

PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO LLP

2700 Camino Ramon., Suite 350
San Ramon, CA 94583
ph 925.790.2600
fx 925.790.2601

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **OCT 1, 2021** and ending **SEP 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization VENTURA COUNTY COMMUNITY FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4001 MISSION OAKS BLVD. A City or town, state or province, country, and ZIP or foreign postal code CAMARILLO, CA 93012 F Name and address of principal officer: VANESSA BECHTEL SAME AS C ABOVE	D Employer identification number 77-0165029 E Telephone number (805) 988-0196 G Gross receipts \$ 46,837,782. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.VCCF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1987
		M State of legal domicile: CA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO PROMOTE AND ENABLE PHILANTHROPY TO IMPROVE OUR COMMUNITY FOR GOOD AND FOR EVER.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	25
	6	Total number of volunteers (estimate if necessary)	6	100
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-57,647.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	44,987,154.	21,003,258.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,164,303.	1,286,944.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,034,016.	7,318,032.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
12			53,185,473.	29,608,234.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	46,443,524.	12,434,872.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,868,899.	1,993,777.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 258,024.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,119,541.	1,923,296.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	50,431,964.	16,351,945.
	19	Revenue less expenses. Subtract line 18 from line 12	2,753,509.	13,256,289.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	181,940,704.	164,442,334.
	22	Net assets or fund balances. Subtract line 21 from line 20	30,670,327.	27,292,720.
	22		151,270,377.	137,149,614.

Part II Signature Block

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

Sign Here	Signature of officer VANESSA BECHTEL, PRESIDENT & CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name KATY BROWN	Preparer's signature KATY BROWN
	Date 08/02/23	Check if self-employed <input type="checkbox"/> PTIN P00650274
	Firm's name ▶ ARMANINO LLP Firm's address ▶ 11766 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90025	Firm's EIN ▶ 94-6214841 Phone no. 310-478-4148

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 13,053,876. including grants of \$ 12,434,872.) (Revenue \$) CONNECTING DONORS TO THE COMMUNITY NEEDS THEY CARE ABOUT, THE VENTURA COUNTY COMMUNITY FOUNDATION GRANTED \$11,136,000 TO 236 UNIQUE PUBLIC CHARITIES AND \$1,373,650 TO MORE THAN THREE HUNDRED LOCAL STUDENTS VIA OUR SCHOLARSHIP PROGRAM.

4b (Code:) (Expenses \$ 1,451,244. including grants of \$) (Revenue \$) INCREASING CHARITABLE GIVING IN FISCAL YEAR 2022, OVER \$19 MILLION WAS ADDED TO DONOR FUNDS BRINGING THE TOTAL CHARITABLE ASSETS UNDER THE STEWARDSHIP OF THE VENTURA COUNTY COMMUNITY FOUNDATION TO OVER \$179 MILLION.

4c (Code:) (Expenses \$ 961,762. including grants of \$) (Revenue \$ 1,291,639.) 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 15,466,882.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 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 Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
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
BONNIE GILLES - (805) 330-6681
4001 MISSION OAKS BLVD., A, CAMARILLO, CA 93012

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VANESSA BECHTEL PRESIDENT AND CEO	40.00			X			296,982.	0.	24,100.	
(2) BONITA GILLES VICE-PRESIDENT AND CFO	40.00			X			228,499.	0.	13,875.	
(3) JEFFREY LAMBERT CHIEF OPERATING OFFICER	40.00				X		182,271.	0.	13,889.	
(4) TRACY TAGAWA CHIEF COMPLIANCE OFFICER	40.00				X		141,337.	0.	11,436.	
(5) SEAN LEONARD CHAIR	1.00	X		X			0.	0.	0.	
(6) VERONICA QUINTANA TREASURER	1.00	X		X			0.	0.	0.	
(7) LEAH LACAYO SECRETARY	1.00	X		X			0.	0.	0.	
(8) SCOTT P. HANSEN IMMEDIATE PAST CHAIR	5.00	X					0.	0.	0.	
(9) MERYL CHASE DIRECTOR	1.00	X					0.	0.	0.	
(10) GEOFF DEAN DIRECTOR	1.00	X					0.	0.	0.	
(11) JACK EDELSTEIN DIRECTOR	1.00	X					0.	0.	0.	
(12) JOHN KEARNEY DIRECTOR	1.00	X					0.	0.	0.	
(13) JIM MCGEE DIRECTOR (LEFT 5/2022)	1.00	X					0.	0.	0.	
(14) MIKE POWERS DIRECTOR	1.00	X					0.	0.	0.	
(15) CATHERINE SEPULVEDA DIRECTOR	1.00	X					0.	0.	0.	
(16) VENKAT YEPURI DIRECTOR	1.00	X					0.	0.	0.	
(17) GUSTAVO ZARATE DIRECTOR (LEFT 6/2022)	1.00	X					0.	0.	0.	

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	4,228,781.				
	e Government grants (contributions)	1e	371,871.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	16,402,606.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 5,562,332.				
	h Total. Add lines 1a-1f			21,003,258.			
Program Service Revenue	2 a RENTAL INCOME	Business Code					
		531120	914,734.	914,734.			
	b MANAGEMENT FEES	561000	372,210.	372,210.			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,286,944.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,486,381.	4,695.	-57,647.	2,539,333.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	21,309,749.	751,450.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	16,599,548.	630,000.			
	c Gain or (loss)	7c	4,710,201.	121,450.			
	d Net gain or (loss)			4,831,651.		4,831,651.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			29,608,234.	1,291,639.	-57,647.	7,370,984.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	10,653,222.	10,653,222.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,781,650.	1,781,650.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	605,433.	376,334.	143,112.	85,987.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,140,275.	867,865.	183,445.	88,965.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,184.	37,184.	6,858.	3,142.
9 Other employee benefits	88,258.	66,787.	14,701.	6,770.
10 Payroll taxes	112,627.	81,310.	20,455.	10,862.
11 Fees for services (nonemployees):				
a Management	40,115.	40,115.		
b Legal	76,858.	40,145.	36,713.	
c Accounting	75,555.	18,770.	56,785.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	495,446.	495,446.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	81,295.	72,221.	2,174.	6,900.
12 Advertising and promotion	57,877.	14,674.	37,703.	5,500.
13 Office expenses	59,523.	41,235.	10,753.	7,535.
14 Information technology	95,773.	68,477.	17,815.	9,481.
15 Royalties				
16 Occupancy	360,868.	351,214.	9,654.	
17 Travel	995.	711.	284.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	48,030.	4,570.	20,580.	22,880.
20 Interest	181,633.	156,592.	25,041.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	203,832.	200,862.	2,970.	
23 Insurance	116,489.	87,695.	18,792.	10,002.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIP	29,007.	9,803.	19,204.	
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	16,351,945.	15,466,882.	627,039.	258,024.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	71,987.	1	38,742.
	2 Savings and temporary cash investments	3,971,600.	2	4,871,563.
	3 Pledges and grants receivable, net	600,000.	3	2,235,740.
	4 Accounts receivable, net	326,616.	4	117,234.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	145,379.	9	127,755.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,569,552.		
	b Less: accumulated depreciation	10b 2,392,646.	8,375,747.	10c 8,176,906.
	11 Investments - publicly traded securities	139,013,908.	11	117,576,817.
	12 Investments - other securities. See Part IV, line 11	28,149,896.	12	29,639,706.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,285,571.	15	1,657,871.
16 Total assets. Add lines 1 through 15 (must equal line 33)	181,940,704.	16	164,442,334.	
Liabilities	17 Accounts payable and accrued expenses	698,164.	17	478,622.
	18 Grants payable	448,988.	18	2,778,764.
	19 Deferred revenue	25,000.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	22,391,354.	21	19,380,129.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,401,200.	23	4,280,856.
	24 Unsecured notes and loans payable to unrelated third parties	2,000,000.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	705,621.	25	374,349.
	26 Total liabilities. Add lines 17 through 25	30,670,327.	26	27,292,720.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	146,534,863.	27	132,074,155.
	28 Net assets with donor restrictions	4,735,514.	28	5,075,459.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	151,270,377.	32	137,149,614.
33 Total liabilities and net assets/fund balances	181,940,704.	33	164,442,334.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,608,234.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,351,945.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,256,289.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	151,270,377.
5	Net unrealized gains (losses) on investments	5	-28,704,054.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,327,002.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	137,149,614.

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

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

Form **990** (2021)

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,274,639.	28,140,045.	17,822,803.	44,987,154.	21,003,258.	116,227,899.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,274,639.	28,140,045.	17,822,803.	44,987,154.	21,003,258.	116,227,899.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,630,124.
6 Public support. Subtract line 5 from line 4.						112,597,775.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	4,274,639.	28,140,045.	17,822,803.	44,987,154.	21,003,258.	116,227,899.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,755,338.	1,952,738.	2,121,649.	1,701,422.	2,539,333.	10,070,480.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				7,056.		7,056.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						126,305,435.
12 Gross receipts from related activities, etc. (see instructions)					12	5,303,749.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	89.15 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	91.60 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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	<hr/> <hr/> <hr/>	\$ 4,228,781.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 3,226,101.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 3,082,896.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 2,436,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,420,152.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 851,654.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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/>	\$ 545,029.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	VARIOUS SECURITIES _____ _____ _____	\$ 2,086,886.	08/02/22
3	VARIOUS SECURITIES _____ _____ _____	\$ 1,754,661.	12/14/21
5	SECURITIES _____ _____ _____	\$ 707,304.	05/02/22
6	VARIOUS SECURITIES _____ _____ _____	\$ 496,654.	09/30/22
7	SECURITIES _____ _____ _____	\$ 435,028.	12/08/21
	_____ _____ _____	\$ _____	_____

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.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

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	147	615
2 Aggregate value of contributions to (during year)	11,592,536.	19,003,258.
3 Aggregate value of grants from (during year)	3,770,290.	440,978.
4 Aggregate value at end of year	31,826,999.	136,675,162.

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 ▶ \$ _____

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 | 22,391,354. |
| d Additions during the year | 2,248,325. |
| e Distributions during the year | 5,259,550. |
| f Ending balance | 19,380,129. |
- 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	146,941,259.	125,365,799.	119,914,481.	106,019,906.	102,828,306.
b Contributions	11,741,008.	3,748,596.	3,365,312.	16,316,881.	1,966,146.
c Net investment earnings, gains, and losses	-21,487,683.	25,121,265.	9,144,438.	3,367,292.	6,820,966.
d Grants or scholarships	9,263,982.	7,294,401.	7,058,432.	5,789,598.	5,595,512.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	127,930,602.	146,941,259.	125,365,799.	119,914,481.	106,019,906.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 97.7028 %
 - b Permanent endowment .8950 %
 - c Term endowment 1.4017 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,185,000.		2,185,000.
b Buildings		7,879,841.	1,891,679.	5,988,162.
c Leasehold improvements		124,931.	124,931.	0.
d Equipment		379,780.	376,036.	3,744.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,176,906.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) HEDGE FUND COMPOSITE	13,450,770.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY COMPOSITE	16,188,936.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	29,639,706.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PLANNED GIVING LIABILITY	315,619.
(3) SECURITY DEPOSITS	58,730.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	374,349.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,310,752.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-28,704,054.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	902,018.
e	Add lines 2a through 2d	2e	-27,802,036.
3	Subtract line 2e from line 1	3	29,112,788.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	495,446.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	495,446.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	29,608,234.

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

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

1	Total expenses and losses per audited financial statements	1	15,876,562.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	20,063.
e	Add lines 2a through 2d	2e	20,063.
3	Subtract line 2e from line 1	3	15,856,499.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	495,446.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	495,446.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	16,351,945.

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 9/30/2022, VCCF MAINTAINED 96 AGENCY FUNDS

WITH NET ASSETS TOTALING \$19,380,129

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	-85,592.
CHANGE IN VALUE OF INTEREST RATE SWAP	1,412,594.
COMPLEX ASSET SUPPORTING ORGANIZATION	-424,984.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	902,018.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COMPLEX ASSET SUPPORTING ORGANIZATION	20,063.
---------------------------------------	---------

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS FOUNDATION - RICHARD R. RUSH HALL, ONE UNIVERSITY DRIVE - CAMARILLO, CA	77-0433230	501(C)(3)	3,081,961.	0.			TO COVER THE CONSTRUCTION COSTS OF RENOVATION OF THE MANZANITA FIRST FLOOR WEST WING AND RESTORATION
PANCREATIC CANCER ACTION NETWORK INC. - 1500 ROSECRANS AVE., SUITE 200 - MANHATTAN BEACH, CA 90266	33-0841281	501(C)(3)	340,000.	0.			FOR THE 2022 CAREER DEVELOPMENT AWARD FOR DR. JANIELLE P. MAYNARD AT JOHNS HOPKINS AND TO
HUMANE SOCIETY OF THE UNITED STATES - 1255 23RD STREET, NW, SUITE 450 - WASHINGTON, DC 20037	53-0225390	501(C)(3)	289,459.	0.			TO SUPPORT THE PETS FOR LIFE PROGRAM FOR VENTURA COUNTY
CASA PACIFICA CENTERS FOR CHILDREN & FAMILIES - 1722 SOUTH LEWIS ROAD - CAMARILLO, CA 93012-8520	77-0195022	501(C)(3)	280,000.	0.			IN SUPPORT OF THE MATCHING PROGRAM FOR THE TRANSITIONAL YOUTH SERVICE AND IN SUPPORT OF
VENTURA BOTANICAL GARDEN P.O. BOX 3127 VENTURA, CA 93006-3127	20-8416864	501(C)(3)	260,000.	0.			TO SPONSOR SITE 54 AT THE VENTURA BOTANICAL GARDENS AND TO SUPPORT THE CHARITABLE MISSION OF THE
CITY OF THOUSAND OAKS 2100 E. THOUSAND OAKS BLVD. THOUSAND OAKS, CA 91362	95-2367314	CITY OF THOUSAND OAK	219,176.	0.			TO PROVIDE FINANCIAL SUPPORT TO THE CITY OF THOUSAND OAKS FOR THE CIVIC AUDITORIUM/FORUM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **109.**

3 Enter total number of other organizations listed in the line 1 table **2.**

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF VENTURA COUNTY P.O. BOX 297 OJAI, CA 93024	95-2272598	501(C)(3)	203,950.	0.			TO SUPPORT HSVC INFRASTRUCTURE UPGRADE AND HSVC SPAY AND NEUTER CLINIC SERVICES
ALZHEIMER'S ASSOCIATION CALIFORNIA CENTRAL COAST CHAPTER - 2290 N. 1ST ST., STE #101 - SAN JOSE, CA 95131	77-0006745	501(C)(3)	200,000.	0.			IN SUPPORT OF THE ALZHEIMER'S ASSOCIATION INITIATIVE TO LAUNCH THE INCREASING ACCESS TO
BOYS & GIRLS CLUB OF CAMARILLO 1500 TEMPLE AVENUE CAMARILLO, CA 93010	95-6194547	501(C)(3)	257,500.	0.			IN SUPPORT OF THE EXPANDING POSSIBILITIES CAMPAIGN WHICH AIMS TO FUND A 6,500-SQUARE-FOOT
VENTURA COUNTY FAMILY JUSTICE CENTER FOUNDATION, INC. - 3170 LOMA VISTA ROAD - VENTURA, CA 93003	82-2765815	501(C)(3)	222,000.	0.			TO PROVIDE FUNDING FOR THE ADDITION OF A 4-UNIT TINY HOME VILLAGE AT THE FAMILY JUSTICE CENTER FOR
CITY OF CAMARILLO P.O. BOX 248 CAMARILLO, CA 93011-0248	95-2313271	CITY OF CAMARILLO	195,000.	0.			IN SUPPORT OF THE CAMARILLO LIBRARY RFBC OPERATIONS AND MATERIAL COSTS
CAMARILLO HEALTH CARE DISTRICT 3639 E. LAS POSAS RD., SUITE 117 CAMARILLO, CA 93010	95-2834854		148,781.	0.			TO SUPPORT THE CAMARILLO HEALTH CARE DISTRICT, ONLY TO BE USED FOR THE CARE-A-VAN SERVICE IN
UNITED POLICYHOLDERS 917 IRVING STREET, SUITE 4 SAN FRANCISCO, CA 94122	94-3162024	501(C)(3)	132,000.	0.			TO SUPPORT THE WILDFIRE RISK REDUCTION AND ASSET PROTECTION PROGRAM (WRAP) AND THE ROADMAP TO
MEADOWLARK SERVICE LEAGUE P.O. BOX 3063 CAMARILLO, CA 93011-3063	23-7170994	501(C)(3)	100,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES
MESA 335 ENCINO DR OAK VIEW, CA 93022	85-2978137	501(C)(3)	110,000.	0.			IN SUPPORT OF THE OPERATIONAL EXPENSES FOR THE ORGANIZATION'S TINY HOME AND WELLNESS CENTER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CITY CENTER TRANSITIONAL LIVING - 837 E. THOMPSON BLVD - VENTURA, CA 93001	46-5674375	501(C)(3)	120,000.	0.			IN SUPPORT OF ESTABLISHING A 20X20 LEARNING CENTER CAMPUS FOR CHILDREN OF THE
VENTURA COUNTY STAR 771 E. DAILY DRIVE, SUITE 300 CAMARILLO, CA 93010	47-1931054		100,000.	0.			TO PROVIDE FUNDING FOR TWO REPORTING FELLOWSHIPS AT THE VENTURA COUNTY STAR. THE JOURNALISTS
COMMUNITY MEMORIAL HEALTH SYSTEM 2674 E. MAIN ST, STE E #210 VENTURA, CA 93003	95-1683892	501(C)(3)	95,000.	0.			THE PURPOSE OF THIS GRANT IS FOR THE SALARIES FOR THE CAREGIVER NAVIGATION PROGRAM.
THE SALVATION ARMY 30840 HAWTHORNE BLVD, BUILDING D - GSD - RANCHO PALOS VERDES, CA 90275	94-1156347	501(C)(3)	93,998.	0.			IN SUPPORT OF THE SALVATION ARMY FOR USE IN VENTURA COUNTY, CALIFORNIA, PREFERABLY
CENTRAL VENTURA COUNTY FIRE SAFE COUNCIL - 5156 MCGRATH STREET, SUITE 101 - VENTURA, CA 93003	27-1527559	501(C)(3)	82,500.	0.			TO PROVIDE HOME HARDENING ASSESSMENTS AND IMPROVEMENTS TO 15 HOUSEHOLDS IMPACTED BY
GREYFOOT CAT RESCUE P.O. BOX 310 VENTURA, CA 93002	77-0501124	501(C)(3)	171,415.	0.			TO SUPPORT THE PURCHASE OF A VAN, AND A TNR COORDINATOR SALARY AND MEDICAL EMERGENCY CARE
OJAI RAPTOR CENTER P.O. BOX 182 OAK VIEW, CA 93022	77-0543286	501(C)(3)	75,000.	0.			TO PROVIDE VETERINARY MEDICAL SUPPORT
BOYS & GIRLS CLUB OF GREATER CONEJO VALLEY - 1 DOLE DRIVE #3331 - WESTLAKE VILLAGE, CA 91362	91-2151731	501(C)(3)	70,713.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES
SIMI VALLEY HOSPITAL 2975 N. SYCAMORE DR. SIMI VALLEY, CA 93065	95-6064971	501(C)(3)	70,000.	0.			TO PROVIDE FUNDING FOR SALARY EXPENSES FOR FAMILY CAREGIVER NAVIGATOR

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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 FIFTH STREET - OXNARD, CA 93030	95-1785162	501(C)(3)	124,450.	0.			IN SUPPORT OF REOPENING A DEDICATED CLUB WITHIN THE PLEASANT VALLEY VILLAGE PUBLIC HOUSING PROJECT.
NATIONAL DISASTER SEARCH DOG FOUNDATION - 6800 WHEELER CANYON ROAD - SANTA PAULA, CA 93060	77-0412509	501(C)(3)	70,000.	0.			IN SUPPORT OF TRAINING AT NATIONAL DISASTER SEARCH DOG FOUNDATION AND TO SUPPORT ANIMAL CARE
VENTURA COLLEGE FOUNDATION 4667 TELEGRAPH ROAD VENTURA, CA 93003	77-0037747	501(C)(3)	252,431.	0.			TO PROVIDE SCHOLARSHIPS TO GRADUATES OF VENTURA COMMUNITY COLLEGE WHO ARE FURTHERING THEIR
ODD FELLOW-REBEKAH CHILDREN'S HOME OF CALIFORNIA - 290 I.O.O.F AVENUE - GILROY, CA 95020	94-1167402	501(C)(3)	59,106.	0.			TO SUPPORT THE ODD FELLOWS CHILDREN'S HOME AT GILROY, CA
PROJECT UNDERSTANDING OF SAN BUENAVENTURA - 2734 JOHNSON DRIVE, SUITE E - VENTURA, CA 93003	95-3246871	501(C)(3)	61,299.	0.			TO SUPPORT THE HOMELESS2HOME PROGRAM AND TO PROVIDE SUPPORT TO PROJECT UNDERSTANDING TO
UNITED WAY OF VENTURA COUNTY 702 COUNTY SQUARE DR., STE 100 VENTURA, CA 93003	95-1945833	501(C)(3)	52,500.	0.			TO PROVIDE DIRECT FINANCIAL ASSISTANCE TO VICTIMS OF THE THOMAS FIRE AND TO SUPPORT THE
CANCER SUPPORT COMMUNITY VALLEY/VENTURA/SANTA BARBARA - 530 HAMPSHIRE ROAD - WESTLAKE VILLAGE, CA 91361-2218	77-0205691	501(C)(3)	50,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES
SARAH'S HOUSE P.O. BOX 941768 SIMI VALLEY, CA 93094	77-0285794	501(C)(3)	65,000.	0.			TO PROVIDE FUNDING FOR SARAH'S HOUSE FOR THE HIRING OF A FULL-TIME CASE MANAGER AND TO
ST. ANTHONY OF PADUA CATHOLIC CHURCH - P.O. BOX 3 - MORRIS, IN 47033	35-1225802	501(C)(3)	50,000.	0.			TO PROVIDE SUPPORT FOR CAPITAL IMPROVEMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SURFCAT CAFE & ADOPTIONS 4515 GATESHEAD BAY OXNARD, CA 93035	47-3663662	501(C)(3)	50,000.	0.			TO SUPPORT THE RETAIL ADOPTION FACILITY
THE ARC OF VENTURA COUNTY 5103 WALKER ST. VENTURA, CA 93003-7358	95-2266987	501(C)(3)	100,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES
SANTA MONICA MOUNTAINS FUND 401 W HILLCREST DRIVE THOUSAND OAKS, CA 91360	95-4187832	501(C)(3)	106,524.	0.			IN SUPPORT OF THE WILDLIFE INTERN PROGRAM, IN SUPPORT OF THE JULY 14TH UPDATED PROPOSAL FOR
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501(C)(3)	136,766.	0.			TO PROVIDE PERMANENT AND ONGOING FINANCIAL SUPPORT FOR THE MUSEUM OF VENTURA COUNTY'S EXECUTIVE
805 UNDOCUFUND 2471 PORTOLA ROAD, SUITE 100 VENTURA, CA 93003	86-2230353	501(C)(3)	53,832.	0.			TO PROVIDE GENERAL OPERATING SUPPORT TO 805 UNDOCUFUND TO CARRY OUT ITS ROLE AND MISSION AS
LUCHA, INC. 1008 HILLSIDE DRIVE SANTA PAULA, CA 93060	95-3400870	501(C)(3)	121,690.	0.			IN SUPPORT OF THE LITERACY AND EMPOWERMENT PROJECT THAT WILL OFFER A SERIES OF WORKSHOPS THAT
SANTA PAULA ANIMAL RESCUE CENTER 705 E SANTA BARBARA STREET SANTA PAULA, CA 93060	45-4185395	501(C)(3)	40,000.	0.			TO SUPPORT NO COST SPAY AND NEUTER SERVICES
YMCA-SOUTHEAST VENTURA COUNTY 31105 THOUSAND OAKS BLVD. WESTLAKE VILLAGE, CA 91362	95-2305501	501(C)(3)	40,000.	0.			IN SUPPORT OF LAUNCHING THE MY GENIUS PROGRAM IN SIMI VALLEY UNIFIED SCHOOL DISTRICT
SPAY/NEUTER ANIMAL NETWORK 110 N OLIVE STREET, SUITE A & B VENTURA, CA 93001	77-0316327	501(C)(3)	35,040.	0.			TO SUPPORT GENERAL OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOARING SPIRITS INTERNATIONAL 2828 COCHRAN STREET # 194 SIMI VALLEY, CA 93065	38-3787893	501(C)(3)	35,000.	0.			IN SUPPORT OF A COMMUNITY NEEDS AND PROGRAM ASSESSMENT AND DEVELOPMENT OF MARKETING
MIRACLE LEAGUE OF THE 805 2310 PONDEROSA DRIVE, SUITE # 21 CAMARILLO, CA 93010	81-2907645	501(C)(3)	42,722.	0.			IN SUPPORT OF THE MIRACLE LEAGUE CHARITY BASEBALL FIELD
BOYS & GIRLS CLUB OF SANTA CLARA VALLEY - P.O. BOX 152 - SANTA PAULA, CA 93061	95-2497853	501(C)(3)	74,095.	0.			IN SUPPORT OF THE YOUTH PROGRAMS AT THREE CLUB SITES IN SANTA PAULA, FILLMORE, AND PIRU AS
MOORPARK COLLEGE FOUNDATION 7075 CAMPUS ROAD MOORPARK, CA 93021	95-3533986	501(C)(3)	30,000.	0.			TO SUPPORT THE PARROT AVIARY ENHANCEMENT
RAIN COMMUNITIES, INC. P.O. BOX 1934 CAMARILLO, CA 93011-1934	61-1419784	501(C)(3)	30,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES
NEW WEST SYMPHONY ASSOCIATION 2100 THOUSAND OAKS BLVD., SUITE D THOUSAND OAKS, CA 91362	77-0406042	501(C)(3)	73,704.	0.			IN SUPPORT OF THE HARMONY PROJECT FOR THE CELEBRATION CONCERT ON APRIL 30, 2022, AT
BUDDY NATION 159 W PROSPECT ST VENTURA, CA 93001	81-3432620	501(C)(3)	25,000.	0.			TO SUPPORT GENERAL OPERATIONS
CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY - 2021 SPERRY AVENUE, SUITE 9 - VENTURA, CA 93003	77-0578864	501(C)(3)	25,000.	0.			IN SUPPORT OF GENERAL OPERATIONS
CONEJO VALLEY SENIOR CONCERNS 401 HODENCAMP ROAD THOUSAND OAKS, CA 91360-5467	95-2992927	501(C)(3)	25,000.	0.			TO PROVIDE FUNDING FOR THE SUPPORTIVE SERVICES FOR SENIORS AND FAMILY CAREGIVERS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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)	25,000.	0.			IN SUPPORT OF FLA'S LEADERSHIP AND ADMINISTRATION DEVELOPMENT
INTERFACE CHILDREN FAMILY SERVICES 4001 MISSION OAKS BLVD., SUITE I CAMARILLO, CA 93012-5121	95-2944459	501(C)(3)	34,900.	0.			TO COMPLETE THE DEVELOPMENT OF THE DISASTER RECOVERY INFORMATION SYSTEM (DRIE)
KIDSTREAM 3100 E. PONDEROSA DRIVE CAMARILLO, CA 93010	81-3055601	501(C)(3)	25,000.	0.			IN SUPPORT OF THE MUSEUM'S NEXT STAGE OF DEVELOPMENT AND TO FULFILL THEIR GREATEST
LIVINGSTON MEMORIAL, VNA 1996 EASTMAN AVE., STE. 101 VENTURA, CA 93003-5768	95-1693538	501(C)(3)	25,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES
OUR LADY OF GUADALUPE CHURCH 427 N. OAK STREET SANTA PAULA, CA 93060	95-3594759	501(C)(3)	66,986.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
SACRED HEART CHURCH 10800 HENDERSON ROAD VENTURA, CA 93004	95-1979938	501(C)(3)	25,000.	0.			FOR CAPITAL IMPROVEMENTS AND MAINTENANCE, PLEASE NOTE THAT GRANT FUNDS MAY NOT BE USED FOR
WESTMINSTER FREE CLINIC 2673 SAN MIGUEL CIRCLE THOUSAND OAKS, CA 91360	77-0563241	501(C)(3)	65,000.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
COUNTY OF VENTURA HUMAN SERVICES AGENCY - 855 PARTRIDGE DRIVE - VENTURA, CA 93003	95-6000944	COUNTY OF VENTUR	51,000.	0.			TO PROVIDE GRANTS TO QUALIFIED FARM WORKER HOUSEHOLDS IMPACTED BY COVID-19. GRANTS WILL BE
HUENEME SCHOOL DISTRICT 205 N. VENTURA ROAD PORT HUENEME, CA 93041-3065	95-6001639	501(C)(3)	21,613.	0.			TO PROVIDE SUPPORT TO THE PUBLIC ELEMENTARY SCHOOL LIBRARIES LOCATED IN THE CITY OF PORT HUENEME

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONEJO RECREATION & PARK DISTRICT 403 W. HILLCREST DRIVE THOUSAND OAKS, CA 91360-4223	95-2265201	CITY OF THOUSAND	20,800.	0.			TO PROVIDE SUPPORT FOR CONEJO RECREATION & PARK DISTRICT FOR THE PEER MENTOR CAMP, THE YOUTH
ARCHDIOCESE OF LOS ANGELES 3424 WILSHIRE BLVD., 6TH FLOOR LOS ANGELES, CA 90010-2241	95-1642382	501(C)(3)	50,000.	0.			SUPPORT TO PADRES SERRA PARISH MUSIC MINISTRY, SUPPORT TO ST. JOHN'S SEMINARY CAPITAL PROJECT
CALIFORNIA STATE UNIVERSITY NORTHRIDGE FOUNDATION - 18111 NORDHOFF STREET, VALERA HALL 110 - NORTHRIDGE, CA 91330-8296	95-6196006	501(C)(3)	20,000.	0.			TO PROVIDE FUNDING FOR THE MATT WINN MEMORIAL EHSS SCHOLARSHIP AT CALIFORNIA STATE
CATHOLIC CHARITIES, VENTURA COUNTY 303 N. VENTURA AVENUE VENTURA, CA 93001	95-1690973	501(C)(3)	20,000.	0.			TO PROVIDE SUPPORT FOR MOORPARK PANTRY PLUS FOR THE "SHOE PROGRAM" AND THE "SENIOR BACKPACK AND
LOS ANGELES PHILHARMONIC ASSOCIATION - C/O FRIENDS AND PATRONS OF THE LA PHIL, 151 S GRAND AVE - LOS ANGELES, CA 90012	95-1696734	501(C)(3)	20,000.	0.			IN SUPPORT OF THE ANNUAL FUND
MANY MANSIONS 1259 E. THOUSAND OAKS BLVD. THOUSAND OAKS, CA 91362	95-3424516	501(C)(3)	35,000.	0.			IN SUPPORT OF THE CHILDREN'S SERVICE IMPACT PROGRAM AND TO PROVIDE FUNDING FOR THE
OAKS CHRISTIAN SCHOOL 31749 LA TIENDA DRIVE WESTLAKE VILLAGE, CA 91362	95-4656912	501(C)(3)	20,000.	0.			IN SUPPORT OF THE MARK AND JACOB ISKANDER SCHOLARSHIP AT OAKS CHRISTIAN SCHOOL
OJAI MUSIC FESTIVAL P.O. BOX 185 OJAI, CA 93024	95-2122508	501(C)(3)	40,000.	0.			IN SUPPORT OF THE BRAVO! EDUCATION THROUGH MUSIC (ETM) PROGRAM EXPANSION TO THE SUNSET ELEMENTARY
SIMI VALLEY NON-PROFIT SPAY AND NEUTER CLINIC, INC. - 1659 E LOS ANGELES AVE - SIMI VALLEY, CA 93065	77-0568506	501(C)(3)	29,710.	0.			TO SUPPORT GENERAL OPERATIONS AND TO PROVIDE FUNDING FOR THE PURCHASE OF A SURGICAL TABLE GIFT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHN'S HEALTHCARE FOUNDATION, OXNARD & PLEASANT VALLEY - 1600 NORTH ROSE AVENUE - OXNARD, CA 93030	20-2865781	501(C)(3)	81,250.	0.			RESTRICTED SUPPORT TO ST. JOHN'S REGIONAL EMERGENCY MENTAL HEALTH SERVICES UNIT AND IN SUPPORT OF
VENTURA COUNTY TAXPAYERS FOUNDATION - P.O. BOX 3878 - VENTURA, CA 93006	88-2295308	501(C)(3)	20,000.	0.			TO PROVIDE FUNDING FOR ECONOMIST RESEARCH & SPEAKING FEES
VENTURA LAND TRUST P.O. BOX 1284 VENTURA, CA 93002	01-0769456	501(C)(3)	18,000.	0.			TO PROVIDE FUNDING FOR THE STEWARDSHIP OF THE HARMON CANYON PRESERVE
CEC/SEABEE HISTORICAL FOUNDATION P.O. BOX 657 GULFPORT, MS 39502-0657	58-1998577	501(C)(3)	15,000.	0.			TO PROVIDE FUNDING FOR AN UPDATED WI-FI / INTERNET SYSTEM (\$4,000) AND TRANSPORTATION FOR
CHILD DEVELOPMENT RESOURCES 221 E. VENTURA BOULEVARD OXNARD, CA 93036	95-3543275	501(C)(3)	15,000.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
CONEJO FREE CLINIC 80 E. HILLCREST DR. SUITE 102 THOUSAND OAKS, CA 91360-4219	95-3177953	501(C)(3)	25,000.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
OXNARD COMMUNITY K-9 FOUNDATION 251 SOUTH "C" STREET OXNARD, CA 93030	27-4954316	501(C)(3)	15,000.	0.			TO SUPPORT THE ONGOING OPERATIONAL COSTS INCLUDING OFF-DUTY CARE, EQUIPMENT, FOOD, AND
CATE SCHOOL 1960 CATE MESA ROAD CARPINTERIA, CA 93013	95-1644630	501(C)(3)	12,500.	0.			IN SUPPORT OF THE GIVEN FAMILY ENDOWMENT FUND AND IN SUPPORT OF THE CATE SCHOOL ANNUAL FUND
OXNARD PERFORMING ARTS CENTER CORPORATION - 800 HOBSON WAY - OXNARD, CA 93030	77-0524980	501(C)(3)	49,500.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES, TO SUPPORT THE RESCUECON

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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)	11,230.	0.			TO PROVIDE EDUCATION AND OUTREACH TO SUPPORT THE VENTURA COUNTY REDISTRICTING PROCESS
CALIFORNIA OIL MUSEUM P.O. BOX 48 SANTA PAULA, CA 93061-0048	45-3830307	501(C)(3)	10,981.	0.			TO SUPPORT THE CALIFORNIA OIL MUSEUM AND ITS PROGRAMS AS DEFINED IN ITS MISSION STATEMENT
OXNARD ALANO CLUB 4910 S C ST OXNARD, CA 93033	95-2756184	501(C)(3)	10,500.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
FAITH MISSION CHRISTIAN FELLOWSHIP 483 BLOOMFIELD PL CAMARILLO, CA 93012	82-4764542	501(C)(3)	17,500.	0.			TO PROVIDE EDUCATION AND OUTREACH TO SUPPORT THE VENTURA COUNTY REDISTRICTING PROCESS AND
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD KANSAS CITY, MO 64129	44-0610626	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT SPECIFICALLY FOR THE SOUTH VENTURA COUNTY CHAPTER IN CALIFORNIA
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501(C)(3)	130,000.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
HILLSDALE COLLEGE 33 E COLLEGE ST. HILLSDALE, MI 49242	38-1374230	501(C)(3)	10,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES
MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER, INC. - P.O. BOX 1114 - THOUSAND OAKS, CA 91358	95-3413415	501(C)(3)	10,000.	0.			IN SUPPORT OF FEEDING OUR NEIGHBORS CONEJO VALLEY FOOD BANK
MICHAEL P. NOSCO FOUNDATION, INC. 3248 HANOVER CT NEWBURY PARK, CA 91320	45-3794018	501(C)(3)	10,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REALITY VENTURA 1954 GOODYEAR AVENUE VENTURA, CA 93003	82-2394675	501(C)(3)	10,000.	0.			TO PROVIDE OPPORTUNITIES FOR CHILDREN, YOUTH AND ADULTS TO SERVE THE COMMUNITY IN ASSISTING
REVIVE COMMUNITY CHURCH P.O. BOX 575 OXNARD, CA 93032	84-1910131	501(C)(3)	10,000.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES
RUBICON THEATRE COMPANY 1006 EAST MAIN STREET VENTURA, CA 93001-0048	77-0495901	501(C)(3)	10,000.	0.			TO PROVIDE FUNDING FOR GENERAL OPERATING SUPPORT
SANTA PAULA ART MUSEUM 117 NORTH 10TH STREET SANTA PAULA, CA 93060-2877	92-0179722	501(C)(3)	35,544.	0.			TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION AND IN SUPPORT OF THE OPERATING
SANTA PAULA CHAMBER OF COMMERCE P.O. BOX 1 SANTA PAULA, CA 93061	95-1192410	501(C)(3)	20,000.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED
SPIRIT OF SANTA PAULA P.O. BOX 728 SANTA PAULA, CA 93061	27-0005506	501(C)(3)	30,000.	0.			TO PROVIDE FUNDING FOR THE ONGOING SUPPORT OF THE HOMELESS SHELTER CASE MANAGER AND TO PROVIDE
ST. JUDE THE APOSTLE CATHOLIC CHURCH - 32032 WEST LINDERO CANYON ROAD - WESTLAKE VILLAGE, CA 91361-4270	95-2758216	501(C)(3)	10,000.	0.			IN SUPPORT OF LOAVES & FISHES UNRESTRICTED USE PLEASE SEE ATTACHED LIST OF SERVICE ORGANIZATIONS
THE RONALD REAGAN PRESIDENTIAL FOUNDATION - 40 PRESIDENTIAL DRIVE - SIMI VALLEY, CA 93065	77-0054631	501(C)(3)	10,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES
TURNING POINT FOUNDATION P.O. BOX 24397 VENTURA, CA 93002	77-0213467	501(C)(3)	10,000.	0.			TO PROVIDE FUNDING FOR SECURITY ENHANCEMENTS (FENCING AND LIGHTING) AT RIVER HAVEN

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VENTURA COUNTY FAMILY JUSTICE CENTER FOUNDATION - 3170 LOMA VISTA ROAD - VENTURA, CA 93003	82-2765815	501(C)(3)	10,000.	0.			TO PROVIDE FUNDING FOR THE NECESSARY INFRASTRUCTURE FOR THE PETS OF THE RESIDENTS IN
VENTURA MUSIC FESTIVAL ASSOCIATION 472 E. SANTA CLARA STREET VENTURA, CA 93001	77-0314562	501(C)(3)	10,000.	0.			TO PROVIDE FUNDING FOR GENERAL OPERATING SUPPORT
YMCA - SOUTHEAST VENTURA COUNTY 31105 THOUSAND OAKS BLVD. WESTLAKE VILLAGE, CA 91362	95-2305501	501(C)(3)	10,000.	0.			TO PROVIDE EDUCATION AND OUTREACH TO SUPPORT THE VENTURA COUNTY REDISTRICTING PROCESS
CENTER FOR SPIRITUAL LIVING, SIMI VALLEY CHURCH OF RELIGIOUS - 1756 ERRINGER ROAD #100 - SIMI VALLEY, CA 93065	77-0071366	501(C)(3)	9,558.	0.			TO SUPPORT THE SIMI VALLEY CHURCH OF RELIGIOUS SCIENCE BEA THOMPSON MAKE A
CARING HAND FOR CHILDREN 6901 MCLAREN AVE. WEST HILLS, CA 91307	91-2102436	501(C)(3)	9,500.	0.			IN SUPPORT OF GENERAL EXPENSES
MOUNT VERNON LADIES ASSOCIATION P.O. BOX 110 MOUNT VERNON, VA 22121	54-0564701	501(C)(3)	9,000.	0.			IN SUPPORT OF RESTORING THE MANSION APPEAL
NYELAND PROMISE 3701 ORANGE DRIVE OXNARD, CA 93036	83-2109489	501(C)(3)	17,040.	0.			TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES
OJAI VALLEY SCHOOL 723 EL PASEO ROAD OJAI, CA 93023	95-1661099	501(C)(3)	7,600.	0.			IN SUPPORT OF THE IMAGINE CONCERT FEATURING THE OJAI O'DAIKO TAIKO DRUMMING GROUP AS
H.O.M.E. INC., D.B.A. NINOS DE BAJA - 2390-C LAS POSAS RD #169 - CAMARILLO, CA 93010	33-0119870	501(C)(3)	7,500.	0.			IN SUPPORT OF GENERAL CHARITABLE USES AND PURPOSES GENERAL ADMINISTRATION AND OTHER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE NER SIMCHA 5737 KANAN ROAD, UNIT 176 AGOURA HILLS, CA 91301	47-2556081	501(C)(3)	7,500.	0.			IN SUPPORT OF GENERAL CHARITABLE USES AND PURPOSES NEW YEAR DONATION
SOCIAL JUSTICE FUND FOR VENTURA COUNTY - P.O. BOX 1271 - CAMARILLO, CA 93011	46-2569938	501(C)(3)	14,000.	0.			TO SUPPORT AND CELEBRATE THE LEADERSHIP AND EFFORTS OF TWO SOCIAL JUSTICE FUND FELLOWS: FOR
THE GARDEN CONSERVANCY P.O. BOX 608 GARRISON, NY 10524	13-3570145	501(C)(3)	7,000.	0.			IN SUPPORT OF A DIVIDE GIFT, FOR FILM DOCUMENTATION AND FOR GARDEN PRESERVATION
CHANNEL ISLANDS YMCA-VENTURA FAMILY BRANCH - 3760 TELEGRAPH RD. - VENTURA, CA 93003	95-1643379	501(C)(3)	6,486.	0.			TO SUPPORT THE CHANNEL ISLANDS YMCA-VENTURA FAMILY BRANCH
CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS - 1 UNIVERSITY DRIVE - CAMARILLO, CA 93012	91-2153805	501(C)(3)	6,050.	0.			TO SUPPORT THE IMPLEMENTATION OF THE CAREGIVER INITIATIVE ASSESSMENT TOOL
INTERNATIONAL OCD FOUNDATION, INC. P.O. BOX 961029 BOSTON, MA 02196	22-2894564	501(C)(3)	6,000.	0.			IN SUPPORT OF GENERAL RESEARCH

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	312	1,373,650.	0.		APPLICATION PROCESS DRIVEN BY SCHOLARSHIP FUND PARAMETERS, OVERSEEN BY SCHOLARSHIP COMMITTEE AND RATIFIED BY VCCF
FUNDING FOR DISASTER VICTIMS	5	408,000.	0.		FINANCIAL ASSISTANCE TO REBUILD HOMES AFTER WILDFIRE DISASTERS

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

PART I, LINE 2:

VCCF MAINTAINS DOCUMENTS BASED ON THE FUNDHOLDERS GRANT REQUEST AND THE

ACTUAL FUND PURPOSE AND COMPARES BEFORE ANY GRANTS ARE MADE. IN ADDITION,

ALL GRANTS ARE APPROVED BY THE VCCF 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 GRANTEE'S 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:

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS FOUNDATION

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

RENOVATION OF THE MANZANITA FIRST FLOOR WEST WING AND RESTORATION OF THE

COURTYARD ADJACENT TO THE BUILDING PER THE GIFT AGREEMENT BETWEEN THE

MARTIN V. AND MARTHA K. SMITH FOUNDATION AND UNIVERSITY. ALSO IN SUPPORT

OF THE UNIVERSITY CULTURE COSECHA (CULTIVATING OUTREACH TO SUSTAIN

EDUCATIONAL AND CAREER HOPES AND ASPIRATIONS) PROJECT.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE 2022 CAREER DEVELOPMENT

AWARD FOR DR. JANIELLE P. MAYNARD AT JOHNS HOPKINS AND TO SUPPORT OF THE

PRECISION PROMISE (SITE ACTIVATION) AT THE HUNTSMAN CANCER INSTITUTE

NAME OF ORGANIZATION OR GOVERNMENT:

CASA PACIFICA CENTERS FOR CHILDREN & FAMILIES

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

FOR THE TRANSITIONAL YOUTH SERVICE AND IN SUPPORT OF NEW WEB PAGE FOR

CASA PACIFICA.

NAME OF ORGANIZATION OR GOVERNMENT: VENTURA BOTANICAL GARDEN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SPONSOR SITE 54 AT THE VENTURA

BOTANICAL GARDENS AND TO SUPPORT THE CHARITABLE MISSION OF THE

ORGANIZATION

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF THOUSAND OAKS

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

Part IV Supplemental Information

CITY OF THOUSAND OAKS FOR THE CIVIC AUDITORIUM/FORUM THEATRE

NAME OF ORGANIZATION OR GOVERNMENT:

ALZHEIMER'S ASSOCIATION CALIFORNIA CENTRAL COAST CHAPTER

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

ASSOCIATION INITIATIVE TO LAUNCH THE INCREASING ACCESS TO QUALITY

DEMMENTIA CARE FOR CALIFORNIA'S AGING POPULATION: A HEALTH SYSTEMS

APPROACH PROGRAM.

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

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

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

OF THE CLUB TO MEET THE GROWING DEMANDS AND TO PROVIDE EDUCATION AND

OUTREACH TO SUPPORT THE VENTURA COUNTY REDISTRICTING PROCESS

NAME OF ORGANIZATION OR GOVERNMENT:

VENTURA COUNTY FAMILY JUSTICE CENTER FOUNDATION, INC.

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

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

TRANSITIONAL HOUSING FOR FAMILIES, INCLUDING CHILDREN AND PETS

NAME OF ORGANIZATION OR GOVERNMENT: CAMARILLO HEALTH CARE DISTRICT

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

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

NAME OF ORGANIZATION OR GOVERNMENT: UNITED POLICYHOLDERS

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

REDUCTION AND ASSET PROTECTION PROGRAM (WRAP) AND THE ROADMAP TO RECOVERY

Part IV Supplemental Information

PROGRAM (R2R)

NAME OF ORGANIZATION OR GOVERNMENT: MESA

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

EXPENSES FOR THE ORGANIZATION'S TINY HOME AND WELLNESS CENTER COMMUNITY

IN OJAI AND TO SUPPORT THE START-UP OF MATCHING FUNDS AT MESA

NAME OF ORGANIZATION OR GOVERNMENT: THE CITY CENTER TRANSITIONAL LIVING

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF ESTABLISHING A 20X20

LEARNING CENTER CAMPUS FOR CHILDREN OF THE FAMILIES OF THE TRANSITIONAL

LIVING CENTER TO PROVIDE EDUCATIONAL CLASSES WITH VOLUNTEER AS TEACHERS

AND IN SUPPORT OF BUILDING A PLAYGROUND FOR THE CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: VENTURA COUNTY STAR

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR TWO REPORTING

FELLOWSHIPS AT THE VENTURA COUNTY STAR. THE JOURNALISTS WILL FOCUS ON

ENTERPRISE AND INVESTIGATIVE REPORTING RELATED TO ISSUES IN VENTURA

COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: THE SALVATION ARMY

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

USE IN VENTURA COUNTY, CALIFORNIA, PREFERABLY CAMARILLO

NAME OF ORGANIZATION OR GOVERNMENT:

CENTRAL VENTURA COUNTY FIRE SAFE COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE HOME HARDENING

ASSESSMENTS AND IMPROVEMENTS TO 15 HOUSEHOLDS IMPACTED BY THE THOMAS FIRE

AND TO SUPPORT THE ADMINISTRATIVE COSTS OF IMPLEMENTING THE CALIFORNIA

Part IV Supplemental Information

FIRE FOUNDATION GRANT

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUB OF GREATER OXNARD & PORT HUENEME

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF REOPENING A DEDICATED

CLUB WITHIN THE PLEASANT VALLEY VILLAGE PUBLIC HOUSING PROJECT. THIS

PROGRAM WILL PROVIDE EVIDENCE-BASED APPROACHES OF ACADEMIC SUPPORT AND

SOCIAL/EMOTIONAL HEALTH FOR APPROXIMATELY 60 SOUTH OXNARD KIDS, TEENS,

AND ADULTS. FUNDING SUPPORT TO EXPAND OUTREACH EFFORTS, TO SERVE

ADDITIONAL MEMBERS, AND TO GUIDE YOUNG PEOPLE TOWARD GREAT FUTURES AS

DESCRIBED IN THE YOUTH AND FAMILY OUTREACH BUDGET 2021-2022. TO PROVIDE

EDUCATION AND OUTREACH TO SUPPORT THE VENTURA COUNTY REDISTRICTING

PROCESS. LASTLY, IN SUPPORT OF GENERAL CHARITABLE PURPOSES.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL DISASTER SEARCH DOG FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF TRAINING AT NATIONAL

DISASTER SEARCH DOG FOUNDATION AND TO SUPPORT ANIMAL CARE ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: VENTURA COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SCHOLARSHIPS TO GRADUATES

OF VENTURA COMMUNITY COLLEGE WHO ARE FURTHERING THEIR EDUCATION AT ANY

4-YEAR COLLEGE OR UNIVERSITY AND TO SUPPORT VETERINARY TECHNICAL

EQUIPMENT AND TWO PART-TIME INSTRUCTIONAL ASSISTANT TO SUPPORT THE

VENTURA COLLEGE VETERINARY TECHNOLOGY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

PROJECT UNDERSTANDING OF SAN BUENAVENTURA

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE HOMELESS2HOME PROGRAM

AND TO PROVIDE SUPPORT TO PROJECT UNDERSTANDING TO CARRY OUT ITS ROLE AND

MISSION AS DESCRIBED BY ITS BYLAWS

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF VENTURA COUNTY

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

ASSISTANCE TO VICTIMS OF THE THOMAS FIRE AND TO SUPPORT THE

ADMINISTRATIVE COSTS OF IMPLEMENTING THE CALIFORNIA FIRE FOUNDATION GRANT

NAME OF ORGANIZATION OR GOVERNMENT: SARAH'S HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR SARAH'S HOUSE

FOR THE HIRING OF A FULL-TIME CASE MANAGER AND TO SUPPORT THE TURF

REMOVAL PROJECT AT THE SHELTER AND IN SUPPORT OF GENERAL CHARITABLE

PURPOSES

NAME OF ORGANIZATION OR GOVERNMENT: SANTA MONICA MOUNTAINS FUND

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

PROGRAM, IN SUPPORT OF THE JULY 14TH UPDATED PROPOSAL FOR THE OYE PROGRAM

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,

COLLECTIONS MANAGER POSITIONS, IN SUPPORT OF THE ALL THAT GLITTERS IS NOT

GOLD EXHIBIT, IN SUPPORT OF THE ALL THAT GLITTERS IS NOT GOLD EXHIBIT, IN

SUPPORT OF THE OUTREACH PROGRAM ONSITE & VIRTUAL, TO SUPPORT THE

CHARITABLE MISSION OF THE ORGANIZATION AND 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 TO

Part IV Supplemental Information

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

AND SOME.

NAME OF ORGANIZATION OR GOVERNMENT: 805 UNDOCUFUND

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

TO 805 UNDOCUFUND TO CARRY OUT ITS ROLE AND MISSION AS DESCRIBED BY IT'S

BYLAWS AND IN SUPPORT OF PROVIDING CASH ASSISTANCE TO UNDOCUMENTED

FAMILIES AFFECTED BY THE COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT: LUCHA, INC.

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

EMPOWERMENT PROJECT THAT WILL OFFER A SERIES OF WORKSHOPS THAT WILL

PROVIDE A FRAMEWORK FOR COLLABORATION BETWEEN THE PARENT, THE CHILD, AND

THE TEACHER AS DESCRIBED IN THE TIMELINE AND PROGRAM BUDGET, TO CONDUCT

COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES, AND TO PROVIDE

EDUCATION AND OUTREACH TO SUPPORT THE VENTURA COUNTY REDISTRICTING

PROCESS.

NAME OF ORGANIZATION OR GOVERNMENT: SOARING SPIRITS INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF A COMMUNITY NEEDS AND

PROGRAM ASSESSMENT AND DEVELOPMENT OF MARKETING MATERIALS FOR A PILOT

LATINX SUPPORT PROGRAM IN VENTURA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUB OF SANTA CLARA VALLEY

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

THREE CLUB SITES IN SANTA PAULA, FILLMORE, AND PIRU AS DESCRIBED IN THE

BOYS & GIRLS CLUB OF SANTA CLARA VALLEY AFTERSCHOOL STEM ACADEMY BUDGET

Part IV Supplemental Information

2021-2022, TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES

AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF, IN SUPPORT OF THE AFTER

SCHOOL STEAM PROGRAM FEATURING AGRICULTURE, AND TO PROVIDE EDUCATION AND

OUTREACH TO SUPPORT THE VENTURA COUNTY REDISTRICTING PROCESS

NAME OF ORGANIZATION OR GOVERNMENT: NEW WEST SYMPHONY ASSOCIATION

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

FOR THE CELEBRATION CONCERT ON APRIL 30, 2022, AT LIMONEIRA RANCH IN

SANTA PAULA, IN SUPPORT OF THE FALL 2022 SEASON, AND IN SUPPORT OF THE

SYMPHONIC ADVENTURES THE SCIENCE OF SOUND

NAME OF ORGANIZATION OR GOVERNMENT: INTERFACE CHILDREN FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COMPLETE THE DEVELOPMENT OF THE

DISASTER RECOVERY INFORMATION SYSTEM (DRIE) AND TO SUPPORT THE VENTURA

COUNTY LONG TERM RECOVERY GROUP

NAME OF ORGANIZATION OR GOVERNMENT: KIDSTREAM

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE MUSEUM'S NEXT

STAGE OF DEVELOPMENT AND TO FULFILL THEIR GREATEST NEED OF ENSURING ADA

ACCESSIBILITY WHICH IS A VALUABLE WAY TO BRING THEIR MISSION INTO

UNDERSERVED COMMUNITIES WHO MIGHT OTHERWISE LACK ACCESS

NAME OF ORGANIZATION OR GOVERNMENT: OUR LADY OF GUADALUPE CHURCH

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

AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF, TO

PROVIDE EDUCATION AND OUTREACH TO SUPPORT THE VENTURA COUNTY

REDISTRICTING PROCESS AND IN SUPPORT OF THE ESPERANZA PROJECT AT OUR LADY

OF GUADALUPE.

Part IV Supplemental Information

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: WESTMINSTER FREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT COVID-19 VACCINE OUTREACH AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF, AND IN SUPPORT OF GENERAL CHARITABLE USES AND PURPOSES WHERE MOST NEEDED

NAME OF ORGANIZATION OR GOVERNMENT:

COUNTY OF VENTURA HUMAN SERVICES AGENCY

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

NAME OF ORGANIZATION OR GOVERNMENT: CONEJO RECREATION & PARK DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR CONEJO RECREATION & PARK DISTRICT FOR THE PEER MENTOR CAMP, THE YOUTH SUMMER CAMP, SCHOLARSHIPS, THE STARLIGHT BALL, AND GRAYSON'S

NAME OF ORGANIZATION OR GOVERNMENT: ARCHDIOCESE OF LOS ANGELES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TO PADRES SERRA PARISH MUSIC MINISTRY, SUPPORT TO ST. JOHN'S SEMINARY CAPITAL PROJECT AND IN SUPPORT OF THE CALLED TO RENEW CAMPAIGN WITH CREDIT TO ST. MAXIMILION KOLBE

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

CALIFORNIA STATE UNIVERSITY NORTHRIDGE FOUNDATION

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

MEMORIAL EHSS SCHOLARSHIP AT CALIFORNIA STATE UNIVERSITY NORTHRIDGE

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES, VENTURA COUNTY

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

PANTRY PLUS FOR THE "SHOE PROGRAM" AND THE "SENIOR BACKPACK AND SCHOOL SUPPLIES"

NAME OF ORGANIZATION OR GOVERNMENT: MANY MANSIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE CHILDREN'S SERVICE

IMPACT PROGRAM AND TO PROVIDE FUNDING FOR THE SUPPORTIVE SERVICES PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: OJAI MUSIC FESTIVAL

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

THROUGH MUSIC (ETM) PROGRAM EXPANSION TO THE SUNSET ELEMENTARY SCHOOL IN

OAK VIEW AND TO PROVIDE FUNDING FOR GENERAL OPERATIONS SUPPORT FOR 2022

NAME OF ORGANIZATION OR GOVERNMENT:

SIMI VALLEY NON-PROFIT SPAY AND NEUTER CLINIC, INC.

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

PROVIDE FUNDING FOR THE PURCHASE OF A SURGICAL TABLE GIFT GIVEN BY

DEBORAH HYDE

NAME OF ORGANIZATION OR GOVERNMENT:

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

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED SUPPORT TO ST. JOHN'S

REGIONAL EMERGENCY MENTAL HEALTH SERVICES UNIT AND IN SUPPORT OF SALARY

Part IV Supplemental Information

EXPENSES FOR THE RN FAMILY CAREGIVER NAVIGATOR AND IN SUPPORT OF THE MAY

2022 RESIDENCY WITH LEGENDARY TAIKO MASTER, KENNY ENDO, AS PART OF HIS

45TH ANNIVERSARY TOUR ACROSS AMERICA

NAME OF ORGANIZATION OR GOVERNMENT: CEC/SEABEE HISTORICAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR AN UPDATED

WI-FI / INTERNET SYSTEM (\$4,000) AND TRANSPORTATION FOR STUDENTS TO THE

US NAVY SEABEE MUSEUM (\$11,000)

NAME OF ORGANIZATION OR GOVERNMENT: CHILD DEVELOPMENT RESOURCES

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

AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF

NAME OF ORGANIZATION OR GOVERNMENT: CONEJO FREE CLINIC

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

AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF

NAME OF ORGANIZATION OR GOVERNMENT: OXNARD COMMUNITY K-9 FOUNDATION

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

COSTS INCLUDING OFF-DUTY CARE, EQUIPMENT, FOOD, AND MEDICAL COSTS FOR ALL

RETIRED POLICE SERVICE DOGS

NAME OF ORGANIZATION OR GOVERNMENT:

OXNARD PERFORMING ARTS CENTER CORPORATION

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

AND AWARENESS ACTIVITIES, TO SUPPORT THE RESCUECON EVENT AND IN SUPPORT

OF THE MAY 2022 RESIDENCY WITH LEGENDARY TAIKO MASTER, KENNY ENDO, AS

PART OF HIS 45TH ANNIVERSARY TOUR ACROSS AMERICA.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: OXNARD ALANO CLUB

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

AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF

NAME OF ORGANIZATION OR GOVERNMENT: FAITH MISSION CHRISTIAN FELLOWSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EDUCATION AND OUTREACH TO

SUPPORT THE VENTURA COUNTY REDISTRICTING PROCESS AND TO CONDUCT COVID-19

VACCINE OUTREACH AND AWARENESS ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: FOOD SHARE, INC.

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

AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF AND

TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION

NAME OF ORGANIZATION OR GOVERNMENT: REALITY VENTURA

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

CHILDREN, YOUTH AND ADULTS TO SERVE THE COMMUNITY IN ASSISTING WITH

PRACTICAL, EMOTIONAL AND EDUCATIONAL NEEDS

NAME OF ORGANIZATION OR GOVERNMENT: SANTA PAULA ART MUSEUM

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

THE ORGANIZATION AND IN SUPPORT OF THE OPERATING BUDGET OF THE SANTA

PAULA MUSEUM OF ART

NAME OF ORGANIZATION OR GOVERNMENT: SANTA PAULA CHAMBER OF COMMERCE

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

AND AWARENESS ACTIVITIES AS DEFINED IN THE SIGNED AGREEMENT WITH VCCF

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SPIRIT OF SANTA PAULA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR THE ONGOING SUPPORT OF THE HOMELESS SHELTER CASE MANAGER AND TO PROVIDE FUNDING FOR THE SPIRIT OF SANTA PAULA AUDIT

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

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF LOAVES & FISHES UNRESTRICTED USE PLEASE SEE ATTACHED LIST OF SERVICE ORGANIZATIONS ON FILE WITH VCCF

NAME OF ORGANIZATION OR GOVERNMENT:

VENTURA COUNTY FAMILY JUSTICE CENTER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR THE NECESSARY INFRASTRUCTURE FOR THE PETS OF THE RESIDENTS IN THE 4-UNIT TINY HOMES.

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR SPIRITUAL LIVING, SIMI VALLEY CHURCH OF RELIGIOUS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE SIMI VALLEY CHURCH OF RELIGIOUS SCIENCE BEA THOMPSON MAKE A DIFFERENCE AWARD PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: OJAI VALLEY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE IMAGINE CONCERT FEATURING THE OJAI O'DAIKO TAIKO DRUMMING GROUP AS PRESENTED BY THE OJAI VALLEY SCHOOL AND THE OJAI MUSIC FESTIVAL AS PART OF THE BRAVO EDUCATION PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: H.O.M.E. INC., D.B.A. NINOS DE BAJA

Part IV Supplemental Information

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

USES AND PURPOSES GENERAL ADMINISTRATION AND OTHER EXPENSES

NAME OF ORGANIZATION OR GOVERNMENT:

SOCIAL JUSTICE FUND FOR VENTURA COUNTY

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

LEADERSHIP AND EFFORTS OF TWO SOCIAL JUSTICE FUND FELLOWS: FOR MO

GONZALEZ AND GETLOUD! AND FOR SIERRA DOEHR AND THE SATICOY FOOD HUB AND

IN SUPPORT OF UNRESTRICTED GENERAL CHARITABLE PURPOSES

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

SCHOLARSHIP FUND PARAMETERS, OVERSEEN BY SCHOLARSHIP COMMITTEE AND

RATIFIED BY VCCF BOARD OF DIRECTORS

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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 AND CEO	(i)	248,682.	48,300.	0.	17,967.	6,133.	321,082.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BONITA GILLES VICE-PRESIDENT AND CFO	(i)	199,178.	29,321.	0.	13,875.	0.	242,374.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEFFREY LAMBERT CHIEF OPERATING OFFICER	(i)	164,771.	17,500.	0.	2,647.	11,242.	196,160.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TRACY TAGAWA CHIEF COMPLIANCE OFFICER	(i)	121,087.	20,250.	0.	3,446.	7,990.	152,773.	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)							

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	5,562,332. 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 V, Donee Acknowledgement: **29** 0

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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):

THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTORS NOT THE NUMBER OF ITEMS CONTRIBUTED.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

VENTURA COUNTY COMMUNITY FOUNDATION

Employer identification number

77-0165029

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

THE VCCF AUDIT COMMITTEE WILL REVIEW THE PUBLIC VERSION OF 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 IMMEDIATELY
BEFORE FILING. THE TAX RETURN IS SIGNED BY EITHER THE PRESIDENT & CEO OR
CFO AT THE TIME OF SUBMITTAL.

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

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

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

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

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

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

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

Schedule O (Form 990) 2021

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

WWW.VCCF.ORG.

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

CHANGE IN VALUE OF SPLIT INTEREST TRUSTS -85,592.

CHANGE IN VALUE OF INTEREST RATE SWAP 1,412,594.

TOTAL TO FORM 990, PART XI, LINE 9 1,327,002.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
VCCF NONPROFIT CENTER LLC - 46-0705326 4001 MISSION OAKS BLVD., SUITE A CAMARILLO, CA 93012	RENTAL OF OFFICE BUILDING TO LOCAL NON-PROFIT ORGANIZATIONS	CALIFORNIA	1,193,705.	9,745,359.	VENTURA COUNTY COMMUNITY FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MARTIN V AND MARTHA K SMITH FOUNDATION - 77-0048451, 4001 MISSION OAKS BLVD., SUITE A, CAMARILLO, CA 93012	TO ENHANCE THE QUALITY OF LIFE FOR RESIDENTS OF VENTURA CO, OXNARD PLAINS	CALIFORNIA	501(C)(3)	LINE 12A, I	VENTURA COUNTY COMMUNITY FOUNDATION	X	
VCCF COMPLEX ASSETS SUPPORTING ORGANIZATION - 85-1735066, 4001 MISSION OAKS BLVD., SUITE A, CAMARILLO, CA 93012	COMPLEX ASSETS MANAGEMENT	CALIFORNIA	501(C)(3)	LINE 12A, I	VENTURA COUNTY COMMUNITY FOUNDATION	X	

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

Schedule R (Form 990) 2021

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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MARTIN V. AND MARTHA K. SMITH FOUNDATION	C	4,228,781.	CASH
(2) MARTIN V. AND MARTHA K. SMITH FOUNDATION	L	73,863.	CASH
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.