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ARMANINO ADVISORY LLC

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 066973

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning OCT 1, 2024 **and ending** SEP 30, 2025

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ 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) 4001 MISSION OAKS BLVD.

Room/suite A

City or town, state or province, country, and ZIP or foreign postal code
CAMARILLO, CA 93012

D Employer identification number
77-0165029

E Telephone number
(805) 988-0196

G Gross receipts $ 65,064,792.

F Name and address of principal officer: BONNIE GILLES
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.VCCF.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1987

M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: CONNECTING PEOPLE, RESOURCES, AND SOLUTIONS TO CREATE A LASTING IMPACT IN OUR SHARED WORLD.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	21
6	Total number of volunteers (estimate if necessary)	6	250
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-3,057.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	39,545,325.	13,121,151.
9	Program service revenue (Part VIII, line 2g)	1,405,446.	1,417,768.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,933,457.	11,195,931.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,884,228.	25,734,850.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,864,588.	13,851,436.
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)	2,203,402.	2,857,757.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 345,340.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,060,535.	2,853,121.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,128,525.	19,562,314.
19	Revenue less expenses. Subtract line 18 from line 12	28,755,703.	6,172,536.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	234,037,815.	250,294,120.
21	Total liabilities (Part X, line 26)	32,426,571.	34,656,564.
22	Net assets or fund balances. Subtract line 21 from line 20	201,611,244.	215,637,556.

Part II Signature Block

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

Sign Here

Signature of officer — Date

BONNIE GILLES, VP & CFOO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
KATY BROWN	KATY BROWN	08/07/26	☐	P00650274

Firm's name ARMANINO ADVISORY LLC — Firm's EIN 94-6214841

Firm's address 2121 AVENUE OF THE STARS, 15TH FLOOR
LOS ANGELES, CA 90067 — 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
If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses $ 16,268,997. including grants of $ 13,851,436.) (Revenue $)
CONNECTING DONORS TO THE COMMUNITY NEEDS THEY CARE ABOUT, THE VENTURA COUNTY COMMUNITY FOUNDATION GRANTED $12,084,814 TO 317 UNIQUE PUBLIC CHARITIES AND $1,719,988 TO MORE THAN 400 LOCAL STUDENTS VIA OUR SCHOLARSHIP PROGRAM. THERE WERE ALSO $46,634 IN GRANTS MADE TO 28 VICTIMS OF THE MOUNTAIN FIRE.

4b (Code:) (Expenses $ 898,527. including grants of $) (Revenue $)
INCREASING CHARITABLE GIVING IN FISCAL YEAR 2025, OVER $17 MILLION WAS ADDED TO DONOR FUNDS BRINGING THE TOTAL CHARITABLE ASSETS UNDER THE STEWARDSHIP OF THE VENTURA COUNTY COMMUNITY FOUNDATION TO $278 MILLION.

4c (Code:) (Expenses $ 913,331. including grants of $) (Revenue $ 1,426,065.)
THE VENTURA COUNTY COMMUNITY FOUNDATION IS PROUD TO OFFER BELOW-MARKET RENT FOR THIRTEEN 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, WOMENS ECONOMIC VENTURES, VISTA REAL PUBLIC CHARTER, SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS (SCAG), THE BETTER BUSINESS BUREAU, FUTURE LABS, AND FARM TO SCHOOL.

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

4e Total program service expenses 18,080,855.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	37		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	21		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**			X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**			

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
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?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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?	16a		X
b	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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. 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, box 6 of 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	40.00									
PRESIDENT AND CEO				X				356,945.	0.	25,735.
(2) BONITA GILLES	40.00									
VICE-PRESIDENT AND CFOO				X				288,250.	0.	18,314.
(3) MICHAEL SILACCI	40.00									
CHIEF PHILANTHROPIC OFFICER						X		223,160.	0.	13,226.
(4) TRACY TAGAWA	40.00									
CHIEF COMPLIANCE OFFICER						X		183,977.	0.	22,572.
(5) JIM RIVERA	20.00									
CHIEF PHILANTHROPIC COUNSEL						X		113,686.	0.	360.
(6) KIRSTI THOMPSON	40.00									
SCHOLARSHIP DIRECTOR						X		101,824.	0.	6,360.
(7) GARY BYRNE	40.00									
VICE PRESIDENT				X				0.	0.	0.
(8) SEAN LEONARD	2.00									
CHAIR		X		X				0.	0.	0.
(9) VERONICA QUINTANA	2.00									
TREASURER		X		X				0.	0.	0.
(10) LEAH LACAYO	2.00									
SECRETARY		X		X				0.	0.	0.
(11) MERYL CHASE	2.00									
DIRECTOR		X						0.	0.	0.
(12) GEOFF DEAN	2.00									
DIRECTOR		X						0.	0.	0.
(13) JACK EDELSTEIN	2.00									
DIRECTOR		X						0.	0.	0.
(14) SCOTT P. HANSEN	2.00									
DIRECTOR		X						0.	0.	0.
(15) MIKE JANUZIK	2.00									
DIRECTOR		X						0.	0.	0.
(16) LESLIE LEAVENS	2.00									
DIRECTOR		X						0.	0.	0.
(17) CESAR MORALES	2.00									
DIRECTOR		X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 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			
(18) BRANDO POZZI	2.00									
DIRECTOR		X						0.	0.	0.
(19) CATHERINE SEPULVEDA	2.00									
DIRECTOR		X						0.	0.	0.
(20) RICHARD YAO	2.00									
DIRECTOR		X						0.	0.	0.
(21) VENKAT YEPURI	2.00									
DIRECTOR		X						0.	0.	0.
1b Subtotal								1,267,842.	0.	86,567.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,267,842.	0.	86,567.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 6

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CANTERBURY CONSULTING, 610 NEWPORT CENTER DRIVE #500, NEWPORT BEACH, CA 92660	INVESTMENT CONSULTING	307,913.
VIVA SOCIAL IMPACT PARTNERS, 4 W 4TH AVE., SUITE 600, SAN MATEO, CA 94402	RESEARCH AND PLANNING	302,054.
RODRIGUEZ HORII CHOI & CAFFERATA, 777 S. FIGUEROA ST., SUITE 2150, LOS ANGELES, CA	LEGAL SERVICES	168,251.
ROTH STAFFING COMPANIES LP, 450 N. STATE COLLEGE BLVD., ORANGE, CA 92868	TEMPORARY EMPLOYEES	107,599.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 4

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	138,520.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,982,631.			
	g Noncash contributions included in lines 1a-1f	1g	$ 1,629,935.			
	h **Total.** Add lines 1a-1f			13,121,151.		
Program Service Revenue		**Business Code**				
	2a RENTAL INCOME	531120	1,009,164.	1,009,164.		
	b MANAGEMENT FEES	561000	408,604.	408,604.		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		1,417,768.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,093,202.	8,297.	-3,057.	3,087,962.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a	47,432,671.				
	b Less: cost or other basis and sales expenses 7b	39,309,277.	20,665.			
	c Gain or (loss) 7c	8,123,394.	-20,665.			
	d Net gain or (loss)			8,102,729.		8,102,729.
	8a 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					
	9a Gross income from gaming activities. See Part IV, line 19 9a					
	b Less: direct expenses 9b					
	c Net income or (loss) from gaming activities					
	10a 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		**Business Code**				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d					
	12 **Total revenue.** See instructions		25,734,850.	1,426,065.	-3,057.	11,190,691.

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	12,084,814.	12,084,814.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,766,622.	1,766,622.		
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	728,831.	477,830.	133,495.	117,506.
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	1,823,122.	1,255,762.	415,303.	152,057.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	56,989.	40,364.	12,459.	4,166.
9 Other employee benefits	85,087.	61,716.	16,814.	6,557.
10 Payroll taxes	163,728.	112,856.	34,260.	16,612.
11 Fees for services (nonemployees):				
a Management				
b Legal	120,576.	113,496.	7,080.	
c Accounting	93,169.	14,880.	78,289.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	831,282.	831,282.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	419,312.	276,646.	135,653.	7,013.
12 Advertising and promotion	116,437.	92,271.	15,883.	8,283.
13 Office expenses	48,224.	27,037.	15,399.	5,788.
14 Information technology	135,475.	92,086.	29,270.	14,119.
15 Royalties				
16 Occupancy	447,196.	423,371.	23,825.	
17 Travel	6,887.	4,494.	2,040.	353.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	72,399.	19,971.	51,588.	840.
20 Interest	142,957.	142,957.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	215,420.	203,950.	11,470.	
23 Insurance	132,924.	26,288.	106,181.	455.
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	63,164.	12,162.	47,110.	3,892.
b MISCELLANEOUS	7,699.			7,699.
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	19,562,314.	18,080,855.	1,136,119.	345,340.
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		62,987.	1	63,019.
	2	Savings and temporary cash investments		3,845,159.	2	6,608,984.
	3	Pledges and grants receivable, net		32,712,850.	3	24,573,073.
	4	Accounts receivable, net		149,566.	4	300,127.
	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		125,841.	9	150,170.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,834,193.			
	b	Less: accumulated depreciation	10b 3,009,030.	7,846,554.	10c	7,825,163.
	11	Investments - publicly traded securities		130,772,431.	11	133,391,803.
	12	Investments - other securities. See Part IV, line 11		56,438,506.	12	74,608,357.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,083,921.	15	2,773,424.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		234,037,815.	16	250,294,120.
Liabilities	17	Accounts payable and accrued expenses		399,175.	17	425,010.
	18	Grants payable		352,093.	18	1,030,783.
	19	Deferred revenue		1,403,022.	19	15,000.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		25,855,134.	21	28,244,087.
	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		4,030,475.	23	3,897,375.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		386,672.	25	1,044,309.
	26	**Total liabilities.** Add lines 17 through 25		32,426,571.	26	34,656,564.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		162,565,593.	27	184,842,649.
	28	Net assets with donor restrictions		39,045,651.	28	30,794,907.
		Organizations that do not follow FASB ASC 958, check here ☐ **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		201,611,244.	32	215,637,556.
	33	Total liabilities and net assets/fund balances		234,037,815.	33	250,294,120.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,734,850.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,562,314.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,172,536.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	201,611,244.
5	Net unrealized gains (losses) on investments	5	6,766,963.
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	1,086,813.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	215,637,556.

Part XII Financial Statements and Reporting

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

			Yes	No
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?	2a		X
	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?	2b	X	
	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?	2c	X	
	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
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	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

VENTURA COUNTY COMMUNITY FOUNDATION

Employer identification number

77-0165029

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	44,987,154.	21,003,258.	11,604,983.	39,545,325.	13,121,151.	130,261,871.
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	44,987,154.	21,003,258.	11,604,983.	39,545,325.	13,121,151.	130,261,871.
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)						39,752,009.
6 **Public support.** Subtract line 5 from line 4.						90,509,862.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	44,987,154.	21,003,258.	11,604,983.	39,545,325.	13,121,151.	130,261,871.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,701,422.	2,539,333.	3,678,187.	1,054,627.	3,087,962.	12,061,531.
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						142,330,458.

12 Gross receipts from related activities, etc. (see instructions) 12 6,545,131.

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 63.59 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 68.58 %

16a **33 1/3% support test - 2024.** 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 ☒

b **33 1/3% support test - 2023.** 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 ☐

17a **10% -facts-and-circumstances test - 2024.** 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 ☐

b **10% -facts-and-circumstances test - 2023.** 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 ☐

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 ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** 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 - 2023.** 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 on line 12 of 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* **Part VI.**	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in* **Part VI.**	9a		
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? *If "Yes," provide detail in* **Part VI.**	9b		
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? *If "Yes," provide detail in* **Part VI.**	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
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? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
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? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	**3b**		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 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 ☐ 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 - *provide details in* **Part VI**)	**5**	
6 Other distributions (describe in **Part VI**). 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 (*provide details in* **Part VI**). See instructions.	**8**	
9 Distributable amount for 2024 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-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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	[X] 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

[X] 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		$ 4,653,724.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 1,283,147.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
3		$ 1,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 804,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 645,620.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
6		$ 350,000.	Person [X] Payroll [ ] Noncash [ ] (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		$ 290,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (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	SECURITIES	$ 651,447.	05/02/25
5	SECURITIES	$ 645,620.	11/18/24
		$	
		$	
		$	
		$	

Name of organization	Employer identification number
VENTURA COUNTY COMMUNITY FOUNDATION	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)
(Rev. December 2024)
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

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	227	744
2	Aggregate value of contributions to (during year)	2,112,677.	13,059,260.
3	Aggregate value of grants from (during year)	1,741,856.	13,851,436.
4	Aggregate value at end of year	42,421,116.	215,719,073.

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? [X] 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? [X] 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 on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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	1c	25,855,134.
d Additions during the year	1d	3,812,293.
e Distributions during the year	1e	1,423,339.
f Ending balance	1f	28,244,088.

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 in 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	194,881,957.	142,283,957.	127,930,602.	146,941,259.	125,365,799.
b Contributions	5,694,543.	32,705,601.	8,628,269.	11,741,008.	3,748,596.
c Net investment earnings, gains, and losses	17,873,704.	29,283,551.	14,906,513.	-21,487,683.	25,121,265.
d Grants or scholarships	13,947,882.	9,391,152.	9,181,427.	9,263,982.	7,294,401.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	204,502,322.	194,881,957.	142,283,957.	127,930,602.	146,941,259.

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

a Board designated or quasi-endowment 86.6683 %
b Permanent endowment .7946 %
c Term endowment 12.5370 %

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

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		8,065,200.	2,483,947.	5,581,253.
c Leasehold improvements		134,877.	129,904.	4,973.
d Equipment		449,116.	395,179.	53,937.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				7,825,163.

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	8,214,772.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY COMPOSITE	28,739,345.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME COMPOSITE	37,654,240.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	74,608,357.	

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, line 13, col. (B))		

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, line 15, col. (B))*	

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	626,607.
(3) SECURITY DEPOSITS	67,682.
(4) CHARITABLE REMAINDER TRUST LIABILITY	350,020.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	1,044,309.

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	31,357,233.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	6,766,963.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-313,298.		
e	Add lines 2a through 2d			2e	6,453,665.
3	Subtract line 2e from line 1			3	24,903,568.
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	831,282.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	831,282.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	25,734,850.

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	18,731,132.
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	100.		
e	Add lines 2a through 2d			2e	100.
3	Subtract line 2e from line 1			3	18,731,032.
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	831,282.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	831,282.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	19,562,314.

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 9/30/2025, VCCF MAINTAINED 96 AGENCY FUNDS WITH NET ASSETS TOTALING $28,244,088.

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 XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-361,704.
CHANGE IN VALUE OF INTEREST RATE SWAP	45,496.
COMPLEX ASSET SUPPORTING ORGANIZATION	2,910.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-313,298.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COMPLEX ASSET SUPPORTING ORGANIZATION	100.

Part XIII Supplemental Information *(continued)*

SCHEDULE I (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

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? ..... [X] 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
805 UNDOCUFUND P.O. BOX 1154 LOMPOC, CA 93438-1154	86-2230353	501C3	10,000.	0.			TO PROVIDE FUNDING FOR DASH CAMS
805 UNDOCUFUND P.O. BOX 1154 LOMPOC, CA 93438-1154	86-2230353	501C3	50,000.	0.			TO PROVIDE FINANCIAL SUPPORT TO FARM WORKERS AFFECTED BY THE MOUNTAIN FIRE
805 UNDOCUFUND P.O. BOX 1154 LOMPOC, CA 93438-1154	86-2230353	501C3	25,000.	0.			FOR GENERAL OPERATING SUPPORT
805 UNDOCUFUND P.O. BOX 1154 LOMPOC, CA 93438-1154	86-2230353	501C3	8,200.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES
805 UNDOCUFUND P.O. BOX 1154 LOMPOC, CA 93438-1154	86-2230353	501C3	25,000.	0.			IN SUPPORT OF DIRECT FINANCIAL ASSISTANCE TO INDIVIDUALS/FAMILIES. FUNDING IS TO BE SPENT
ALZHEIMER'S ASSOCIATION CALIFORNIA CENTRAL COAST CHAPTER - 1145 EUGENIA PLACE, #100B - CARPINTERIA, CA 93013	77-0006745	501C3	200,000.	0.			IN SUPPORT OF THE ALZHEIMER'S ASSOCIATION INITIATIVE TO LAUNCH THE INCREASING ACCESS TO

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 156.

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

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

Schedule I (Form 990) (Rev. 12-2024)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

LHA 432101 01-02-25

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
AMERICAN RED CROSS TRUST & ESTATES 431 18TH ST. NW WASHINGTON, DC 20006	53-0196605	501C3	121,295.	0.			TO SUPPORT THE AMERICAN RED CROSS FOR USE IN VENTURA COUNTY, PREFERABLY IN CAMARILLO
AMERICAN RED CROSS OF VENTURA COUNTY - 836 CALLE PLANO - CAMARILLO, CA 93012-8557	53-0196605	501C3	50,000.	0.			IN SUPPORT OF DISASTER RESPONSE FOR VENTURA COUNTY
ANIMAL SERVICES FOUNDATION OF VENTURA COUNTY - 600 AVIATION DR - CAMARILLO, CA 93010	77-0504872	501C3	10,000.	0.			TO SUPPORT VENTURA COUNTY ANIMAL SERVICES FOR CARING FOR 438 DISPLACED ANIMALS AND PROVIDING
ASSISTANCE LEAGUE OF CONEJO VALLEY 2860 E. THOUSAND OAKS BLVD. THOUSAND OAKS, CA 91362	95-4537993	501C3	7,206.	0.			IN SUPPORT OF THE EYE CAN SEE, ADULT VISION PROGRAM
ASSISTANCE LEAGUE OF CONEJO VALLEY 2860 E. THOUSAND OAKS BLVD. THOUSAND OAKS, CA 91362	95-4537993	501C3	30,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES & UNRESTRICTED USE
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741-5000	23-7147797	501C3	10,729.	0.			FOR GENERAL CHARITABLE PURPOSES FOR BEST FRIENDS ANIMAL SOCIETY. ALL PROGRAMS SUPPORTED BY
BIG BROTHERS, BIG SISTERS OF VENTURA COUNTY - 2435 E VENTURA BLVD SUITE A - CAMARILLO, CA 93010-6697	20-3425568	501C3	10,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES & UNRESTRICTED USE
BLANCHARD COMMUNITY LIBRARY 119 N. 8TH STREET SANTA PAULA, CA 93060	95-2544347	501C3	5,079.	0.			TO PROVIDE SUPPORT FOR THE LITERACY PROGRAM AT THE BLANCHARD COMMUNITY LIBRARY
BOYS & GIRLS CLUB OF CAMARILLO 1500 TEMPLE AVENUE CAMARILLO, CA 93010-3602	95-6194547	501C3	170,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES & UNRESTRICTED USE

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 CAMARILLO 1500 TEMPLE AVENUE CAMARILLO, CA 93010-3602	95-6194547	501C3	13,929.	0.			FOR PROVIDING FREE EMERGENCY CHILDCARE ON NOVEMBER 7TH, 8TH, & 11TH AND TO COVER COSTS
BOYS & GIRLS CLUB OF GREATER OXNARD & PORT HUENEME - 1900 WEST FIFTH STREET - OXNARD, CA 93030-6596	95-1785162	501C3	45,100.	0.			IN SUPPORT OF TECHNOLOGY AND ACADEMIC NEEDS
BOYS & GIRLS CLUB OF GREATER OXNARD & PORT HUENEME - 1900 WEST FIFTH STREET - OXNARD, CA 93030-6596	95-1785162	501C3	10,000.	0.			FOR ANNUAL SUPPORT FUNDING
BOYS & GIRLS CLUB OF GREATER OXNARD & PORT HUENEME - 1900 WEST FIFTH STREET - OXNARD, CA 93030-6596	95-1785162	501C3	19,500.	0.			*TO PROVIDE 2 ADDITIONAL HOURS OF PROGRAMMING MON-FRI *TO PROVIDE FINANCIAL LITERACY
BOYS & GIRLS CLUB OF SANTA CLARA VALLEY - P.O. BOX 152 - SANTA PAULA, CA 93061-0152	95-2497853	501C3	20,500.	0.			IN SUPPORT OF STEM INNOVATION LAB ENHANCEMENT
BOYS & GIRLS CLUB OF SANTA CLARA VALLEY - P.O. BOX 152 - SANTA PAULA, CA 93061-0152	95-2497853	501C3	10,000.	0.			IN SUPPORT OF THE AFTERSCHOOL STEAM ACADEMY & INNOVATION LAB
BOYS & GIRLS CLUB OF VENTURA 1280 S VICTORIA AVE SUITE 240 VENTURA, CA 93003-6555	95-2248919	501C3	10,000.	0.			IN SUPPORT OF THE OAK VIEW TEEN CENTER ENRICHMENT PROGRAMS TO BENEFIT THE YOUTH OF OAK
BOYS & GIRLS CLUBS OF GREATER OXNARD AND PORT HUENEME - 1900 WEST FIFTH STREET - OXNARD, CA 93030-6596	95-1785162	501C3	50,000.	0.			IN SUPPORT OF EXPANDING TEEN HOURS AT THE REITER FAMILY YOUTH CENTER. THE GOAL IS TO HELP TEENS
BRAIN INJURY CENTER P.O. BOX 1477 CAMARILLO, CA 93011-1477	77-0491413	501C3	7,206.	0.			IN SUPPORT OF CARE TRANSITIONS SERVICES FOR BRAIN INJURY SURVIVORS AND THEIR

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
BUEN VECINO 2625 TOWNSGATE RD, SUITE 330 WESTLAKE VILLAGE, CA 91361-5749	86-3650795	501C3	6,250.	0.			TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE
BUEN VECINO 2625 TOWNSGATE RD, SUITE 330 WESTLAKE VILLAGE, CA 91361-5749	86-3650795	501C3	6,250.	0.			TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE
BUEN VECINO 2625 TOWNSGATE RD, SUITE 330 WESTLAKE VILLAGE, CA 91361-5749	86-3650795	501C3	6,250.	0.			TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE
C.A.R.L. - CANINE ADOPTION & RESCUE LEAGUE - P.O. BOX 5022 - VENTURA, CA 93005	77-0422714	501C3	15,095.	0.			TO SUPPORT GENERAL OPERATIONS OF CANINE ANIMAL RESCUE LEAGUE (CARL), A VENTURA COUNTY
CALIFORNIA INSTITUTE OF THE ARTS 24700 MCBEAN PKW SANTA CLARITA, CA 91355	95-6102146	501C3	7,400.	0.			IN SUPPORT OF CALARTS WORLD MUSIC FESTIVAL
CALIFORNIA OIL MUSEUM P.O. BOX 48 SANTA PAULA, CA 93061-0048	45-3830307	501C3	11,323.	0.			TO SUPPORT THE CALIFORNIA OIL MUSEUM AND ITS PROGRAMS AS DEFINED IN ITS MISSION STATEMENT
CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS - ONE UNIVERSITY DRIVE - CAMARILLO, CA 93012	91-2153805	501C3	13,500.	0.			IN SUPPORT OF THE MARY POSTAL MEMORIAL SCHOLARSHIP AT CALIFORNIA STATE UNIVERSITY CHANNEL
CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS FOUNDATION - ONE UNIVERSITY DRIVE - CAMARILLO, CA 93012-8599	77-0433230	501C3	47,250.	0.			IN SUPPORT OF THE SPRING 2025 PROGRAMS
CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS FOUNDATION - ONE UNIVERSITY DRIVE - CAMARILLO, CA 93012-8599	77-0433230	501C3	20,000.	0.			IN SUPPORT OF RECRUITMENT

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
CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS FOUNDATION - ONE UNIVERSITY DRIVE - CAMARILLO, CA 93012-8599	77-0433230	501C3	389,474.	0.			IN SUPPORT OF UNDERGRADUATE STUDENT RESEARCH ASSISTANT: $284,211 (INCLUDES
CALIFORNIA STATE UNIVERSITY NORTHRIDGE FOUNDATION - 18111 NORDHOFF ST. - NORTHRIDGE, CA 91330	95-6196006	501C3	20,000.	0.			TO PROVIDE FUNDING FOR THE MATT WINN MEMORIAL EHSS SCHOLARSHIP AT CALIFORNIA STATE
CAMARILLO HEALTH CARE DISTRICT 3639 E LOS POSAS ROAD STE 117 CAMARILLO, CA 93012	95-2834854	501C3	153,808.	0.			TO SUPPORT THE CAMARILLO HEALTH CARE DISTRICT, ONLY TO BE USED FOR THE CARE-A-VAN SERVICE IN
CANCER FOR COLLEGE 2247 SAN DIEGO AVE STE 130 SAN DIEGO, CA 92110	93-1144756	501C3	10,000.	0.			TO FUND THE ZACH COHEN HONOR SCHOLARSHIP
CANCER SUPPORT COMMUNITY VALLEY/VENTURA/SANTA BARBARA - 4195 E. THOUSAND OAKS BLVD., #107 - WESTLAKE VILLAGE, CA 91362	77-0205691	501C3	50,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES & UNRESTRICTED USE
CANCER SUPPORT COMMUNITY VALLEY/VENTURA/SANTA BARBARA - 4195 E. THOUSAND OAKS BLVD., #107 - WESTLAKE VILLAGE, CA 91362	77-0205691	501C3	60,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES & UNRESTRICTED USE
CANINE COMPANIONS FOR INDEPENDENCE 124 RANCHO DEL ORO DRIVE OCEANSIDE, CA 92057	94-2494324	501C3	14,206.	0.			IN SUPPORT OF PROVIDING SERVICE AND FACILITY DOGS AND CLIENT SERVICES IN VENTURA COUNTY
CASA PACIFICA CENTERS FOR CHILDREN & FAMILIES - 1722 S. LEWIS ROAD - CAMARILLO, CA 93102	77-0195022	501C3	13,305.	0.			TO PROVIDE ANNUAL SUPPORT TO CASA PACIFICA (YOUTH CONNECTION OF VENTURA COUNTY) FOR MEDICAL,
CASA PACIFICA CENTERS FOR CHILDREN & FAMILIES - 1722 S. LEWIS ROAD - CAMARILLO, CA 93102	77-0195022	501C3	200,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES & UNRESTRICTED USE

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
CASA PACIFICA CENTERS FOR CHILDREN & FAMILIES - 1722 S. LEWIS ROAD - CAMARILLO, CA 93102	77-0195022	501C3	6,500.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES - UNRESTRICTED
CASA PACIFICA CENTERS FOR CHILDREN & FAMILIES - 1722 S. LEWIS ROAD - CAMARILLO, CA 93102	77-0195022	501C3	200,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES & UNRESTRICTED USE
CATHOLIC CHARITIES, VENTURA COUNTY 303 NORTH VENTURA AVE VENTURA, CA 93001	95-1690973	501C3	20,000.	0.			FOR THE SHOE AND BACKPACK PROGRAM AT MOORPARK PANTRY PLUS
CENTER FOR SPIRITUAL LIVING, SIMI VALLEY CHURCH OF RELIGIOUS - 1756 ERRINGER ROAD #100 - SIMI VALLEY, CA 93065-6513	77-0071366	501C3	10,000.	0.			TO SUPPORT THE SIMI VALLEY CHURCH OF RELIGIOUS SCIENCE BEA THOMPSON MAKE A
CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY - 56 E. MAIN STREET, SUITE 210 - VENTURA, CA 93001-2664	77-0578864	501C3	10,000.	0.			IN SUPPORT OF THE SUMMER YOUTH INTERN PROGRAM
CHANNEL ISLANDS MARITIME MUSEUM 3900 BLUEFIN CIRCLE OXNARD, CA 93035-4301	77-0251663	501C3	15,000.	0.			FOR GENERAL OPERATING SUPPORT OF THE MUSEUM'S FOCUSED INITIATIVES TO REBUILD AND STRENGTHEN
CHANNEL ISLANDS YMCA-VENTURA FAMILY BRANCH - 3760 TELEGRAPH RD. - VENTURA, CA 93003-3421	95-1643379	501C3	6,667.	0.			TO SUPPORT THE CHANNEL ISLANDS YMCA-VENTURA FAMILY BRANCH.
CHILD DEVELOPMENT RESOURCES 221 E. VENTURA BOULEVARD OXNARD, CA 93036-0277	95-3543275	501C3	50,016.	0.			TO SUPPORT THE ISABELLA PROJECT'S GUARANTEED INCOME PILOT PROGRAM FOR WOMEN HOME-BASED
CITY OF THOUSAND OAKS 2100 THOUSAND OAKS ROAD THOUSAND OAKS, CA 91362	95-2367314	CITY OF THOUSAND	226,824.	0.			TO PROVIDE FINANCIAL SUPPORT TO THE CITY OF THOUSAND OAKS FOR THE CIVIC AUDITORIUM/FORUM

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
CITY OF VENTURA 501 POLI ST VENTURA, CA 93001	95-6000807	CITY OF VENTURA	109,092.	0.			TO PROVIDE GRANTS SOLELY AND EXCLUSIVELY FOR THE SUPPORT OF CHARITABLE ASSISTANCE TO THE
COMMUNITY FOUNDATION FOR MONTEREY COUNTY - 2354 GARDEN RD - MONTEREY, CA 93940-5326	94-1615897	501C3	15,000.	0.			TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE
COMMUNITY FOUNDATION FOR MONTEREY COUNTY - 2354 GARDEN RD - MONTEREY, CA 93940-5326	94-1615897	501C3	15,000.	0.			TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE
COMMUNITY FOUNDATION FOR MONTEREY COUNTY - 2354 GARDEN RD - MONTEREY, CA 93940-5326	94-1615897	501C3	15,000.	0.			TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE
COMMUNITY FOUNDATION SANTA CRUZ COUNTY - 7807 SOQUEL DRIVE - APTOS, CA 95003-3914	94-2808039	501C3	7,500.	0.			TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE
COMMUNITY FOUNDATION SANTA CRUZ COUNTY - 7807 SOQUEL DRIVE - APTOS, CA 95003-3914	94-2808039	501C3	7,500.	0.			TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE
COMMUNITY FOUNDATION SANTA CRUZ COUNTY - 7807 SOQUEL DRIVE - APTOS, CA 95003-3914	94-2808039	501C3	7,500.	0.			TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE
COMMUNITY MEMORIAL HEALTH SYSTEM 147 N BRENT ST VENTURA, CA 93003	95-1683892	501C3	110,000.	0.			IN SUPPORT OF THE CAREGIVER NAVIGATOR PROGRAM AT COMMUNITY MEMORIAL HEALTH SYSTEM
CONCERNED RESOURCE & ENVIRONMENTAL WORKERS - P.O. BOX 1532 - OJAI, CA 93024	77-0374392	501C3	235,000.	0.			TO SUPPORT THE EWC FOCUSING ON IMPACTED AREAS OF THE THOMAS, WOOLSEY, AND HILL FIRES

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CONEJO FREE CLINIC 80 E. HILLCREST DR., SUITE 102 THOUSAND OAKS, CA 91360-4219	95-3177953	501C3	13,706.	0.			IN SUPPORT OF THE MEDICAL CLINIC EXPANSION AND ACCESS INITIATIVE
CONEJO RECREATION & PARK DISTRICT 403 W. HILLCREST DRIVE THOUSAND OAKS, CA 91360-4223	95-2265201	501C3	9,543.	0.			TO PROVIDE FUNDING FOR DISPATCHER PRO 28 PERMANENT TARGETS IN MEMORY OF TOM BOONE
CONEJO RECREATION & PARK DISTRICT 403 W. HILLCREST DRIVE THOUSAND OAKS, CA 91360-4223	95-2265201	501C3	11,500.	0.			TO SUPPORT THE 7 THERAPEUTIC RECREATION PROGRAMS - $1000 PEER MENTOR CAMP, $1000 YOUTH
CONEJO VALLEY SENIOR CONCERNS 401 HODENCAMP ROAD THOUSAND OAKS, CA 91360-5467	95-2992927	501C3	7,500.	0.			IN SUPPORT OF SENIOR CONCERNS' ADULT DAY CARE PROGRAM
EBENEZER FOUNDATION INC 318 AVENUE I #470 REDONDO BEACH, CA 90277	26-4132788	501C3	20,000.	0.			TO SUPPORT THE MATCHING GIFT PROGRAM
ENVIRONMENTAL DEFENSE CENTER 906 GARDEN STREET SANTA BARBARA, CA 93101-1415	77-0061994	501C3	10,000.	0.			IN SUPPORT OF THE YEAR END CAMPAIGN FOLLOWING THE LUNCH MEETING WITH ALEX K.
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD KANSAS CITY, MO 64129	44-0610626	501C3	10,000.	0.			FOR GENERAL OPERATING SUPPORT SPECIFICALLY FOR THE SOUTH VENTURA COUNTY CHAPTER IN CALIFORNIA
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036-1002	77-0018162	501C3	6,701.	0.			TO PROVIDE SUPPORT FOR FOOD SHARE
FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036-1002	77-0018162	501C3	1,100,000.	0.			$1,000,000 IN SUPPORT OF THE CAPITAL CAMPAIGN AND $100,000 IN SUPPORT OF OPERATIONAL EXPENSES,

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FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036-1002	77-0018162	501C3	7,500.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES - UNRESTRICTED USE
FOREVER FOUND 1070 COUNTRY CLUB DR. SUITE F SIMI VALLEY, CA 93065	27-2568005	501C3	20,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES & UNRESTRICTED USE
FRIENDS OF FIELD WORKERS, INC. P.O. BOX 7863 VENTURA, CA 93006-7863	47-4817644	501C3	40,000.	0.			IN SUPPORT OF DIRECT FINANCIAL ASSISTANCE TO INDIVIDUALS/FAMILIES. FUNDING IS TO BE SPENT
GIRL SCOUTS OF CALIFORNIA'S CENTRAL COAST - 1500 PALMA DR., #110 - VENTURA, CA 93003-6451	94-1567162	501C3	10,000.	0.			TO SUPPORT THE NEEDS OF ANIMALS IN RESPONSE TO WILDFIRES, INCLUDING BUT NOT LIMITED TO, THE
GOLD COAST VETERANS FOUNDATION 4001 MISSION OAKS BLVD., STE. D CAMARILLO, CA 93012-5141	27-2105467	501C3	100,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES & UNRESTRICTED USE
GREYFOOT CAT RESCUE P.O. BOX 310 VENTURA, CA 93002	77-0501124	501C3	50,000.	0.			IN SUPPORT OF THE TNR PROGRAM
GREYFOOT CAT RESCUE P.O. BOX 310 VENTURA, CA 93002	77-0501124	501C3	15,095.	0.			TO SUPPORT GENERAL OPERATIONS OF GREYFOOT CAT RESCUE, SOLELY AND EXCLUSIVELY TO PROTECT
HABITAT FOR HUMANITY OF VENTURA COUNTY - 1850 EASTMAN AVENUE - OXNARD, CA 93030-8935	77-0120376	501C3	157,500.	0.			TO SPONSOR AN AFFORDABLE HOME BUILD IN CAMARILLO PER SUBMITTED PROPOSAL
HABITAT FOR HUMANITY OF VENTURA COUNTY - 1850 EASTMAN AVENUE - OXNARD, CA 93030-8935	77-0120376	501C3	10,000.	0.			TO SPONSOR THE ANNUAL FUND RAISING DINNER

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

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HEALTH CARE FOUNDATION FOR VENTURA COUNTY - 3291 LOMA VISTA ROAD - VENTURA, CA 93003-3001	47-1535937	501C3	11,700.	0.			TO PROVIDE FUNDING FOR BARIATRIC MOBILITY SUPPORT FOR SURGICAL CARE AT VENTURA COUNTY MEDICAL
HEIFER INTERNATIONAL DONATIONS PROCESSING 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501C3	75,000.	0.			IN SUPPORT OF THE REGENERATIVE AGRICULTURE RESEARCH AND TRAINING PROGRAM AT THE HEIFER
HELP OF OJAI P.O. BOX 621 OJAI, CA 93024-0621	95-2872549	501C3	5,806.	0.			IN SUPPORT OF MORE THAN A MEAL: SENIOR NUTRITION PROGRAM FUNDING
HILLSDALE COLLEGE 33 E COLLEGE ST. HILLSDALE, MI 49242	38-1374230	501C3	10,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES & UNRESTRICTED USE
HOUSE FARM WORKERS P.O. BOX 402 SANTA PAULA, CA 93061-0402	47-4892669	501C3	7,500.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES - UNRESTRICTED USE
HOUSE FARM WORKERS P.O. BOX 402 SANTA PAULA, CA 93061-0402	47-4892669	501C3	10,000.	0.			FOR GENERAL OPERATING SUPPORT
HOUSE FARM WORKERS P.O. BOX 402 SANTA PAULA, CA 93061-0402	47-4892669	501C3	7,500.	0.			SPONSORSHIP FOR FROM FIELD TO FORK FUNDRAISER, HELD ON JULY 16, 2025
HOUSING AUTHORITY OF THE CITY OF SAN BUENAVENTURA - 995 RIVERSIDE ST. - VENTURA, CA 93001-1636	95-2461075	501C3	33,750.	0.			TO SUPPORT THE PETS OF FORMERLY HOMELESS RESIDENTS TRANSITIONING INTO THE VALENTINE ROAD
HUENEME SCHOOL DISTRICT 205 N. VENTURA ROAD PORT HUENEME, CA 93041-3065	95-6001639	501C3	22,168.	0.			TO PROVIDE SUPPORT TO THE PUBLIC ELEMENTARY SCHOOL LIBRARIES LOCATED IN THE CITY OF PORT HUENEME

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HUMANE SOCIETY OF VENTURA COUNTY 402 BRYANT STREET OJAI, CA 93023-3312	95-2272598	501C3	120,745.	0.			TO PROVIDE A THIRD AND FINAL YEAR OF SUPPORT OF THE HSVC FULL-TIME FINANCE DIRECTOR POSITION
HUMANE SOCIETY OF VENTURA COUNTY 402 BRYANT STREET OJAI, CA 93023-3312	95-2272598	501C3	38,964.	0.			IN SUPPORT OF THE HUMANE SOCIETY OF VENTURA COUNTY (HSVC), FOR THE SUPPORT OF CHARITABLE ACTIVITIES,
INTERFACE CHILDREN FAMILY SERVICES 4001 MISSION OAKS BLVD., SUITE I CAMARILLO, CA 93012-5121	95-2944459	501C3	10,000.	0.			IN SUPPORT OF THE COMMUNITY CARE EXCHANGE
INTERFACE CHILDREN FAMILY SERVICES 4001 MISSION OAKS BLVD., SUITE I CAMARILLO, CA 93012-5121	95-2944459	501C3	50,000.	0.			IN SUPPORT OF ANNE WHATLEY'S LEADERSHIP AND ROLE ASSOCIATED WITH THE MOUNTAIN FIRE RECOVERY
INTERFACE CHILDREN FAMILY SERVICES 4001 MISSION OAKS BLVD., SUITE I CAMARILLO, CA 93012-5121	95-2944459	501C3	71,000.	0.			$6,500 IN SUPPORT OF THREE CASE MANAGERS TO MEET WITH THE HOUSEHOLDS WITH 211 VENTURA COUNTY &
INTERFACE CHILDREN FAMILY SERVICES 4001 MISSION OAKS BLVD., SUITE I CAMARILLO, CA 93012-5121	95-2944459	501C3	550,000.	0.			$510,000 WILL BE USED TO PROVIDE $1,750 IN IMMEDIATE DIRECT FINANCIAL SUPPORT TO 220
INTERFACE CHILDREN FAMILY SERVICES 4001 MISSION OAKS BLVD., SUITE I CAMARILLO, CA 93012-5121	95-2944459	501C3	340,850.	0.			$288,500 IN SUPPORT OF DIRECT FINANCIAL ASSISTANCE TO THE HIGHEST PRIORITY HOUSEHOLDS
JUAN LAGUNAS SORIA SCHOOL 3101 DUNKIRK DR OXNARD, CA 93035	95-6002318	501C3	44,500.	0.			IN SUPPORT OF THE SCIENCE CAMP FUND
LEIOMYOSARCOMA SUPPORT & DIRECT RESEARCH FDTN. - 3833 REDDING ST. - OAKLAND, CA 94619	87-0763851	501C3	10,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES & UNRESTRICTED USE

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LIVINGSTON MEMORIAL, VNA 1996 EASTMAN AVE., STE. 101 VENTURA, CA 93003-5768	95-1693538	501C3	100,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES & UNRESTRICTED USE
LONG TERM CARE SERVICES OF VENTURA COUNTY, INC. - 2021 SPERRY AVENUE, SUITE #35 - VENTURA, CA 93003	77-0199665	501C3	30,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES FOR THE OMBUDSMAN PROGRAM
LOS ANGELES PHILHARMONIC ASSOCIATION - C/O FRIENDS AND PATRONS OF THE LA PHIL 151 S GRAND AVE - LOS ANGELES, CA 90012	95-1696734	501C3	30,000.	0.			TO SUPPORT THE MATCHING GIFT PROGRAM
LOS PADRES FOREST WATCH PO BOX 831 SANTA BARBARA, CA 93102-0831	20-1531390	501C3	65,000.	0.			TO SUPPORT THE EWC FOCUSING ON IMPACTED AREAS OF THE THOMAS, WOOLSEY, AND HILL FIRES
LOS ROBLES CHILDREN'S CHOIR 5776 LINDERO CANYON ROAD, SUITE D28 WESTLAKE VILLAGE, CA 91362	26-0399524	501C3	5,550.	0.			IN SUPPORT OF THE NEW MUSIC COMMISSION BY JEROD IMPICHCHAACHAAHA' TATE FOR THE SPRING 2026
LUCHA, INC. 1008 HILLSIDE DRIVE SANTA PAULA, CA 93060-1225	95-3400870	501C3	24,750.	0.			TO PROVIDE FUNDING TO ORGANIZE COMMUNITY PLATICAS (CONVERSATIONS) AROUND ECE AND EARLY CARE
MACCABI WORLD UNION 520 EIGHTH AVENUE 4TH FLOOR NEW YORK, NY 10018	26-4296212	501C3	12,500.	0.			FOR GENERAL SUPPORT
MAKE-A-WISH FOUNDATION CENTRAL COAST AND SO. CENTRAL VALLEY - 4001 MISSION OAKS BLVD., SUITE F - CAMARILLO, CA 93012-5103	77-0098671	501C3	8,206.	0.			IN SUPPORT OF PROJECT HOPE & HEALING: GRANTING WISHES IN VENTURA COUNTY
MAKE-A-WISH FOUNDATION CENTRAL COAST AND SO. CENTRAL VALLEY - 4001 MISSION OAKS BLVD., SUITE F - CAMARILLO, CA 93012-5103	77-0098671	501C3	5,100.	0.			FOR AN UNRESTRICTED DONATION

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MAKE-A-WISH FOUNDATION CENTRAL COAST AND SO. CENTRAL VALLEY - 4001 MISSION OAKS BLVD., SUITE F - CAMARILLO, CA 93012-5103	77-0098671	501C3	50,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES & UNRESTRICTED USE
MANDO YOUTH DEVELOPMENT GROUP 80 EAST HILLCREST DRIVE, SUITE 150 THOUSAND OAKS, CA 91362	99-2752521	501C3	7,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES
MANY MANSIONS 1259 E. THOUSAND OAKS BLVD. THOUSAND OAKS, CA 91362-2818	95-3424516	501C3	20,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES & UNRESTRICTED USE
MANY MANSIONS 1259 E. THOUSAND OAKS BLVD. THOUSAND OAKS, CA 91362-2818	95-3424516	501C3	30,000.	0.			FOR GENERAL SUPPORT
MANY MANSIONS 1259 E. THOUSAND OAKS BLVD. THOUSAND OAKS, CA 91362-2818	95-3424516	501C3	25,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES & UNRESTRICTED USE
MARY HEALTH OF THE SICK CONVALESCENT & NURSING HOSPITAL - 2929 THERESA DRIVE - NEWBURY PARK, CA 91320	95-2299398	501C3	10,000.	0.			IN SUPPORT OF THE ANNUAL GALA SPONSOR
MEADOWLARK SERVICE LEAGUE P.O. BOX 3063 CAMARILLO, CA 93011-3063	23-7170994	501C3	100,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES & UNRESTRICTED USE
MESA P.O. BOX 481 OJAI, CA 93024-0481	85-2978137	501C3	10,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES
MESA P.O. BOX 481 OJAI, CA 93024-0481	85-2978137	501C3	50,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES & UNRESTRICTED USE

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MESA P.O. BOX 481 OJAI, CA 93024-0481	85-2978137	501C3	10,000.	0.			TO BE USED FOR THE ORGANIC GARDEN, THE WELLNESS CENTER, OR COMMUNITY PATIO PROJECTS
MESA P.O. BOX 481 OJAI, CA 93024-0481	85-2978137	501C3	25,000.	0.			IN SUPPORT OF THE GENERAL FUND, UNRESTRICTED
MESA P.O. BOX 481 OJAI, CA 93024-0481	85-2978137	501C3	6,000.	0.			IN SUPPORT OF THE GOLF FUNDRAISER
MICHAEL P. NOSCO FOUNDATION, INC. 3248 HANOVER CT NEWBURY PARK, CA 91320-5428	45-3794018	501C3	10,000.	0.			FOR THE 2024 RECIPIENT SHELBY BALSLEY, SELECTED BY THE MICHAEL P. NOSCO FOUNDATION, INC.
MICHAEL P. NOSCO FOUNDATION, INC. 3248 HANOVER CT NEWBURY PARK, CA 91320-5428	45-3794018	501C3	25,000.	0.			IN SUPPORT OF THE 2024 RECIPIENTS
MIXTECO/INDIGENA COMMUNITY ORG. PROJECT, (MICOP) - P.O BOX 388 - OXNARD, CA 93030	30-0045901	501C3	45,000.	0.			IN SUPPORT OF DIRECT FINANCIAL ASSISTANCE TO INDIVIDUALS/FAMILIES. FUNDING IS TO BE SPENT
MOORPARK COLLEGE FOUNDATION 7075 CAMPUS RD MOORPARK, CA 93021-1605	95-3533986	501C3	100,000.	0.			TO SUPPORT THE SANCTUARY FOR BIRDS OF PREY
MOORPARK COLLEGE FOUNDATION 7075 CAMPUS RD MOORPARK, CA 93021-1605	95-3533986	501C3	20,000.	0.			IN SUPPORT OF GENERAL OPERATING EXPENSES FOR STUDENT TRAINING AT THE MOORPARK TEACHING ZOO
MOORPARK PRESBYTERIAN CHURCH 13950 PEACH HILL RD MOORPARK, CA 93021	77-0187817	501C3	10,000.	0.			FOR FUNDING FOR YOUTH CAMP SCHOLARSHIPS

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MOORPARK WOMEN'S FORTNIGHTLY CLUB P.O. BOX 432 MOORPARK, CA 93020-0432	23-7126935	501C3	20,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES & UNRESTRICTED USE
MOUNT VERNON LADIES ASSOCIATION P.O. BOX 110 MOUNT VERNON, VA 22121	54-0564701	501C3	10,000.	0.			IN SUPPORT OF STRENGTHENING OUR FOUNDATIONS AND THE CAMPAIGN FOR MOUNT VERNON
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501C3	15,000.	0.			IN SUPPORT OF PROGRAMS THAT INCREASE AWARENESS OF, APPRECIATION FOR, AND UNDERSTANDING OF THE
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501C3	51,141.	0.			TO PROVIDE PERMANENT AND ONGOING FINANCIAL SUPPORT FOR THE MUSEUM OF VENTURA COUNTY'S EXECUTIVE
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501C3	7,875.	0.			TO PROVIDE SUPPORT TO VCMHA FOR THE PURCHASE, MAINTENANCE, AND RESTORATION OF THE
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501C3	24,579.	0.			TO PROVIDE PERMANENT AND ONGOING FINANCIAL SUPPORT FOR THE MUSEUM OF VENTURA COUNTY'S COLLECTIONS
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501C3	133,664.	0.			FOR GENERAL CHARITABLE SUPPORT
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501C3	7,500.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES - UNRESTRICTED USE
MUSEUM OF VENTURA COUNTY 100 E. MAIN STREET VENTURA, CA 93001-2607	95-1942930	501C3	20,000.	0.			IN SUPPORT OF THE 2025 EDUCATION PROGRAMS

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NADINE GRIFFEY ACADEMY OF KENYA 2390C LAS POSAS ROAD #249 CAMARILLO, CA 93010-3403	20-8856931	501C3	69,906.	0.			TO PAY FOR EXPENSES OF ORPHANED CHILDREN FROM THE SLUM AREAS OF NAIROBI AND ELSEWHERE IN KENYA TO
NAMBA PERFORMING ARTS SPACE INC 47 S OAK STREET VENTURA, CA 93001-2701	47-1474338	501C3	131,664.	0.			FOR GENERAL CHARITABLE SUPPORT
NATE'S PLACE, A WELLNESS AND RECOVERY CENTER - 3840 W. CHANNEL ISLANDS BLVD - OXNARD, CA 93035	88-2222599	501C3	15,000.	0.			TO PROVIDE STIPENDS TO FELLOWS, ENHANCE TRAINING PROGRAMS, AND SUPPORT PROGRAM DEVELOPMENT AND
NEW ART CITY THEATRE 214 JORDAN AVENUE VENTURA, CA 93001-3508	13-3357408	501C3	20,000.	0.			TO SUPPORT NEW ART CITY THEATRE'S CURRENT INITIATIVES INCLUDING "A SHOW THAT MAY CHANGE THE
NEW WEST SYMPHONY ASSOCIATION 2100 THOUSAND OAKS BLVD., SUITE D THOUSAND OAKS, CA 91362-2914	77-0406042	501C3	12,363.	0.			TO PROVIDE ANNUAL SUPPORT FOR THE SALARY ONLY OF THE NEW WEST SYMPHONY'S MUSIC DIRECTOR/CONDUCTOR,
NEW WEST SYMPHONY ASSOCIATION 2100 THOUSAND OAKS BLVD., SUITE D THOUSAND OAKS, CA 91362-2914	77-0406042	501C3	5,031.	0.			TO SPECIFICALLY SUPPORT THE HARMONY PROJECT
NEW WEST SYMPHONY ASSOCIATION 2100 THOUSAND OAKS BLVD., SUITE D THOUSAND OAKS, CA 91362-2914	77-0406042	501C3	15,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES
NEW WEST SYMPHONY ASSOCIATION 2100 THOUSAND OAKS BLVD., SUITE D THOUSAND OAKS, CA 91362-2914	77-0406042	501C3	12,000.	0.			REIMBURSEMENT FOR COMPLETION OF AUDITED FINANCIAL STATEMENTS FOR PERIOD ENDING 8/31/2023
NORMAN COUNTY HISTORICAL SOCIETY PO BOX 201 ADA, MN 56510	41-0872569	501C3	50,000.	0.			IN SUPPORT OF THE NORMAN COUNTY HISTORICAL SOCIETY BUILDING FUND, IN MEMORY OF MARTINIUS AND OLAVA

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
NPHS MTB BOOSTERS C/O MATT POND 4994 VIA ANDREA NEWBURY PARK, CA 91320	47-2062168	501C3	10,000.	0.			IN SUPPORT OF THE NEWBURY PARK MOUNTAIN BIKE TEAM FOR UNRESTRICTED USE
NYELAND PROMISE 3701 ORANGE DRIVE OXNARD, CA 93036-8840	83-2109489	501C3	10,000.	0.			IN SUPPORT OF TECHNOLOGY, CULTURAL ARTS ENRICHMENT, AND TRANSPORTATION NEEDS
ODD FELLOW-REBEKAH CHILDREN'S HOME OF CALIFORNIA - 290 I.O.O.F AVENUE - GILROY, CA 95020	94-1167402	501C3	60,928.	0.			TO SUPPORT THE ODD FELLOWS CHILDREN'S HOME AT GILROY, CA
OJAI MUSIC ACADEMY FOUNDATION 667 S. RICE ROAD OJAI, CA 93023-3403	99-3761055	501C3	7,400.	0.			TO PROVIDE FUNDING FOR PRESERVING MEXICAN RANCHERA AND CHUMASH VENTUREO MUSIC THROUGH
OJAI MUSIC FESTIVAL P.O. BOX 185 OJAI, CA 93024-0185	95-2122508	501C3	20,000.	0.			IN SUPPORT OF THE 2025 OJAI MUSIC FESTIVAL AND BRAVO EDUCATIONAL AND OUTREACH PROGRAMS
OJAI MUSIC FESTIVAL P.O. BOX 185 OJAI, CA 93024-0185	95-2122508	501C3	7,400.	0.			IN SUPPORT OF SHENG VIRTUOSO WU WEI AT THE 2025 OJAI MUSIC FESTIVAL
OJAI RAPTOR CENTER P.O. BOX 182 OAK VIEW, CA 93022-0182	77-0543286	501C3	133,664.	0.			FOR GENERAL CHARITABLE SUPPORT
OJAI VALLEY COMMUNITY HOSPITAL FOUNDATION - 1301 MARICOPA HIGHWAY, SUITE A - OJAI, CA 93023-3130	20-1982135	501C3	8,396.	0.			TO PROVIDE FUNDING FOR STRYKER PROCUITY LEX PATIENT BEDS
OJAI VALLEY SCHOOL 723 EL PASEO ROAD OJAI, CA 93023-2454	95-1661099	501C3	6,675.	0.			IN SUPPORT OF THE IMAGINE CONCERT, INCLUDING TAIKO DRUMMING BY OJAI O'DAIKO, PRESENTED BY OJAI VALLEY

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OXNARD COLLEGE FOUNDATION 4000 SOUTH ROSE AVE. OXNARD, CA 93033-6683	77-0003378	501C3	7,400.	0.			IN SUPPORT OF THE OC LIVE WORLD MUSIC PERFORMANCES
OXNARD FIREFIGHTERS FOUNDATION, INC. - P.O. BOX 5503 - OXNARD, CA 93031	45-5239547	501C3	175,824.	0.			IN SUPPORT OF THE OXNARD FIRE DEPARTMENT'S NEUROFEEDBACK PILOT PROGRAM
OXNARD FIREFIGHTERS FOUNDATION, INC. - P.O. BOX 5503 - OXNARD, CA 93031	45-5239547	501C3	10,000.	0.			TO PROVIDE FUNDING FOR THE PURCHASE OF THREE (3) RETIRED MODULAR-STYLE AMBULANCES TO SUPPORT THE
OXNARD PERFORMING ARTS CENTER CORPORATION - PO BOX 332 - OXNARD, CA 93032	77-0524980	501C3	7,500.	0.			TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE
OXNARD PERFORMING ARTS CENTER CORPORATION - PO BOX 332 - OXNARD, CA 93032	77-0524980	501C3	7,500.	0.			TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE
OXNARD PERFORMING ARTS CENTER CORPORATION - PO BOX 332 - OXNARD, CA 93032	77-0524980	501C3	7,500.	0.			TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE
PHEW FOUNDATION 30101 AGOURA CT SUITE #150 AGOURA HILLS, CA 91301	93-3837950	501C3	15,000.	0.			TO FUND CLIENT SHORTFALLS
PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST (PPCCC) - 518 GARDEN STREET - SANTA BARBARA, CA 93101-1606	95-2319356	501C3	6,700.	0.			TO PROVIDE FUNDING FOR 2 BLOOD PRESSURE MACHINES
PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST (PPCCC) - 518 GARDEN STREET - SANTA BARBARA, CA 93101-1606	95-2319356	501C3	18,206.	0.			IN SUPPORT OF VENTURA HEALTH CENTER EXAM ROOM AND LAB

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PODER POPULAR C/O LUCHA 1008 HILLSIDE DRIVE SANTA PAULAL, CA 93060	95-3400870	501C3	6,655.	0.			TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE
PODER POPULAR C/O LUCHA 1008 HILLSIDE DRIVE SANTA PAULAL, CA 93060	95-3400870	501C3	6,655.	0.			TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE
PODER POPULAR C/O LUCHA 1008 HILLSIDE DRIVE SANTA PAULAL, CA 93060	95-3400870	501C3	6,655.	0.			TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE
PROJECT UNDERSTANDING OF SAN BUENAVENTURA - 2734 JOHNSON DRIVE, SUITE E - VENTURA, CA 93003-7248	95-3246871	501C3	59,048.	0.			TO SUPPORT THE HOMELESS2HOME PROGRAM AT PROJECT UNDERSTANDING OF SAN BUENAVENTURA
REALITY CHURCH VENTURA 5415 RALSTON ST. VENTURA, CA 93003	82-2394675	501C3	6,000.	0.			IN SUPPORT OF GENERAL CHARITABLE USES AND PURPOSES
RESCUE MISSION ALLIANCE 315 NORTH A STREET OXNARD, CA 93030-4901	23-7278002	501C3	9,000.	0.			$2,000 IN SUPPORT OF VENTURA COUNTY RESCUE MISSION (MEN'S PROGRAM) IN OXNARD. $3,500 IN
RIO MESA HIGH SCHOOL 545 CENTRAL AVENUE OXNARD, CA 93036-1089	95-6002319	501C3	5,328.	0.			TO PROVIDE FUNDING FOR UNIFORMS, GOLF BALLS, TOURNAMENT FEES, AND CLUB BUILDING EQUIPMENT FOR
RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN CALIFORNIA - 4560 FOUNTAIN AVE - LOS ANGELES, CA 90029	95-3167869	501C3	10,000.	0.			IN SUPPORT OF THE RONALD MCDONALD FAMILY ROOM AT VENTURA COUNTY MEDICAL CENTER, UNRESTRICTED USE
RUBICON THEATRE COMPANY 1006 EAST MAIN STREET VENTURA, CA 93001-0048	77-0495901	501C3	33,416.	0.			FOR GENERAL CHARITABLE SUPPORT

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RUBICON THEATRE COMPANY 1006 EAST MAIN STREET VENTURA, CA 93001-0048	77-0495901	501C3	33,416.	0.			FOR GENERAL CHARITABLE SUPPORT
RUBICON THEATRE COMPANY 1006 EAST MAIN STREET VENTURA, CA 93001-0048	77-0495901	501C3	10,000.	0.			IN SUPPORT OF THE EDUCATION AND OUTREACH PROGRAMS
RUBICON THEATRE COMPANY 1006 EAST MAIN STREET VENTURA, CA 93001-0048	77-0495901	501C3	17,500.	0.			RESTRICTED PURPOSE TO SUPPORT THE KIDS SUMMER PROGRAM 2025
SAFE PASSAGE YOUTH FOUNDATION 482 GREENMEADOW AVENUE THOUSAND OAKS, CA 91361	82-4462446	501C3	148,000.	0.			TO SUPPORT THE EWC FOCUSING ON IMPACTED AREAS OF THE THOMAS, WOOLSEY, AND HILL FIRES
SAMARITAN CENTER OF SIMI VALLEY P.O. BOX 940568 SIMI VALLEY, CA 93094-0568	77-0321181	501C3	57,000.	0.			TO HELP COVER THE ORGANIZATION'S REQUESTS FOR PROJECTS 1 THROUGH 4 & UNRESTRICTED USE
SAMARITAN CENTER OF SIMI VALLEY P.O. BOX 940568 SIMI VALLEY, CA 93094-0568	77-0321181	501C3	75,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES & UNRESTRICTED USE
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SUITE 200 SANTA BARBARA, CA 93101-3100	95-1866094	501C3	15,000.	0.			TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SUITE 200 SANTA BARBARA, CA 93101-3100	95-1866094	501C3	15,000.	0.			TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SUITE 200 SANTA BARBARA, CA 93101-3100	95-1866094	501C3	15,000.	0.			TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE

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SANTA BARBARA ZOOLOGICAL FOUNDATION - 500 NIATOS DRIVE - SANTA BARBARA, CA 93103	95-2268554	501C3	250,000.	0.			TO SUPPORT THE SANTA BARBARA ZOO CONSERVATION CENTER AT CALIFORNIA STATE UNIVERSITY CHANNEL
SANTA MARIA VALLEY YMCA 3400 SKYWAY DRIVE SANTA MARIA, CA 93455	95-2158363	501C3	15,000.	0.			IN SUPPORT OF THE RISEUP PROGRAM
SANTA MARIA VALLEY YMCA 3400 SKYWAY DRIVE SANTA MARIA, CA 93455	95-2158363	501C3	15,000.	0.			IN SUPPORT OF THE RISE UP PROGRAM FOR STUDENTS TO ACHIEVE ACADEMIC PROFICIENCY AT THEIR
SANTA MONICA MOUNTAINS FUND 1 BAXTER WAY, SUITE 180 WESTLAKE VILLAGE, CA 91362	95-4187832	501C3	71,156.	0.			TO SUPPORT THE EWC FOCUSING ON IMPACTED AREAS OF THE THOMAS, WOOLSEY, AND HILL FIRES
SANTA MONICA MOUNTAINS FUND 1 BAXTER WAY, SUITE 180 WESTLAKE VILLAGE, CA 91362	95-4187832	501C3	25,000.	0.			TO SUPPORT THE EWC FOCUSING ON IMPACTED AREAS OF THE THOMAS, WOOLSEY, AND HILL FIRES
SANTA MONICA MOUNTAINS FUND 1 BAXTER WAY, SUITE 180 WESTLAKE VILLAGE, CA 91362	95-4187832	501C3	40,000.	0.			TO SUPPORT THE ENVIRONMENTAL WORKFORCE COLLABORATIVE (EWC) FOCUS ON IMPACTED AREAS OF THE
SANTA MONICA MOUNTAINS FUND 1 BAXTER WAY, SUITE 180 WESTLAKE VILLAGE, CA 91362	95-4187832	501C3	315,000.	0.			TO SUPPORT THE EWC FOCUSING ON IMPACTED AREAS OF THE THOMAS, WOOLSEY, AND HILL FIRES
SANTA PAULA ART MUSEUM 117 NORTH 10TH STREET SANTA PAULA, CA 93060-2877	92-0179722	501C3	5,543.	0.			IN SUPPORT OF THE OPERATING BUDGET OF THE SANTA PAULA MUSEUM OF ART, AT ITS CURRENT AND
SANTA PAULA ART MUSEUM 117 NORTH 10TH STREET SANTA PAULA, CA 93060-2877	92-0179722	501C3	10,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES - UNRESTRICTED USE

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SANTA PAULA CHAMBER OF COMMERCE P.O. BOX 1 SANTA PAULA, CA 93061-0001	95-1192410	501C3	25,000.	0.			TO SUPPORT THE SANTA PAULA CHAMBER OF COMMERCE'S PHASE TWO FOCUSED WORKPLAN TO
SARAH'S HOUSE P.O. BOX 941768 SIMI VALLEY, CA 93094	77-0285794	501C3	70,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES & UNRESTRICTED USE
SARAH'S HOUSE P.O. BOX 941768 SIMI VALLEY, CA 93094	77-0285794	501C3	25,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES & UNRESTRICTED USE
SARAH'S HOUSE P.O. BOX 941768 SIMI VALLEY, CA 93094	77-0285794	501C3	100,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES & UNRESTRICTED USE
SECURE BEGINNINGS P.O. BOX 285 OJAI, CA 93024	77-0544181	501C3	10,320.	0.			IN SUPPORT OF PARENT EDUCATION & PLAY-BASED CLASSES WITH SLIDING SCALE SCHOLARSHIPS TO
SEE INTERNATIONAL (SURGICAL EYE EXPEDITIONS) INC. - P.O. BOX 981263 - WEST SACRAMENTO, CA 95798-1263	31-1682275	501C3	10,606.	0.			IN SUPPORT OF THE SEE VISION CARE (SVC) PROGRAM IN VENTURA
SOCIAL JUSTICE FUND FOR VENTURA COUNTY - P.O. BOX 1271 - CAMARILLO, CA 93011-1271	46-2569938	501C3	15,000.	0.			FOR GENERAL PURPOSE
ST. JOHN'S HEALTHCARE FOUNDATION, OXNARD & PLEASANT VALLEY - 1600 N. ROSE AVENUE - OXNARD, CA 93030-3722	20-2865781	501C3	12,534.	0.			TO PROVIDE FUNDING FOR ENHANCING AIRWAY SAFETY: GLIDESCOPE EQUIPMENT FOR ST. JOHN'S HOSPITAL
ST. JOHN'S HEALTHCARE FOUNDATION, OXNARD & PLEASANT VALLEY - 1600 N. ROSE AVENUE - OXNARD, CA 93030-3722	20-2865781	501C3	10,000.	0.			IN SUPPORT OF THE HUMANITARIAN GIFT SOCIETY

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ST. JUDE THE APOSTLE CATHOLIC CHURCH - 32032 WEST LINDERO CANYON ROAD - WESTLAKE VILLAGE, CA 91361-4270	95-2758216	501C3	15,500.	0.			IN SUPPORT OF THE RENOVATION OF ST. JUDE HALL.
STANFORD UNIVERSITY P.O. BOX 20466 STANFORD, CA 94309-0466	94-1156365	501C3	140,913.	0.			TO PROVIDE FINANCIAL SUPPORT FOR STANFORD STUDENTS FROM VENTURA COUNTY, SEE ATTACHED
STUDIO CHANNEL ISLANDS ART CENTER 2222 E. VENTURA BLVD. CAMARILLO, CA 93010-6655	77-0507666	501C3	6,000.	0.			TO SUPPORT EMERGING ARTISTS THROUGH THE STUDIO SPACE PROGRAM
TEDDY BEAR CANCER FOUNDATION 2323 DE LA VINA STREET, SUITE 104 SANTA BARBARA, CA 93105	14-1872081	501C3	13,706.	0.			IN SUPPORT OF FINANCIAL ASSISTANCE FOR VENURA COUNTY FAMILIES BATTLING PEDIATRIC CANCER
TEMPLE ADAT ELOHIM 2420 E. HILLCREST DRIVE THOUSAND OAKS, CA 91362-3117	95-2596965	501C3	89,600.	0.			TO PROVIDE FUNDING FOR THE REPLACEMENT OF THE OUTDATED PLAYGROUND FOR THE EARLY CHILDHOOD
TEMPLE ADAT ELOHIM 2420 E. HILLCREST DRIVE THOUSAND OAKS, CA 91362-3117	95-2596965	501C3	19,522.	0.			TO PROVIDE FUNDING FOR THE REPLACEMENT OF THE OUTDATED PLAYGROUND FOR THE EARLY CHILDHOOD
TEMPLE BETH TORAH 7620 FOOTHILL ROAD VENTURA, CA 93004-1125	95-2480517	501C3	5,420.	0.			IN SUPPORT OF CONFERENCES HELD BY THE INTERFAITH MINISTERIAL ASSOCIATION INCLUDING THE WOMEN OF
TEMPLE NER SIMCHA 5737 KANAN ROAD UNIT 176 AGOURA HILLS, CA 91301	47-2556081	501C3	7,500.	0.			FOR GENERAL SUPPORT
TEMPLE NER SIMCHA 5737 KANAN ROAD UNIT 176 AGOURA HILLS, CA 91301	47-2556081	501C3	5,500.	0.			FOR HIGH HOLIDAY SUPPORT

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TEMPLE NER SIMCHA 5737 KANAN ROAD UNIT 176 AGOURA HILLS, CA 91301	47-2556081	501C3	10,000.	0.			FOR GENERAL SUPPORT
THE ARC OF VENTURA COUNTY 5103 WALKER ST. VENTURA, CA 93003-7358	95-2266987	501C3	8,206.	0.			IN SUPPORT OF CLUB WELLNESS PROGRAM
THE ARC OF VENTURA COUNTY 5103 WALKER ST. VENTURA, CA 93003-7358	95-2266987	501C3	75,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES & UNRESTRICTED USE
THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY - 550 DANA ST - SAN LUIS OBISPO, CA 93401-3407	77-0496500	501C3	7,500.	0.			TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE
THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY - 550 DANA ST - SAN LUIS OBISPO, CA 93401-3407	77-0496500	501C3	7,500.	0.			TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE
THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY - 550 DANA ST - SAN LUIS OBISPO, CA 93401-3407	77-0496500	501C3	7,500.	0.			TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE
THE REVOLUTIONARY LOVE PROJECT P.O. BOX 42101 LOS ANGELES, CA 90042	95-4302067	501C3	10,000.	0.			FOR GENERAL PURPOSE
THE RONALD REAGAN PRESIDENTIAL FOUNDATION - 40 PRESIDENTIAL DRIVE - SIMI VALLEY, CA 93065	77-0054631	501C3	10,000.	0.			IN SUPPORT OF GENERAL CHARITABLE PURPOSES FOR THE RONALD REAGAN PRESIDENTIAL LIBRARY &
THE SALVATION ARMY GIFT SERVICES DEPT 30840 HAWTHORNE BLVD - RANCHO PALOS VERDES, CA 90275-5301	94-1156347	501C3	96,236.	0.			IN SUPPORT OF THE SALVATION ARMY FOR USE IN VENTURA COUNTY, CALIFORNIA, AND

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TOTALLY LOCAL VC AGRICULTURAL EDUCATION FOUNDATION - 375 LOS CABOS LANE - VENTURA, CA 93001-1166	81-2646767	501C3	10,000.	0.			IN SUPPORT OF TOTALLY LOCAL VC FUNDING OF THE LOCAL LOVE PROJECT TO PROVIDE REBUILDING
TRUST FOR PUBLIC LAND P.O. BOX 889336 LOS ANGELES, CA 90088-9336	23-7222333	501C3	300,000.	0.			IN SUPPORT OF THE RANCHO CANADA LARGA PROJECT
TURNING POINT FOUNDATION PO BOX 24397 VENTURA, CA 93002-4397	77-0213467	501C3	7,206.	0.			IN SUPPORT OF THE HOMELESS 2 HOME PEER HEALTH NAVIGATOR PROGRAM
TURNING POINT FOUNDATION PO BOX 24397 VENTURA, CA 93002-4397	77-0213467	501C3	15,000.	0.			TO PROVIDE FUNDING TO GROWING WORKS FOR THE IRRIGATION SYSTEM
UNITED POLICYHOLDERS 917 IRVING STREET, SUITE 4 SAN FRANCISCO, CA 94122-2224	94-3162024	501C3	100,000.	0.			TO SUPPORT HOUSEHOLDS AFFECTED BY THE MOUNTAIN FIRE THROUGH PROGRAMS LIKE THEIR ROADMAP TO
UNITED WAY OF VENTURA COUNTY 702 COUNTY SQUARE DRIVE VENTURA, CA 93003-5404	95-1945833	501C3	7,406.	0.			IN SUPPORT OF BUILDING HEALTHY SMILES
UNIVERSITY OF SOUTHERN CALIFORNIA FINANCIAL AID OFFICE - JHH 325 700 CHILDS WAY - LOS ANGELES, CA 90089-0914	95-1642394	501C3	8,500.	0.			IN SUPPORT OF THE DEPARTMENT OF COMPARATIVE LITERATURE STUDENT-LED INITIATIVES FUND, ACCOUNT
UPSIDE OF DOWNS 501 E LA LOMA AVE SOMIS, CA 93066	38-3375526	501C3	7,000.	0.			IN SUPPORT OF GENERAL PURPOSES
VENTURA COLLEGE FOUNDATION 4667 TELEGRAPH ROAD VENTURA, CA 93003-3872	77-0037747	501C3	12,779.	0.			IN SUPPORT OF VENTURA COLLEGE PARAMEDIC PROGRAM ENHANCEMENT PROJECT

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VENTURA COLLEGE FOUNDATION 4667 TELEGRAPH ROAD VENTURA, CA 93003-3872	77-0037747	501C3	60,894.	0.			TO PROVIDE SCHOLARSHIPS TO GRADUATES OF VENTURA COMMUNITY COLLEGE WHO ARE FURTHERING THEIR
VENTURA COMMUNITY PARTNERS FOUNDATION - P.O. BOX 1895 - VENTURA, CA 93002	46-1053921	501C3	16,000.	0.			TO PROVIDE GRANT TO VENTURA COMMUNITY PARTNERS FOUNDATION, FOR THE SUPPORT OF THE
VENTURA COUNTY AIR POLLUTION CONTROL DISTRICT - 4567 TELEPHONE ROAD, 2ND FLOOR - VENTURA, CA 93003-8317	95-6000944	501C3	52,333.	0.			$25,000 TO PROVIDE FUNDING FOR VENTURA BOTANICAL GARDENS TOWARDS THE PURCHASE OF AN EV
VENTURA COUNTY CIVIC ALLIANCE P.O. BOX 23412 VENTURA, CA 93002	81-3713600	501C3	20,000.	0.			TO SUPPORT THE PREPARATION, PUBLICATION, AND DISTRIBUTION OF THE 2025 STATE OF THE REGION
VENTURA COUNTY FAMILY JUSTICE CENTER FOUNDATION - 3170 LOMA VISTA ROAD - VENTURA, CA 93003	82-2765815	501C3	10,000.	0.			IN SUPPORT OF CAMP HOPE
VENTURA COUNTY LIBRARY FOUNDATION P.O. BOX 7531 VENTURA, CA 93006-7531	46-2770894	501C3	9,000.	0.			IN SUPPORT OF THE OAK VIEW LIBRARY & SUMMER ART GAMES TO BENEFIT THE YOUTH OF OAK VIEW,
VENTURA COUNTY MEDICAL RESOURCE FOUNDATION - 199 FIGUEROA STREET, 2ND FLOOR - VENTURA, CA 93001-2757	95-6096141	501C3	7,206.	0.			IN SUPPORT OF THE CHILDREN'S RESOURCE PROGRAM
VENTURA COUNTY STAR C/O GANNETT MISC REVENUE PO BOX 631 CINCINNATI, OH 45263-1698	47-1931054		100,000.	0.			TO PROVIDE FUNDING FOR TWO REPORTING FELLOWSHIPS AT THE VENTURA COUNTY STAR. THE JOURNALISTS
VENTURA COUNTY TAXPAYERS FOUNDATION - PO BOX 3878 - VENTURA, CA 93006	88-2295308	501C3	30,000.	0.			TO SUPPORT THEIR FOUNDATION AND WORK TO SERVE OUR COMMUNITY

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 LAND TRUST PO BOX 1284 VENTURA, CA 93002-1284	01-0769456	501C3	10,000.	0.			IN SUPPORT OF END OF YEAR GIVING
VENTURA MUSIC FESTIVAL ASSOCIATION 701 E. SANTA CLARA STREET VENTURA, CA 93001-5972	77-0314562	501C3	133,664.	0.			FOR GENERAL CHARITABLE SUPPORT
VENTURA MUSIC FESTIVAL ASSOCIATION 701 E. SANTA CLARA STREET VENTURA, CA 93001-5972	77-0314562	501C3	10,000.	0.			FOR GENERAL OPERATING SUPPORT
VENTURA REGIONAL FIRE SAFE COUNCIL 3585 MAPLE ST VENTURA, CA 93003-3504	27-1527559	501C3	187,000.	0.			TO SUPPORT THE EWC FOCUSING ON IMPACTED AREAS OF THE THOMAS, WOOLSEY, AND HILL FIRES
WESTMINSTER FREE CLINIC 2673 SAN MIGUEL CIRCLE THOUSAND OAKS, CA 91360-1326	77-0563241	501C3	18,206.	0.			IN SUPPORT OF BRIDGING GAPS IN CARE: PREVENTING & MANAGING CHRONIC DISEASES IN VENTURA
WESTMINSTER FREE CLINIC 2673 SAN MIGUEL CIRCLE THOUSAND OAKS, CA 91360-1326	77-0563241	501C3	25,000.	0.			TO PROVIDE FUNDING FOR THE FOOD DISTRIBUTION PROJECT IN THOUSAND OAKS
WESTMINSTER FREE CLINIC 2673 SAN MIGUEL CIRCLE THOUSAND OAKS, CA 91360-1326	77-0563241	501C3	10,000.	0.			IN HONOR OF RALPH, TO BE USED WHERE MOST NEEDED
WESTMINSTER FREE CLINIC 2673 SAN MIGUEL CIRCLE THOUSAND OAKS, CA 91360-1326	77-0563241	501C3	10,000.	0.			IN SUPPORT OF FREE HEALTH, MENTAL HEALTH, AND PREVENTION SERVICES FOR LOW-INCOME COMMUNITY
WHITWORTH UNIVERSITY 300 W HAWTHORNE RD SPOKANE, WA 99251	91-0473310	501C3	7,000.	0.			FOR CONTINUED SUPPORT OF THE CARLSON COMMEMORATION

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
WOMEN'S ECONOMIC VENTURES 21 E CANON PERDIDO, SUITE 301 SANTA BARBARA, CA 93101-7209	95-3674624	501C3	45,000.	0.			FOR UNRESTRICTED FUNDING IN SUPPORT OF WEV'S CAPACITY BUILDING AND ORGANIZATION
WORLD VISION P.O. BOX 9716 FEDERAL WAY, WA 98063	95-1922279	501C3	100,000.	0.			TO SUPPORT HONDURAS
WORLD VISION P.O. BOX 9716 FEDERAL WAY, WA 98063	95-1922279	501C3	25,000.	0.			IN SUPPORT OF THE WOMEN FOR WOMEN CLEAN WATER INITIATIVE

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	403	1,719,988.	0.		
ESSENTIAL SUPPORT	28	46,634.	0.		

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 GRANTEES GOOD STANDING WITH THE ATTORNEY GENERAL REPORTING REQUIREMENTS AND STATUS WITH THE IRS. ALL GRANTEES RECEIVED A LETTER IDENTIFYING THE PURPOSE WHICH FURTHER EXPLAINS THAT CASHING OF THE CHECK CONFIRMS THEIR COMPLIANCE WITH THE DESIGNATED PURPOSE.

PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: 805 UNDOCUFUND
(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF DIRECT FINANCIAL ASSISTANCE TO INDIVIDUALS/FAMILIES. FUNDING IS TO BE SPENT WITHIN 3&6 MONTHS.

NAME OF ORGANIZATION OR GOVERNMENT:
ALZHEIMER'S ASSOCIATION CALIFORNIA CENTRAL COAST CHAPTER
(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE ALZHEIMER'S

Part IV Supplemental Information

ASSOCIATION INITIATIVE TO LAUNCH THE INCREASING ACCESS TO QUALITY DEMENTIA CARE FOR CALIFORNIA'S AGING POPULATION: A HEALTH SYSTEMS APPROACH PROGRAM. THE TOTAL GRANT IS FOR $600,000 PAYABLE IN $200,000 INSTALLMENTS OVER THR

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN RED CROSS
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE AMERICAN RED CROSS FOR USE IN VENTURA COUNTY, PREFERABLY IN CAMARILLO (REMAINING FY2025 ANNUAL CALCULATED DISTRIBUTION)

NAME OF ORGANIZATION OR GOVERNMENT:
ANIMAL SERVICES FOUNDATION OF VENTURA COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT VENTURA COUNTY ANIMAL SERVICES FOR CARING FOR 438 DISPLACED ANIMALS AND PROVIDING 24-HOUR STAFF AND VETERINARY CARE DURING THE FIRE

NAME OF ORGANIZATION OR GOVERNMENT: BEST FRIENDS ANIMAL SOCIETY
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL CHARITABLE PURPOSES FOR BEST FRIENDS ANIMAL SOCIETY. ALL PROGRAMS SUPPORTED BY THIS GRANT MUST HAVE A NO KILL POLICY. NO GRANTS ARE TO BE MADE TO SUPPORT CAPITAL PROJECTS.

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUB OF CAMARILLO
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PROVIDING FREE EMERGENCY CHILDCARE ON NOVEMBER 7TH, 8TH, & 11TH AND TO COVER COSTS ASSOCIATED WITH STAFFING, UTILITIES, AND OPERATIONS

NAME OF ORGANIZATION OR GOVERNMENT:
BOYS & GIRLS CLUB OF GREATER OXNARD & PORT HUENEME
(H) PURPOSE OF GRANT OR ASSISTANCE: *TO PROVIDE 2 ADDITIONAL HOURS OF PROGRAMMING MON-FRI *TO PROVIDE FINANCIAL LITERACY PROGRAMMING *TO PROVIDE DRUG AND ALCOHOL PREVENTION PROGRAMMING *TO PROVIDE MUSIC PROGRAMMING *TO PROVIDE A HEALTHY SNACK EACH DAY *TO PROMOTE LARGE MOTOR DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUB OF VENTURA
(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE OAK VIEW TEEN CENTER ENRICHMENT PROGRAMS TO BENEFIT THE YOUTH OF OAK VIEW, CALIFORNIA

NAME OF ORGANIZATION OR GOVERNMENT:
BOYS & GIRLS CLUBS OF GREATER OXNARD AND PORT HUENEME
(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF EXPANDING TEEN HOURS AT THE REITER FAMILY YOUTH CENTER. THE GOAL IS TO HELP TEENS BUILD HEALTHIER, SAFER AND MORE SUCCESSFUL FUTURES BY OFFERING EXTENDED HOURS, SUPPORTIVE STAFF, TECHNOLOGY ACCESS, SUPPLIES AND ENRICHING EXPERIENCES LIKE FIE

NAME OF ORGANIZATION OR GOVERNMENT: BRAIN INJURY CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF CARE TRANSITIONS SERVICES FOR BRAIN INJURY SURVIVORS AND THEIR FAMILIES/CAREGIVERS

NAME OF ORGANIZATION OR GOVERNMENT: BUEN VECINO
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE PUBLIC AWARENESS AND COMMUNITY OUTREACH CAMPAIGNS IN KEY STATE PRIORITY AREAS SUCH AS COVID-19 VACCINES AND HARM REDUCTION, WATER CONSERVATION, EXTREME

Part IV Supplemental Information

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NAME OF ORGANIZATION OR GOVERNMENT: BUEN VECINO
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE PUBLIC AWARENESS AND COMMUNITY OUTREACH CAMPAIGNS IN KEY STATE PRIORITY AREAS SUCH AS COVID-19 VACCINES AND HARM REDUCTION, WATER CONSERVATION, EXTREME HEAT, AND

NAME OF ORGANIZATION OR GOVERNMENT: BUEN VECINO
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE PUBLIC AWARENESS AND COMMUNITY OUTREACH CAMPAIGNS IN KEY STATE PRIORITY AREAS SUCH AS COVID-19 VACCINES AND HARM REDUCTION, WATER CONSERVATION, EXTREME HEAT, AND

NAME OF ORGANIZATION OR GOVERNMENT:
C.A.R.L. - CANINE ADOPTION & RESCUE LEAGUE
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GENERAL OPERATIONS OF CANINE ANIMAL RESCUE LEAGUE (CARL), A VENTURA COUNTY NONPROFIT AGENCY, SOLELY AND EXCLUSIVELY TO PROTECT AND ASSIST ANIMALS. CARL MUST MAINTAIN A NO KILL POLICY.

NAME OF ORGANIZATION OR GOVERNMENT:
CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS
(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE MARY POSTAL MEMORIAL SCHOLARSHIP AT CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

NAME OF ORGANIZATION OR GOVERNMENT:
CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF UNDERGRADUATE STUDENT RESEARCH ASSISTANT: $284,211 (INCLUDES $14,211 GIFT FEE), ACADEMIC AFFAIRS INTERNSHIP SUPPORT: $52,632 (INCLUDES $2,632 GIFT FEE), AND HIGH IMPACT STUDENT EXPERIENCES: $52,631 (INCLUDES $2,631 GIFT FEE)

NAME OF ORGANIZATION OR GOVERNMENT:
CALIFORNIA STATE UNIVERSITY NORTHRIDGE FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR THE MATT WINN MEMORIAL EHSS SCHOLARSHIP AT CALIFORNIA STATE UNIVERSITY NORTHRIDGE

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:
CASA PACIFICA CENTERS FOR CHILDREN & FAMILIES
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ANNUAL SUPPORT TO CASA PACIFICA (YOUTH CONNECTION OF VENTURA COUNTY) FOR MEDICAL, DENTAL, OPTICAL, AND PSYCHOLOGICAL SERVICES FOR THE CHILDREN SHELTERED AT THE CASA PACIFICA FACILITY

NAME OF ORGANIZATION OR GOVERNMENT:
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, FOR 3 ORGANIZATIONS IN 2024

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CHANNEL ISLANDS MARITIME MUSEUM
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT OF THE MUSEUM'S FOCUSED INITIATIVES TO REBUILD AND STRENGTHEN ITS ORGANIZATION AND FUND DEVELOPMENT CAPACITY TO CONTINUE TO PROVIDE MARITIME HISTORY PROGRAMS AND EXHIBITS THAT EDUCATE ENRICH OUR COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: CHILD DEVELOPMENT RESOURCES
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ISABELLA PROJECT'S GUARANTEED INCOME PILOT PROGRAM FOR WOMEN HOME-BASED CHILDCARE PROVIDERS. SEE ENCLOSED SCOPE OF WORK AGREEMENT FOR ADDITIONAL DETAILS REGARDING THE GRANT, INCLUDING REPORTING REQUIREMENTS AND DEADLINES.

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

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF VENTURA
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE GRANTS SOLELY AND EXCLUSIVELY FOR THE SUPPORT OF CHARITABLE ASSISTANCE TO THE UNSHELTERED POPULATION THROUGH TRANSITIONAL/SUPPORTIVE/EMERGENCY SHELTERING IN THE CITY OF VENTURA

NAME OF ORGANIZATION OR GOVERNMENT:
COMMUNITY FOUNDATION FOR MONTEREY COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE PUBLIC AWARENESS AND COMMUNITY OUTREACH CAMPAIGNS IN KEY STATE PRIORITY AREAS SUCH AS COVID-19 VACCINES AND HARM REDUCTION, WATER CONSERVATION, EXTREME HEAT, AND

NAME OF ORGANIZATION OR GOVERNMENT:
COMMUNITY FOUNDATION FOR MONTEREY COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE PUBLIC AWARENESS AND COMMUNITY OUTREACH CAMPAIGNS IN KEY STATE PRIORITY AREAS SUCH AS COVID-19 VACCINES AND HARM REDUCTION, WATER CONSERVATION, EXTREME HEAT, AND

NAME OF ORGANIZATION OR GOVERNMENT:
COMMUNITY FOUNDATION FOR MONTEREY COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE PUBLIC AWARENESS AND COMMUNITY OUTREACH CAMPAIGNS IN KEY STATE PRIORITY AREAS SUCH AS COVID-19 VACCINES AND HARM REDUCTION, WATER CONSERVATION, EXTREME HEAT, AND

NAME OF ORGANIZATION OR GOVERNMENT:
COMMUNITY FOUNDATION SANTA CRUZ COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE PUBLIC AWARENESS AND COMMUNITY OUTREACH CAMPAIGNS IN KEY STATE PRIORITY AREAS SUCH AS COVID-19 VACCINES AND HARM REDUCTION, WATER CONSERVATION, EXTREME HEAT, AND

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

COMMUNITY FOUNDATION SANTA CRUZ COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE PUBLIC AWARENESS AND COMMUNITY OUTREACH CAMPAIGNS IN KEY STATE PRIORITY AREAS SUCH AS COVID-19 VACCINES AND HARM REDUCTION, WATER CONSERVATION, EXTREME HEAT, AND

NAME OF ORGANIZATION OR GOVERNMENT:
COMMUNITY FOUNDATION SANTA CRUZ COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE PUBLIC AWARENESS AND COMMUNITY OUTREACH CAMPAIGNS IN KEY STATE PRIORITY AREAS SUCH AS COVID-19 VACCINES AND HARM REDUCTION, WATER CONSERVATION, EXTREME HEAT, AND

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY MEMORIAL HEALTH SYSTEM
(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE CAREGIVER NAVIGATOR PROGRAM AT COMMUNITY MEMORIAL HEALTH SYSTEM (UNRESTRICTED USE) $75,000 AND STRATEGIC PLANNING WORK $35,000

NAME OF ORGANIZATION OR GOVERNMENT:
CONCERNED RESOURCE & ENVIRONMENTAL WORKERS
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE EWC FOCUSING ON IMPACTED AREAS OF THE THOMAS, WOOLSEY, AND HILL FIRES IN THE COUNTIES OF SANTA BARBARA, VENTURA, AND LA, INCLUDING THE SANTA MONICA MTNS AND LOS PADRES FOREST AS DESCRIBED IN THE YEAR 2 SIGNED AGREEMENT. PLEASE REFER TO THE

NAME OF ORGANIZATION OR GOVERNMENT: CONEJO RECREATION & PARK DISTRICT
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 7 THERAPEUTIC RECREATION PROGRAMS - $1000 PEER MENTOR CAMP, $1000 YOUTH SUMMER CAMP, $3000 GRAYSON R. WOLPERT MEMORIAL COLLEGE SCHOLARSHIP, $2500 STARLIGHT BALL, $2000 GRAYSON'S DANCE, $500 RIDE-ON SCHOLARSHIPS, $1500 DJ SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: FOOD SHARE, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: $1,000,000 IN SUPPORT OF THE CAPITAL CAMPAIGN AND $100,000 IN SUPPORT OF OPERATIONAL EXPENSES, UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF FIELD WORKERS, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF DIRECT FINANCIAL ASSISTANCE TO INDIVIDUALS/FAMILIES. FUNDING IS TO BE SPENT WITHIN 6 MONTHS.

NAME OF ORGANIZATION OR GOVERNMENT:
GIRL SCOUTS OF CALIFORNIA'S CENTRAL COAST
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE NEEDS OF ANIMALS IN RESPONSE TO WILDFIRES, INCLUDING BUT NOT LIMITED TO, THE RELOCATION OF HORSES FROM THE VENTURA COUNTY FAIR GROUNDS

NAME OF ORGANIZATION OR GOVERNMENT: GREYFOOT CAT RESCUE
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GENERAL OPERATIONS OF GREYFOOT CAT RESCUE, SOLELY AND EXCLUSIVELY TO PROTECT AND ASSIST ANIMALS. GREYFOOT CAT RESCUE MUST MAINTAIN A NO KILL POLICY.

NAME OF ORGANIZATION OR GOVERNMENT:
HEALTH CARE FOUNDATION FOR VENTURA COUNTY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR BARIATRIC MOBILITY SUPPORT FOR SURGICAL CARE AT VENTURA COUNTY MEDICAL CENTER

NAME OF ORGANIZATION OR GOVERNMENT: HEIFER INTERNATIONAL
(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE REGENERATIVE AGRICULTURE RESEARCH AND TRAINING PROGRAM AT THE HEIFER RANCH CENTER FOR REGENERATION

NAME OF ORGANIZATION OR GOVERNMENT:
HOUSING AUTHORITY OF THE CITY OF SAN BUENAVENTURA
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PETS OF FORMERLY HOMELESS RESIDENTS TRANSITIONING INTO THE VALENTINE ROAD APARTMENTS. FUNDING TO COVER INITIAL VETERINARY EXPENSES, ESSENTIAL SUPPLIES, AND ACCOMMODATIONS FOR PETS, DIRECTLY ADDRESSING THEIR IMMEDIATE NEEDS

NAME OF ORGANIZATION OR GOVERNMENT: HUMANE SOCIETY OF VENTURA COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE HUMANE SOCIETY OF VENTURA COUNTY (HSVC), FOR THE SUPPORT OF CHARITABLE ACTIVITIES, INCLUDING SUPPORT FOR THE HSVC SPAY AND NEUTER PROGRAM, THE OPERATING AND CAPITAL BUDGET AS DEFINED

NAME OF ORGANIZATION OR GOVERNMENT: INTERFACE CHILDREN FAMILY SERVICES
(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF ANNE WHATLEY'S LEADERSHIP AND ROLE ASSOCIATED WITH THE MOUNTAIN FIRE RECOVERY EFFORTS INCLUDING SUPPORT FOR THE NECESSARY RECOVERY INFRASTRUCTURE AND LONG-TERM HOUSING FOR THOSE AFFECTED BY THE FIRE

NAME OF ORGANIZATION OR GOVERNMENT: INTERFACE CHILDREN FAMILY SERVICES
(H) PURPOSE OF GRANT OR ASSISTANCE: $6,500 IN SUPPORT OF THREE CASE MANAGERS TO MEET WITH THE HOUSEHOLDS WITH 211 VENTURA COUNTY & $64,500 FOR DIRECT FINANCIAL SUPPORT FOR THOSE AFFECTED BY THE WILDFIRES

NAME OF ORGANIZATION OR GOVERNMENT: INTERFACE CHILDREN FAMILY SERVICES
(H) PURPOSE OF GRANT OR ASSISTANCE: $510,000 WILL BE USED TO PROVIDE $1,750 IN IMMEDIATE DIRECT FINANCIAL SUPPORT TO 220 HOUSEHOLDS WHERE THE PRIMARY HOME WAS DESTROYED OR SUFFERED MAJOR DAMAGE CAUSED BY THE MOUNTAIN FIRE, AND AN ADDITIONAL $1,000 TO 118 HOUSEHOLDS WHERE A MEMBER HAS ACCESS

NAME OF ORGANIZATION OR GOVERNMENT: INTERFACE CHILDREN FAMILY SERVICES
(H) PURPOSE OF GRANT OR ASSISTANCE: $288,500 IN SUPPORT OF DIRECT FINANCIAL ASSISTANCE TO THE HIGHEST PRIORITY HOUSEHOLDS (E.G., HOME DESTRUCTION/LOSS OR MAJOR DAMAGE) AFFECTED BY THE MOUNTAIN FIRE (ICFS) $28,850 IN SUPPORT OF ICFS ADMINISTRATIVE/INFRASTRUCTURE COSTS FOR DIRECT FINANCIAL SU

NAME OF ORGANIZATION OR GOVERNMENT: LOS PADRES FOREST WATCH
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE EWC FOCUSING ON IMPACTED AREAS OF THE THOMAS, WOOLSEY, AND HILL FIRES IN THE COUNTIES OF SANTA BARBARA, VENTURA, AND LA, INCLUDING THE SANTA MONICA MTNS AND LOS PADRES FOREST AS DESCRIBED IN THE YEAR 2 SIGNED AGREEMENT. PLEASE REFER TO THE

NAME OF ORGANIZATION OR GOVERNMENT: LOS ROBLES CHILDREN'S CHOIR
(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE NEW MUSIC COMMISSION BY JEROD IMPICHCHAACHAAHA' TATE FOR THE SPRING 2026 CONCERT,

Part IV Supplemental Information

AMERICA SINGS

NAME OF ORGANIZATION OR GOVERNMENT: LUCHA, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING TO ORGANIZE COMMUNITY PLATICAS (CONVERSATIONS) AROUND ECE AND EARLY CARE AND GATHER CRITICAL DATA AND INFORMATION THAT WILL RESULT IN STRONGER SYSTEMS OF CARE THAT MORE FULLY REFLECT THE VOICES, VALUES, AND PRIORITIES OF THE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: MESA
(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED FOR THE ORGANIC GARDEN, THE WELLNESS CENTER, OR COMMUNITY PATIO PROJECTS (IN THAT ORDER)

NAME OF ORGANIZATION OR GOVERNMENT:
MIXTECO/INDIGENA COMMUNITY ORG. PROJECT, (MICOP)
(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF DIRECT FINANCIAL ASSISTANCE TO INDIVIDUALS/FAMILIES. FUNDING IS TO BE SPENT WITHIN 6 MONTHS.

NAME OF ORGANIZATION OR GOVERNMENT: MUSEUM OF VENTURA COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF PROGRAMS THAT INCREASE AWARENESS OF, APPRECIATION FOR, AND UNDERSTANDING OF THE REGION'S UNIQUE HISTORY. PROGRAMS INCLUDE BUT NOT LIMITED TO PICTURING THE PAST EXHIBITION

NAME OF ORGANIZATION OR GOVERNMENT: MUSEUM OF VENTURA COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE PERMANENT AND ONGOING FINANCIAL SUPPORT FOR THE MUSEUM OF VENTURA COUNTY'S EXECUTIVE DIRECTOR POSITION

NAME OF ORGANIZATION OR GOVERNMENT: MUSEUM OF VENTURA COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT TO VCMHA FOR THE PURCHASE, MAINTENANCE, AND RESTORATION OF THE MUSEUM'S COLLECTION OF GEORGE STUART'S HISTORICAL FIGURES AND/OR REPAIRS AND IMPROVEMENTS TO THE FRED W. SMITH GALLERY. IF THE NEEDS OF THE PRIMARY PURPOSE ARE MET AND SOME

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 COLLECTIONS MANAGER POSITION

NAME OF ORGANIZATION OR GOVERNMENT: NADINE GRIFFEY ACADEMY OF KENYA
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PAY FOR EXPENSES OF ORPHANED CHILDREN FROM THE SLUM AREAS OF NAIROBI AND ELSEWHERE IN KENYA TO ATTEND PRIVATE BOARDING SCHOOLS IN THE NAIROBI AREA OF KENYA. EXPENSES INCLUDE COST OF TUITION, ROOM AND BOARD, CLOTHING, SCHOOL SUPPLIES, AND SUPERVISION.

NAME OF ORGANIZATION OR GOVERNMENT:
NATE'S PLACE, A WELLNESS AND RECOVERY CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE STIPENDS TO FELLOWS, ENHANCE TRAINING PROGRAMS, AND SUPPORT PROGRAM DEVELOPMENT AND EVALUATION EFFORTS

NAME OF ORGANIZATION OR GOVERNMENT: NEW ART CITY THEATRE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT NEW ART CITY THEATRE'S CURRENT INITIATIVES INCLUDING "A SHOW THAT MAY CHANGE THE WORLD

NAME OF ORGANIZATION OR GOVERNMENT: NEW WEST SYMPHONY ASSOCIATION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ANNUAL SUPPORT FOR THE SALARY ONLY OF THE NEW WEST SYMPHONY'S MUSIC DIRECTOR/CONDUCTOR, SO LONG AS NEW WEST SYMPHONY IS LOCATED IN WEST VENTURA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: NEW WEST SYMPHONY ASSOCIATION
(H) PURPOSE OF GRANT OR ASSISTANCE: REIMBURSEMENT FOR COMPLETION OF AUDITED FINANCIAL STATEMENTS FOR PERIOD ENDING 8/31/2023 BY ALLISON & GIBB CPA

NAME OF ORGANIZATION OR GOVERNMENT: NORMAN COUNTY HISTORICAL SOCIETY
(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE NORMAN COUNTY HISTORICAL SOCIETY BUILDING FUND, IN MEMORY OF MARTINIUS AND OLAVA (MORK) ROCKSTAD; GUST AND PETRA (RAMSTAD) ROCKSTAD; SHIRLEY ROCKSTAD; BURTON AND LORNA (KRAGNES) ROCKSTAD

NAME OF ORGANIZATION OR GOVERNMENT: OJAI MUSIC ACADEMY FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR PRESERVING MEXICAN RANCHERA AND CHUMASH VENTUREO MUSIC THROUGH GROUP ACTIVITIES IN VENTURA COUNTY SCHOOLS

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

NAME OF ORGANIZATION OR GOVERNMENT: OXNARD FIREFIGHTERS FOUNDATION, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR THE PURCHASE OF THREE (3) RETIRED MODULAR-STYLE AMBULANCES TO SUPPORT THE OXNARD EMS CORPS EMT TRAINING PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:
OXNARD PERFORMING ARTS CENTER CORPORATION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE PUBLIC AWARENESS AND COMMUNITY OUTREACH CAMPAIGNS IN KEY STATE PRIORITY AREAS SUCH AS COVID-19 VACCINES AND HARM REDUCTION, WATER CONSERVATION, EXTREME HEAT, AND

NAME OF ORGANIZATION OR GOVERNMENT:
OXNARD PERFORMING ARTS CENTER CORPORATION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE PUBLIC AWARENESS AND COMMUNITY OUTREACH CAMPAIGNS IN KEY STATE PRIORITY AREAS SUCH AS COVID-19 VACCINES AND HARM REDUCTION, WATER CONSERVATION, EXTREME HEAT, AND

NAME OF ORGANIZATION OR GOVERNMENT:
OXNARD PERFORMING ARTS CENTER CORPORATION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE PUBLIC AWARENESS AND COMMUNITY OUTREACH CAMPAIGNS IN KEY STATE PRIORITY AREAS SUCH AS COVID-19 VACCINES AND HARM REDUCTION, WATER CONSERVATION, EXTREME

Part IV Supplemental Information

HEAT, AND

NAME OF ORGANIZATION OR GOVERNMENT: PODER POPULAR
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND OUTREACH
EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE PUBLIC
AWARENESS AND COMMUNITY OUTREACH CAMPAIGNS IN KEY STATE PRIORITY AREAS
SUCH AS COVID-19 VACCINES AND HARM REDUCTION, WATER CONSERVATION, EXTREME
HEAT, AND

NAME OF ORGANIZATION OR GOVERNMENT: PODER POPULAR
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND OUTREACH
EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE PUBLIC
AWARENESS AND COMMUNITY OUTREACH CAMPAIGNS IN KEY STATE PRIORITY AREAS
SUCH AS COVID-19 VACCINES AND HARM REDUCTION, WATER CONSERVATION, EXTREME
HEAT, AND

NAME OF ORGANIZATION OR GOVERNMENT: PODER POPULAR
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND OUTREACH
EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE PUBLIC
AWARENESS AND COMMUNITY OUTREACH CAMPAIGNS IN KEY STATE PRIORITY AREAS
SUCH AS COVID-19 VACCINES AND HARM REDUCTION, WATER CONSERVATION, EXTREME
HEAT, AND

NAME OF ORGANIZATION OR GOVERNMENT: RESCUE MISSION ALLIANCE
(H) PURPOSE OF GRANT OR ASSISTANCE: $2,000 IN SUPPORT OF VENTURA COUNTY
RESCUE MISSION (MEN'S PROGRAM) IN OXNARD. $3,500 IN SUPPORT OF RESCUE
MISSION LIGHTHOUSE (WOMEN'S PROGRAM). $3,500 IN SUPPORT OF LIGHTHOUSE
HUMAN TRAFFICKING RECOVERY (PROGRAM FOR WOMEN & CHILDREN HOUSING).

NAME OF ORGANIZATION OR GOVERNMENT: RIO MESA HIGH SCHOOL
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR UNIFORMS,
GOLF BALLS, TOURNAMENT FEES, AND CLUB BUILDING EQUIPMENT FOR THE RIO MESA
HIGH SCHOOL BOYS GOLF TEAM

NAME OF ORGANIZATION OR GOVERNMENT: SAFE PASSAGE YOUTH FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE EWC FOCUSING ON
IMPACTED AREAS OF THE THOMAS, WOOLSEY, AND HILL FIRES IN THE COUNTIES OF
SANTA BARBARA, VENTURA, AND LA, INCLUDING THE SANTA MONICA MTNS AND LOS
PADRES FOREST AS DESCRIBED IN THE YEAR 2 SIGNED AGREEMENT. PLEASE REFER
TO THE

NAME OF ORGANIZATION OR GOVERNMENT: SANTA BARBARA FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND OUTREACH
EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE PUBLIC
AWARENESS AND COMMUNITY OUTREACH CAMPAIGNS IN KEY STATE PRIORITY AREAS
SUCH AS COVID-19 VACCINES AND HARM REDUCTION, WATER CONSERVATION, EXTREME
HEAT, AND

NAME OF ORGANIZATION OR GOVERNMENT: SANTA BARBARA FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND OUTREACH
EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE PUBLIC
AWARENESS AND COMMUNITY OUTREACH CAMPAIGNS IN KEY STATE PRIORITY AREAS
SUCH AS COVID-19 VACCINES AND HARM REDUCTION, WATER CONSERVATION, EXTREME
HEAT, AND

NAME OF ORGANIZATION OR GOVERNMENT: SANTA BARBARA FOUNDATION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND OUTREACH EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE PUBLIC AWARENESS AND COMMUNITY OUTREACH CAMPAIGNS IN KEY STATE PRIORITY AREAS SUCH AS COVID-19 VACCINES AND HARM REDUCTION, WATER CONSERVATION, EXTREME HEAT, AND

NAME OF ORGANIZATION OR GOVERNMENT: SANTA BARBARA ZOOLOGICAL FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE SANTA BARBARA ZOO CONSERVATION CENTER AT CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS WITH NAMING RIGHT FOR THE NUTRITION CENTER

NAME OF ORGANIZATION OR GOVERNMENT: SANTA MARIA VALLEY YMCA
(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE RISE UP PROGRAM FOR STUDENTS TO ACHIEVE ACADEMIC PROFICIENCY AT THEIR CURRENT GRADE LEVEL AND TO FOSTER AN UNDERSTANDING THAT HIGHER EDUCATION UNLOCKS NUMEROUS OPPORTUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: SANTA MONICA MOUNTAINS FUND
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE EWC FOCUSING ON IMPACTED AREAS OF THE THOMAS, WOOLSEY, AND HILL FIRES IN THE COUNTIES OF SANTA BARBARA, VENTURA, AND LA, INCLUDING THE SANTA MONICA MTNS AND LOS PADRES FOREST AS DESCRIBED IN THE SIGNED AGREEMENT DATED 2/5/2024. PLEASE REFER

NAME OF ORGANIZATION OR GOVERNMENT: SANTA MONICA MOUNTAINS FUND
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE EWC FOCUSING ON IMPACTED AREAS OF THE THOMAS, WOOLSEY, AND HILL FIRES IN THE COUNTIES OF SANTA BARBARA, VENTURA, AND LA, INCLUDING THE SANTA MONICA MTNS AND LOS PADRES FOREST AS DESCRIBED IN THE SIGNED AGREEMENT DATED 2/5/2024. PLEASE REFER

NAME OF ORGANIZATION OR GOVERNMENT: SANTA MONICA MOUNTAINS FUND
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ENVIRONMENTAL WORKFORCE COLLABORATIVE (EWC) FOCUS ON IMPACTED AREAS OF THE THOMAS, WOOLSEY, AND HILL FIRES IN THE COUNTIES OF SANTA BARBARA, VENTURA, AND LA, INCLUDING THE SANTA MONICA MOUNTAINS AND LOS PADRES FOREST, AS DESCRIBED IN THE SI

NAME OF ORGANIZATION OR GOVERNMENT: SANTA MONICA MOUNTAINS FUND
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE EWC FOCUSING ON IMPACTED AREAS OF THE THOMAS, WOOLSEY, AND HILL FIRES IN THE COUNTIES OF SANTA BARBARA, VENTURA, AND LA, INCLUDING THE SANTA MONICA MTNS AND LOS PADRES FOREST AS DESCRIBED IN THE YEAR 2 SIGNED AGREEMENT. PLEASE REFER TO THE

NAME OF ORGANIZATION OR GOVERNMENT: SANTA PAULA ART MUSEUM
(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE OPERATING BUDGET OF THE SANTA PAULA MUSEUM OF ART, AT ITS CURRENT AND ANY OTHER FUTURE VENUE

NAME OF ORGANIZATION OR GOVERNMENT: SANTA PAULA CHAMBER OF COMMERCE
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE SANTA PAULA CHAMBER OF COMMERCE'S PHASE TWO FOCUSED WORKPLAN TO ADVANCE ISABELLA PROJECT SANTA PAULA ROADMAP IMPLEMENTATION STRATEGIES

NAME OF ORGANIZATION OR GOVERNMENT: SECURE BEGINNINGS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF PARENT EDUCATION &
PLAY-BASED CLASSES WITH SLIDING SCALE SCHOLARSHIPS TO BENEFIT THE YOUTH
OF OAK VIEW, CALIFORNIA

NAME OF ORGANIZATION OR GOVERNMENT:
ST. JOHN'S HEALTHCARE FOUNDATION, OXNARD & PLEASANT VALLEY
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR ENHANCING
AIRWAY SAFETY: GLIDESCOPE EQUIPMENT FOR ST. JOHN'S HOSPITAL CAMARILLO

NAME OF ORGANIZATION OR GOVERNMENT: STANFORD UNIVERSITY
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL SUPPORT FOR
STANFORD STUDENTS FROM VENTURA COUNTY, SEE ATTACHED LETTER FOR
ELIGIBILITY GUIDELINES

NAME OF ORGANIZATION OR GOVERNMENT: TEMPLE ADAT ELOHIM
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR THE
REPLACEMENT OF THE OUTDATED PLAYGROUND FOR THE EARLY CHILDHOOD CENTER AND
TO REMEDY ONGOING DRAINAGE ISSUES IN THE PLAYGROUND YARD.

NAME OF ORGANIZATION OR GOVERNMENT: TEMPLE ADAT ELOHIM
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR THE
REPLACEMENT OF THE OUTDATED PLAYGROUND FOR THE EARLY CHILDHOOD CENTER AND
TO REMEDY ONGOING DRAINAGE ISSUES IN THE PLAYGROUND YARD

NAME OF ORGANIZATION OR GOVERNMENT: TEMPLE BETH TORAH
(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF CONFERENCES HELD BY
THE INTERFAITH MINISTERIAL ASSOCIATION INCLUDING THE WOMEN OF VISION
CONFERENCE

NAME OF ORGANIZATION OR GOVERNMENT:
THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND OUTREACH
EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE PUBLIC
AWARENESS AND COMMUNITY OUTREACH CAMPAIGNS IN KEY STATE PRIORITY AREAS
SUCH AS COVID-19 VACCINES AND HARM REDUCTION, WATER CONSERVATION, EXTREME
HEAT, AND

NAME OF ORGANIZATION OR GOVERNMENT:
THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND OUTREACH
EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE PUBLIC
AWARENESS AND COMMUNITY OUTREACH CAMPAIGNS IN KEY STATE PRIORITY AREAS
SUCH AS COVID-19 VACCINES AND HARM REDUCTION, WATER CONSERVATION, EXTREME
HEAT, AND

NAME OF ORGANIZATION OR GOVERNMENT:
THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND OUTREACH
EFFORTS TO COORDINATE CALIFORNIA'S MOST IMPORTANT STATEWIDE PUBLIC
AWARENESS AND COMMUNITY OUTREACH CAMPAIGNS IN KEY STATE PRIORITY AREAS
SUCH AS COVID-19 VACCINES AND HARM REDUCTION, WATER CONSERVATION, EXTREME
HEAT, AND

NAME OF ORGANIZATION OR GOVERNMENT:
THE RONALD REAGAN PRESIDENTIAL FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF GENERAL CHARITABLE

Part IV Supplemental Information

PURPOSES FOR THE RONALD REAGAN PRESIDENTIAL LIBRARY & UNRESTRICTED USE

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, AND PREFERABLY IN THE CITY OF CAMARILLO

NAME OF ORGANIZATION OR GOVERNMENT:
TOTALLY LOCAL VC AGRICULTURAL EDUCATION FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF TOTALLY LOCAL VC FUNDING OF THE LOCAL LOVE PROJECT TO PROVIDE REBUILDING RESOURCES WORKSHOPS

NAME OF ORGANIZATION OR GOVERNMENT: UNITED POLICYHOLDERS
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT HOUSEHOLDS AFFECTED BY THE MOUNTAIN FIRE THROUGH PROGRAMS LIKE THEIR ROADMAP TO RECOVERY, PERSONALIZED INSURANCE CLAIM COUNSELING, AND TAILORED WORKSHOPS

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SOUTHERN CALIFORNIA
(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE DEPARTMENT OF COMPARATIVE LITERATURE STUDENT-LED INITIATIVES FUND, ACCOUNT GF1908070, USC DORNSIFE ADVANCEMENT

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

NAME OF ORGANIZATION OR GOVERNMENT: VENTURA COMMUNITY PARTNERS FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE GRANT TO VENTURA COMMUNITY PARTNERS FOUNDATION, FOR THE SUPPORT OF THE CHARITABLE OR EDUCATIONAL PURPOSES OF THE ORGANIZATION AS DEFINED IN ITS ARTICLES OF INCORPORATION

NAME OF ORGANIZATION OR GOVERNMENT:
VENTURA COUNTY AIR POLLUTION CONTROL DISTRICT
(H) PURPOSE OF GRANT OR ASSISTANCE: $25,000 TO PROVIDE FUNDING FOR VENTURA BOTANICAL GARDENS TOWARDS THE PURCHASE OF AN EV TRUCK TO REPLACE USAGE OF STAFF'S GAS-POWERED VEHICLES & $27,333 FOR COUNTY OF VENTURA SUSTAINABILITY DIVISION TOWARDS THE PURCHASE OF AIR PURIFIERS FOR LOCAL SCHOOL'S

NAME OF ORGANIZATION OR GOVERNMENT: VENTURA COUNTY CIVIC ALLIANCE
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PREPARATION, PUBLICATION, AND DISTRIBUTION OF THE 2025 STATE OF THE REGION REPORT AND BE RECOGNIZED AS A RESEARCH SPONSOR

NAME OF ORGANIZATION OR GOVERNMENT: VENTURA COUNTY LIBRARY FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE OAK VIEW LIBRARY & SUMMER ART GAMES TO BENEFIT THE YOUTH OF OAK VIEW, CALIFORNIA

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. THIS IS THE 1ST OF 2 GRANT PAYMENTS. CODE:

Part IV Supplemental Information

1912-2050-900-900-207025

NAME OF ORGANIZATION OR GOVERNMENT: VENTURA REGIONAL FIRE SAFE COUNCIL
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE EWC FOCUSING ON IMPACTED AREAS OF THE THOMAS, WOOLSEY, AND HILL FIRES IN THE COUNTIES OF SANTA BARBARA, VENTURA, AND LA, INCLUDING THE SANTA MONICA MTNS AND LOS PADRES FOREST AS DESCRIBED IN THE YEAR 2 SIGNED AGREEMENT. PLEASE REFER TO THE

NAME OF ORGANIZATION OR GOVERNMENT: WESTMINSTER FREE CLINIC
(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF BRIDGING GAPS IN CARE: PREVENTING & MANAGING CHRONIC DISEASES IN VENTURA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: WESTMINSTER FREE CLINIC
(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF FREE HEALTH, MENTAL HEALTH, AND PREVENTION SERVICES FOR LOW-INCOME COMMUNITY MEMBERS IN NEED. FUNDING IS TO BE SPENT WITHIN 6 MONTHS.

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN'S ECONOMIC VENTURES
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR UNRESTRICTED FUNDING IN SUPPORT OF WEV'S CAPACITY BUILDING AND ORGANIZATION STRENGTHENING EFFORTS

SCHEDULE J (Form 990)

(Rev. December 2024)

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

Open to Public Inspection

Name of the organization

VENTURA COUNTY COMMUNITY FOUNDATION

Employer identification number

77-0165029

Part I Questions Regarding Compensation

		Yes	No
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.		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use		
	☐ Travel for companions ☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account ☐ 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 **1b**		
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? **2**		
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.		
	☐ Compensation committee ☐ Written employment contract		
	☐ Independent compensation consultant ☒ Compensation survey or study		
	☐ Form 990 of other organizations ☒ 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? **4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement? **4c**		X
	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? **5a**		X
b	Any related organization? **5b**		X
	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? **6a**		X
b	Any related organization? **6b**		X
	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 **7**	X	
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 **8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

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	(i)	301,945.	55,000.	0.	18,003.	7,732.	382,680.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BONITA GILLES	(i)	250,750.	37,500.	0.	17,475.	839.	306,564.	0.
VICE-PRESIDENT AND CFOO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL SILACCI	(i)	194,300.	28,860.	0.	12,428.	798.	236,386.	0.
CHIEF PHILANTHROPIC OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TRACY TAGAWA	(i)	160,352.	23,625.	0.	12,326.	10,246.	206,549.	0.
CHIEF COMPLIANCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open to Public Inspection

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	44	1,629,935.	PUBLICLY TRADED EXCHANGE
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 ( )				

				Yes	No
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	14		
30a	During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a			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?	31		X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a			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.				

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.

SCHEDULE O (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

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, 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 WWW.VCCF.ORG.

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

CHANGE IN VALUE OF SPLIT INTEREST TRUSTS	-361,704.
CHANGE IN VALUE OF INTEREST RATE SWAP	45,496.
ADJUSTMENT FOR CASO CUSTODIAL ACCOUNT	1,403,021.
TOTAL TO FORM 990, PART XI, LINE 9	1,086,813.

SCHEDULE R (Form 990)
(Rev. January 2025)
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

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	1,576,116.	9,303,180.	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	(g) No
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	

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No
CHARITABLE REMAINDER UNITRUST - 33-6903468 4001 MISSION OAKS BLVD., SUITE A CAMARILLO, CA 93012	CHARITABLE REMAINDER UNITRUST	CA	N/A	TRUST	N/A	N/A	N/A		X

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

			Yes	No
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?				
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**			X
b Gift, grant, or capital contribution to related organization(s)	**1b**			X
c Gift, grant, or capital contribution from related organization(s)	**1c**			X
d Loans or loan guarantees to or for related organization(s)	**1d**			X
e Loans or loan guarantees by related organization(s)	**1e**			X
f Dividends from related organization(s)	**1f**			X
g Sale of assets to related organization(s)	**1g**			X
h Purchase of assets from related organization(s)	**1h**			X
i Exchange of assets with related organization(s)	**1i**			X
j Lease of facilities, equipment, or other assets to related organization(s)	**1j**			X
k Lease of facilities, equipment, or other assets from related organization(s)	**1k**			X
l Performance of services or membership or fundraising solicitations for related organization(s)	**1l**			X
m Performance of services or membership or fundraising solicitations by related organization(s)	**1m**			X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**			X
o Sharing of paid employees with related organization(s)	**1o**			X
p Reimbursement paid to related organization(s) for expenses	**1p**			X
q Reimbursement paid by related organization(s) for expenses	**1q**			X
r Other transfer of cash or property to related organization(s)	**1r**			X
s Other transfer of cash or property from related organization(s)	**1s**			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)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Part VII Supplemental Information

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