QUALITY OF LIFE FOR RESIDENTS OF VENTURA CO, OXNARD PLAINS	CALIFORNIA	501(C)(3)	LINE 12A, I	VENTURA COUNTY COMMUNITY FOUNDATION	X	

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

Schedule R (Form 990) 2019

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VCCF NONPROFIT CENTER LLC	B	354,921.	CASH
(2) MARTIN V. AND MARTHA K. SMITH FOUNDATION	C	78,157.	CASH
(3)			
(4)			
(5)			
(6)			



