efile Public Visual Render ObjectId: 202342439349300334 - Submission: 2023-08-31

TIN: 77-0312582 OMB No. 1545-0047

Form **990** 

Department of the Treasury

## **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 <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

2021

Open to Public Inspection

Internal	Revenue Service						
A F	or the 2021 c	alendar year, or tax year beginning 11-01-2021 , and endi	ng 10-31-2	2022			
O Ad	ck if applicable: dress change me change	C Name of organization COMMUNITY FOUNDATION FOR SAN BENITO COUNTY			<b>D Employer id</b> 77-031258		cation number
O Ini	tial return	Doing business as					
_	al return/terminated				E Telephone nu	umber	
	ended return plication pending	Number and street (or P.O. box if mail is not delivered to street address) 440 SAN BENITO STREET	Room/suite		·		
— Ap	plication pending				(831) 630-	1924	
		City or town, state or province, country, and ZIP or foreign postal code HOLLISTER, CA 95023			<b>G</b> Gross receip	ıtc \$ 13	641 359
		F Name and address of principal officer:	1.	(a) Is this	a group return		041,333
		GARY BYRNE	'		dinates?	1 101	□Yes ✓No
		440 SAN BENITO STREET HOLLISTER, CA 95023			subordinates		_
I Tax	-exempt status:		) 537	includ		Coo in	Yes No
7 147	-b-it 14/14		J 527		"," attach a list. exemption nu		
J W	edsite: VVV	VW.CFFSBC.ORG		( ) Group	exemption na	iibei p	
<b>K</b> Forn	o of organization	: 🗸 Corporation 🗌 Trust 🗀 Association 🗀 Other 🕨	L	Year of forma	tion: 1992 <b>M</b>	State o	f legal domicile: CA
K FOIT	ii oi organization	. Corporation of flust of Association of Other					
Pa	rt I Sum	mary	1		•		
		scribe the organization's mission or most significant activities: A PERMANENT ENDOWMENT TO PROVIDE GRANTS AND ASSISTAN	ICE TO DEV	TIOD AND (	STRENGTHEN I	OCAL	NON DROET
æ		A PERMANENT ENDOWMENT TO PROVIDE GRANTS AND ASSISTAN ATIONS IN SAN BENITO COUNTY	NCE TO DEV	ELOP AND S	SIKENGIHEN L	.UCAL	NON-PROFIT
ũ							
Ĕ							
Ŏ.	2 Check th	is hov ▶ □					
5		of voting members of the governing body (Part VI, line 1a)				3	17
S	4 Number	<u>-</u>	4	17			
Activities & Governance	5 Total nun	nber of individuals employed in calendar year 2021 (Part V, line 2a	•	5	8		
ŧ	6 Total nun	nber of volunteers (estimate if necessary)	•	6	66		
Ø	7a Total unr		7a	0			
	<b>b</b> Net unre	lated business taxable income from Form 990-T, Part I, line 11 $$ .				7b	0
				Pric	or Year	(	Current Year
g <sub>0</sub>	8 Contribut	tions and grants (Part VIII, line 1h)			11,183,083		13,224,313
Revenue	<b>9</b> Program	service revenue (Part VIII, line 2g)			0		0
ě	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d )			904,476		368,231
ш	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			182,642		2,138
	12 Total rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), lin	e 12)		12,270,201		13,594,682
	13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3 )			2,150,225		5,176,386
	<b>14</b> Benefits	paid to or for members (Part IX, column (A), line 4)			0		0
98	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines	5-10)		341,730		407,801
Expenses	<b>16a</b> Professio	onal fundraising fees (Part IX, column (A), line 11e)			0		0
ф	<b>b</b> Total fundi	raising expenses (Part IX, column (D), line 25) 149,248					
Δ		penses (Part IX, column (A), lines 11a-11d, 11f-24e)			233,511		549,920
	18 Total exp	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)			2,725,466		6,134,107
	<b>19</b> Revenue	less expenses. Subtract line 18 from line 12			9,544,735		7,460,575
or es				Beginning	of Current Year		End of Year
Net Assets or Fund Balances						<u> </u>	
Bal		ets (Part X, line 16)			31,134,359		35,557,098
and a		ilities (Part X, line 26)			629,283	<u> </u>	574,231
24	22 Net asset	ts or fund balances. Subtract line 21 from line 20			30,505,076	1	34,982,867

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

	- I					2023-08-31	
Sign	Sig	gnature of officer				Date	_
Here	G/-	ARY BYRNE PRESIDENT/CEO					
	Тур	pe or print name and title	15		To .	I law	
Daid	1	Print/Type preparer's name	Preparer's si	gnature	Date		.N 0696626
Paid	oarer	Firm's name NOVOGRADAC &	COMPANY LLP			self-employed Firm's EIN 94-31	08253
	Only	Final address 1425 N MCDOWE	CLL BLVD CUITE 350			(445) 22	2.5422
	•	Firm's address ► 1435 N MCDOWE				Phone no. (415) 22	3-6130
	TDC II	PETALUMA, CA S				<u> </u>	✓ Yes □ No
		cuss this return with the preparer  Reduction Act Notice, see the	-	•		No. 11282Y	Form <b>990</b> (2021
	<b></b>			<b></b>	Cat. I	10. 112021	101111 990 (2021)
				— Page 2 ———			
Form	990 (2021)	1					
Par	` '	atement of Program Servi	ice Accomplish	ments			Page 2
i ui		eck if Schedule O contains a resp	-				
1		scribe the organization's mission:		y mie m emo i air m i			
		FOUNDATION FOR SAN BENITO				OMMUNITY AND EN	IHANCING THE QUALITY
OF LIF	E IN SAN	BENITO COUNTY THROUGH THE	SUPPORT OF PHIL	ANTHROPIC ACTIVITIE	:5.		
2	Did the or	ganization undertake any signific	cant program servi	ces during the year wh	nich were not lis	sted on	
	the prior F	form 990 or 990-EZ?					🗆 Yes 🛂 No
		escribe these new services on So					
3		ganization cease conducting, or i	make significant ch	langes in how it condu	ıcts, any progra	m	O
	services?						U Yes 🔽 No
4		escribe these changes on Schedu		6 1 67 11			
		he organization's program servic 01(c)(3) and 501(c)(4) organizat					
	and reven	ue, if any, for each program serv	vice reported.	·			• •
4a	(Code:	) (Expenses \$	5,569,510	including grants of \$	5,176,386	5 ) (Revenue \$	2,138 )
	PROVIDED (	GRANT ASSISTANCE TO VARIOUS EDU	JCATIONAL, YOUTH, S	ENIOR, AND COMMUNITY	SERVICES		
4b	(Code:	) (Expenses \$		including grants of \$		) (Revenue \$	)
4c	(Code:	) (Expenses \$		including grants of \$		) (Revenue \$	)
4d	Other pro	gram services (Describe in Sched	dule O.)				
-	(Expenses	-	cluding grants of \$		) (Revenue s	\$	)
4e	Total pro	gram service expenses▶	5,569,51	)			

——— Page 3 —

Form 990 (2021) Page **3** 

Par	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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐	2	Yes	
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
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	Yes	
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		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	8		
8	complete Schedule D, Part III 🕵	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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 2	11b	Yes	
	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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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	Yes	
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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	21	Yes	

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

Form **990** (2021)

– Page 4 –

	990 (2021)			Page
Pai	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,	22	res	No
23	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>			No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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 $2 \cdot \cdot \cdot$	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 18			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			I

-		1 1	Ţ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	
		F	orm <b>99</b>	<b>0</b> (2021)

Form 990 (2021) Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) 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 **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Yes **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? . 3a No If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O . 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a No financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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 Nο **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? No 5b 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 No solicit any contributions that were not tax deductible as charitable contributions? . . . If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were 6h 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a No **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7c No **d** If "Yes," indicate the number of Forms 8282 filed during the year . . . . 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . 7f No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h 1098-C? . Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 No sponsoring organization have excess business holdings at any time during the year? . . . . . . . . Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? . . . . . No b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9h No 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 . 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders . 11a Gross income from other sources. (Do not net amounts due or paid to other sources 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. 12h Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? . 13a **Note.** See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans . . . . .

Enter the amount of reserves on hand .

0/3 1/2	Goriffich Country - Guildation of Gail Bernio Country - Lui Filling-Nonprolit Explorer - Fi	OI UDII	Ja	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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?	15		No
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		No
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.		orm <b>99</b>	<b>n</b> (2021
		Г	01111 <b>99</b>	<b>U</b> (2021
	Page 6 —			
	Tage 0			
orm	990 (2021)			Page <b>6</b>
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	-		<b>✓</b>
Se	ction 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 17			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $\cdot$	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	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		No
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
_	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
<u>Se</u>	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.) <b>Yes</b>	No
102	Did the organization have local chapters, branches, or affiliates?	10a	res	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			140
	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b		
	form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
тьа	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		No

10/21/2	.4, 12:14 PM	Community Foundation Of San Benito County - Full Filing- Nonprofit Expl	oror ProPublica	
	If "Yes," did the organizin joint venture arrange	zation follow a written policy or procedure requiring the organization to evaluate its partic ements under applicable federal tax law, and take steps to safeguard the organization's except arrangements?	ipation	
Se	ction C. Disclosure			
17	List the states with which	ich a copy of this Form 990 is required to be filed CA		
18		an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (s ble for public inspection. Indicate how you made these available. Check all that apply.	ection	
	✓ Own website	Another's website 🔽 Upon request 🔲 Other (explain in Schedule O)		
19			rest	
20			rds:	
			For	rm <b>990</b> (2021)
		Page 7		
Form	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records:  GARY BYRNE 440 SAN BENITO STREET HOLLISTER, CA 95023 (831) 630-1924			Page <b>7</b>
Pari	•	, , , , , , , , , , , , , , , , , , , ,	d Employees,	,
	Check if Schedu	lle O contains a response or note to any line in this Part VII		$\square$
Se	ction A. Officers, Di	irectors, Trustees, Key Employees, and Highest Compensated Employe	es	
10.00	malata this table for all	persons required to be listed. Deport compensation for the calendar year ending with or		zation's tax

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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	pers and	an on on is	e bo botl ecto	t che ox, u h an or/tr	nless office ustee	er )	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	related organizations	
(1) VINCE BRIGANTINO DIRECTOR	1.00	Х						0	0	0	
(2) ALAN CLARK SECRETARY	2.00	Х		х				0	0	0	
(3) DAMON FELICE DIRECTOR	2.00	х						0	0	0	
(4) MARILYN FERREIRA PAST CHAIR	2.00	х		х				0	0	0	
(5) PHIL FORTINO DIRECTOR	2.00	х						0	0	0	
(6) MIKE GRACE CFO/TREASURER	2.00	х		х				0	0	0	
(7) FERNANDO GONZALEZ CHAIR	10.00	Х		х				0	0	0	

10/31/24, 12:14 PM	Community Found	dation (	Of San E	enit	o Coun	ıty -	Full Filing- Nonprof	it Explorer - ProPul	olica
(8) DOHN LARSON	∠.∪∪			1	1	l	_	_	_
DIRECTOR		Х					0	0	0
(9) MICKIE SOLORIO LUNA	1.00	Х					0	0	0
DIRECTOR		^						0	U
(10) BEVERLEY MEAMBER	2.00						0	0	-
DIRECTOR		Х						0	0
(11) REBECCA MEDEIROS WOLF	12.00						0	0	0
VICE CHAIR		Х	) ×					0	0
(12) BRENT REDMOND	2.00						0	0	-
DIRECTOR		Х						0	0
(13) ALLISON ROHNERT	2.00						0	0	0
DIRECTOR		Х					o o	· ·	U
(14) BILL TIFFANY	2.00	Х					0	0	0
DIRECTOR		^					0	0	U
(15) KATHLEEN SHERIDAN	2.00						0	0	0
DIRECTOR		Х						0	U
(16) CHANG SO	10.00						0	0	0
VICE CHAIR		Х	) ×	٠				0	0
(17) GARY BYRNE	40.00						162.005	0	25.217
PRESIDENT/CEO			) ×				163,005	0	35,317
	•		•	_	-	•	•		=(2221)

Form **990** (2021)

- Page 8

Form 990 (2021)

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

<b>(A)</b> Name and title	<b>(B)</b> Average	Positio	on (d	(C) o not	che	eck mo	ore	<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week (list any hours	is b	than one box, unless person is both an officer and a director/trustee)					compensation from the organization (W- 2/1099-	compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	related organizations

/24, 12:14 PM		Con	nmunity Foundation Of	San Benito Coun	ty - Full Filing- Nonp	rofit Explorer - ProP	ublica
ž .		_					
Ď							
=							
<u></u>							
f All other progran							
9 Total. Add lines				T			Ī
<b>3</b> Investment incom similar amounts)			erest, and other	305,530			305
4 Income from inve	stmen	t of tax-exempt bon	d proceeds				
<b>5</b> Royalties			<b>•</b>				
		(i) Real	(ii) Personal				
<b>6a</b> Gross rents	6a	2 120					
<b>b</b> Less: rental	- Oa	2,138					
expenses	6b	0					
c Rental income							
or (loss)	6с	,		2.420		i:	
<b>d</b> Net rental incon	ne or (			2,138	2,138		
	1,	(i) Securities	(ii) Other				
<b>7a</b> Gross amount from sales of	7a	22,888	86,490				
assets other than inventory							
<b>b</b> Less: cost or	7b		16.677				
other basis and sales expenses	'"	0	46,677				
c Gain or (loss)	, 7c	,	39,813	62 704		ii	
d Net gain or (loss			• • • •	62,701			62
/	runuran	of					
contributions report See Part IV, line 18  b Less: direct expe		ine 1c).					
See Fait IV, line It		8a					
			tc.				
L Net income or (it	)55) III	om fundraising ever					
Gross income fron	n gami	ng activities.					
See Part IV, line 1	9.	9a					
<b>b</b> Less: direct expe	nses	9b					
<b>c</b> Net income or (lo	oss) fro	om gaming activities	· · •				
10-0							
10aGross sales of in- returns and allov	rencor rances	ry, less 5 • • 10a					
<b>b</b> Less: cost of goo	ds sol						
_		ے ــــــــــــــــــــــــــــــــــــ	· •				
Miscellan			Business Code				
11a		ĺ					
b							
C							
<b>d</b> All other revenue		I_				F	
e Total. Add lines	11a-1	.1d	• • •				
10	See in	structions		13,594,682	2,138	0	368

— Page 10 —

Form 990 (2021) Page **10** 

	Check if Schedule O contains a response or note to an	y line in this Part IX	<u> </u>		$\Box$
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,176,386	5,176,386	5	, , , , , , ,
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
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	163,005	91,408	53,804	17,793
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	201,753	113,136	66,593	22,024
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	14,426	8,090	4,761	1,575
10	Payroll taxes	28,617	16,047	9,446	3,124
11	Fees for services (non-employees):				
a	Management				
Ŀ	Legal	420		420	
c	Accounting	31,145		31,145	
c	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	63,967	22,470	41,497	
12	Advertising and promotion	25,036	25,036		
13	Office expenses	77,243		77,243	
14	Information technology				
	Royalties				
	Occupancy	11,370		11,370	
	Travel	•			
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	197,246		197,246	
	Insurance	8,772		8,772	
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a EVENTS & EDUCATION	126,292	116,937	9,320	35
	b HOSPITALITY	7,119		2,422	4,697
	c LOSS ON DISPOSAL OF FIX	1,310		1,310	
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,134,107	5,569,510	515,349	49,248
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined				

Form **990** (2021)

———— Page 11 —

Form 990 (2021)	Page 1:
	rage ±

Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any lin	e in this Part IX			$\square$
		Chock in Schooland & Contains a responde of his			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			10,478,381	1	15,614,024
	2	Savings and temporary cash investments .		📙		2	
	3	Pledges and grants receivable, net	edges and grants receivable, net				
	4	Accounts receivable, net			208	4	0
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial conti			5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$ ), and persons described in section $4958(f)(1)$				6	
S	7	Notes and loans receivable, net			125,000	7	72,599
ssets	8	Inventories for sale or use				8	
Ass	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	6,746,819			
	ь	Less: accumulated depreciation	10b	197,015	4,678,344	10c	6,549,804
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, line	11		15,242,801	12	13,320,671
	13	Investments—program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	🟲	609,625	15	0	
	16	Total assets. Add lines 1 through 15 (must eq		31,134,359	16	35,557,098	
	17	Accounts payable and accrued expenses			47,850	17	30,396
	18	Grants payable			81,740	18	23,000
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete F	Part IV of Sc	hedule D		21	
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons .	butor, or 35	% controlled entity		22	
Ï	23	Secured mortgages and notes payable to unrela	ited third pa	erties		23	
	24	Unsecured notes and loans payable to unrelated		-		24	
	25	Other liabilities (including federal income tax, pand other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ayables to r		499,693	25	520,835
	26	<b>Total liabilities.</b> Add lines 17 through 25 .			629,283	26	574,231
Assets or Fund Balances		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.		▶ ✓ and			
ala	27	Net assets without donor restrictions			15,521,513	27	27,249,860
9	28	Net assets with donor restrictions			14,983,563	28	7,733,007
Fun		Organizations that do not follow FASB ASC 958, check here $ ightharpoonup$ and complete lines 29 through 33.					
0	29	Capital stock or trust principal, or current funds		<u> </u>		29	
ets	30	Paid-in or capital surplus, or land, building or ec		30			
455	31	Retained earnings, endowment, accumulated in	come, or otl	her funds		31	_
Net /	32	Total net assets or fund balances			30,505,076	32	34,982,867
ž	33	Total liabilities and net assets/fund balances .			31,134,359	33	35,557,098

Form 990 (2021) Page **12** 

Par	rt XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<b>✓</b>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,594,682
2	Total expenses (must equal Part IX, column (A), line 25)	2			,134,107
3	Revenue less expenses. Subtract line 2 from line 1	3			,460,575
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			,505,076
5	Net unrealized gains (losses) on investments	5		-2	,923,913
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-58,871
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		34	,982,867
Par	rt 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:				
	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		No
	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	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	✓ 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	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule C	).		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	ngle	3-		N-
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	irod	3a		No
	audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	iieu	3b		
			ŀ	orm <b>99</b>	<b>0</b> (2021)
	990 (2021)		_		
Ad	lditional Data		Retur	n to Fo	rm
	Software ID:				

**Software Version:** 

Form 990. Special Condition Description:

efile Public Visual Render

ObjectId: 202342439349300334 - Submission: 2023-08-31

TIN: 77-0312582

### 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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

non to Bubli

Inspection

Name of the organization

COMMUNITY FOUNDATION FOR

SAN BENITO COUNTY

Peacon for Public Charity Status (All organizations must complete this part.) See instructions

_		D	Olassik Ot :	(All : : : : : :		L - 11:- · · · · · · ·	77 0512502				
	rt I organiz	Reason for Public ation is not a private four					see instructions.				
1		A church, convention of	churches, or as	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).				
2		A school described in <b>se</b>	ction 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)					
3		A hospital or a cooperat	ve hospital ser	vice organization desci	ribed in <b>section</b>	170(b)(1)(A)(	iii).				
4		A medical research organame, city, and state:	nization operat	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's			
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II.)									
6		A federal, state, or local			scribed in <b>sectio</b>	on 170(b)(1)(A	()(v).				
7	<b>✓</b>	An organization that nor section 170(b)(1)(A)			s support from a	governmental u	init or from the genera	al public described in			
8		A community trust descri	ibed in <b>sectio</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)					
9		An agricultural research non-land grant college of						ege or university or a			
10		An organization that nor from activities related to investment income and 30, 1975. See <b>section</b> !	its exempt fur unrelated busin	nctions—subject to cert less taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its su	ipport from gross			
11		An organization organize	ed and operated	d exclusively to test for	r public safety. S	ee <b>section 509</b>	(a)(4).				
12		An organization organize more publicly supported on lines 12a through 12	organizations (	described in section 5	09(a)(1) or sec	ction 509(a)(2	). See <b>section 509(</b> a				
а		Type I. A supporting or organization(s) the power complete Part IV, Sec	ganization oper er to regularly a	rated, supervised, or coappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	giving the supported nization. <b>You must</b>			
b		Type II. A supporting o management of the sup must complete Part IV	rganization sup porting organiz	ervised or controlled in ation vested in the sar							
С		Type III functionally supported organization(	ntegrated. A	supporting organizatio				ted with, its			
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satis	fy a distribution i	requirement and					
e		Check this box if the orgintegrated, or Type III n	anization recei	ved a written determir	nation from the II		pe I, Type II, Type III	functionally			
f	Enter	the number of supported	organizations				<u> </u>				
g	Provi	de the following informati	on about the su	upported organization(							
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))				(vi) Amount of other support (see instructions)			
					Yes	No					
	•										
Tota	1										
For F	Paperv	work Reduction Act Not or 990-EZ.	ice, see the I	nstructions for	Cat. No. 11285	5F	Schedule	A (Form 990) 2021			
. 5											
				Pa	ge 2 ———						
Sche	dule A	(Form 990) 2021						Page <b>2</b>			
Pa	rt II			zations Described ne box on line 5, 7,				L)(A)(vi)			

Section A. Public Support

If the organization failed to qualify under the tests listed below, please complete Part III.)

	1/24, 12:14 PM	Community Fo	oundation Of San I	Benito County - Fu	II Filing- Nonprofit	Explorer - ProPubl	ica
(о	r fiscal year beginning in) Gifts, grants, contributions, and	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	membership fees received. (Do not include any "unusual grant.")	8,373,974	3,586,796	13,661,989	11,122,722	13,225,188	49,970,669
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						
4	the organization without charge <b>Total.</b> Add lines 1 through 3	8,373,974	3,586,796	13,661,989	11,122,722	13,225,188	49,970,669
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)						36,281,274
6	Public support. Subtract line 5 from line 4.						13,689,395
	Section B. Total Support		<u> </u>	<u> </u>	1		
	r fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	( <b>d</b> ) 2020	<b>(e)</b> 2021	(f) Total
7	Amounts from line 4	8,373,974	3,586,796	13,661,989	11,122,722	13,225,188	49,970,669
8	dividends, payments received on securities loans, rents, royalties and income from similar sources.	208,985	659,715	238,447	261,311	305,530	1,673,988
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	41,751	41,678	14,886	240,314		338,629
11	<b>Total support.</b> Add lines 7 through 10						51,983,286
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	40,146
13	First 5 years. If the Form 990 is for t	-			•		ization, check
	this box and <b>stop here</b>					▶□	_
	Section C. Computation of Public						
14		, , ,	•	. ,,		14	26.330 %
15	Public support percentage for 2020 Sci					15	28.320 %
16	33 1/3% support test—2021. If the and stop here. The organization quali						
ŀ	33 1/3% support test—2020. If the						
	box and <b>stop here.</b> The organization a <b>10%-facts-and-circumstances test</b> and if the organization meets the "fact	qualifies as a pul — <b>2021.</b> If the or	olicly supported or ganization did not	ganization check a box on li	 ne 13, 16a, or 16b		▶ □ % or more,
Ŀ	meets the "facts-and-circumstances" t	est. The organiza	tion qualifies as a organization did no	publicly supported ot check a box on l	d organization line 13, 16a, 16b, e		▶ <mark>✓</mark> 5 is 10% or
	more, and if the organization meets t meets the "facts-and-circumstances"		•		•		_
18	<b>Private foundation.</b> If the organization instructions	on did not check a	a box on line 13, 1	l6a, 16b, 17a, or 1	17b, check this box	and see	
							orm 990) 2021
_			Page 3				
	nedule A (Form 990) 2021						Page <b>3</b>
	Part III Support Schedule for					d to qualify und	or Dort II If
	(Complete only if you the organization fails						er Part II. II
_	Section A. Public Support	to quality ariae	T the tests listed	below, picase (	complete rait II.		
Ca	lendar year	(a) 2017	<b>(b)</b> 2018	(c) 2019	( <b>d</b> ) 2020	(e) 2021	(f) Total
(o 1	r fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not	(4) 2017	(3) 2010	(6) 2013	(4) 2020	(6) 2021	(i) iotai
_	include any "unusual grants.") .			1			<u> </u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the						
3		9	1				
_	not an unrelated trade or business under section 513		1				

10/31/	24, 12:14 PM	Community For	undation Of San E	Benito County - F	ull Filing- Nonprofit I	Explorer - ProPul	blica		
4	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	_							
6	the organization without charge <b>Total.</b> Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons Amounts included on lines 2 and 3								
D	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
С	Add lines 7a and 7b								
8	<b>Public support.</b> (Subtract line 7c from line 6.)								
Se	ection B. Total Support	<u>l</u>	II.	I	L				
	endar year	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(6)	Total	
	fiscal year beginning in) 🟲	(a) 2017	(B) 2018	(6) 2019	(d) 2020	(e) 2021	(1)	iotai	
9 10a	Amounts from line 6 Gross income from interest,								
104	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.	1							
С	Add lines 10a and 10b.								
11	Net income from unrelated business activities not included on line 10b,								
	whether or not the business is								
42	regularly carried on. Other income. Do not include gain or								
12	loss from the sale of capital assets								
42	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,								
13	11, and 12.)								
14	First 5 years. If the Form 990 is for t	_			•		_		
	this box and <b>stop here</b>				<u> </u>			!	ightharpoons
	ection C. Computation of Public Public support percentage for 2021 (lii	Support Perce	<b>entage</b> divided by line 13	column (f))		Tarl			
15 16	Public support percentage from 2020 S		· ·			15 16			
	ection D. Computation of Invest					10			
17	Investment income percentage for 20			line 13, columr	n (f))	17			
18	Investment income percentage from 2	-				18			
19a	<b>33</b> 1/3% support tests-2021. If the	organization did	not check the box	c on line 14, and	line 15 is more than	n 33 <sub>1/3</sub> %, and li	ne 17 i	s not	
	more than 33 1/3%, check this box and	stop here. The	organization qua	lifies as a publicl	ly supported organiz	zation	>	· 🗆	
b	<b>33</b> 1/3% support tests—2020. If the	_						_	18 is
20	not more than 33 1/3%, check this box							_	
20	<b>Private foundation.</b> If the organizati	on did not check	a box on line 14,	19a, or 19b, che	eck this box and see				2021
						Schedule A	(Form	990)	2021
			D 4						
			Page 4						
Sche	dule A (Form 990) 2021							P	age <b>4</b>
Pai	t IV Supporting Organization								
	(Complete only if you checked box 12b, of Part I, complete Se								
	12d, of Part I, complete Section		complete Part V.)						
Se	ection A. All Supporting Organiz	ations							
						į		Yes	No
1	Are all of the organization's supported If "No," describe in <b>Part VI</b> how the s								
	describe the designation. If historic an	d continuing rela	tionship, explain.	aceu. 11 uesiyildi	ου υγ σιασο σε μυτρο	,30,	1		
2	Did the organization have any support	od organization t	hat doos not have	a an IDC datarmi	ination of status und	dor coction			
2	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in <b>F</b>								
	described in section 509(a)(1) or (2).						2		
_									
3a	Did the organization have a supported	organization des	cribed in section	501(c)(4), (5), c	or (6)? <i>If "Yes." ans</i> ı	wer lines 3b and			
3a	Did the organization have a supported 3c below.	organization des	cribed in section	501(c)(4), (5), c	or (6)? <i>If "Yes," ans</i> v	wer lines 3b and	3a		
3a b									
	3c below.  Did the organization confirm that each the public support tests under section	supported organ	ization qualified	under section 50	1(c)(4), (5), or (6)	and satisfied			
	3c below.  Did the organization confirm that each	supported organ	ization qualified	under section 50	1(c)(4), (5), or (6)	and satisfied			

	24, 12:14 PM ———————————————————————————————————	olica	Ī	
·	If "Yes," explain in <b>Part VI</b> 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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	40		
-	and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	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? <i>If "Yes," provide detail in <b>Part VI.</b></i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 <b>Part VI.</b>	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 <b>Part VI.</b>	9b		
С	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 <b>Part VI.</b>	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)? 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		
	Schedule A	(Form	990)	202
	Page 5 ———————————————————————————————————			
Caba	dule A (Form 990) 2021		_	
	t IV Supporting Organizations (continued)		ŀ	Page :
1 (11	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
Se	VI. ection B. Type I Supporting Organizations			
	- The state of the		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly			
	appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's			
	activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applied to such powers during the tax year.	<b></b>		
_	Did the appropriate angular for the hones of the formation of the state of the stat	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 <b>Part VI</b> how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations	<del></del>	Yes	No
_			165	140

0/31/2	24, 12:14 PM Community Foundation Of San Benito County		= :				
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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).							
Se	ection D. All Type III Supporting Organizations						
					Yes	No	
1	tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?						
_							
2	Were any of the organization's officers, directors, or trustees either (i) appointed or e organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the support	'No," e	xplain in <b>Part VI</b> how the	2			
3	By reason of the relationship described in line 2 above, did the organization's support	ed ora	anizations have a significant		+	+	
	voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported	ition's	income or assets at all times	3			
Se	ection E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Po	art Tes	t during the year (see instruc	ctions):			
а	The organization satisfied the Activities Test. Complete <b>line 2</b> below.						
b	The organization is the parent of each of its supported organizations. Complete	e line	<b>3</b> below.				
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how yo	ou sup	ported a government entity (se	e instru	ctions)	)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No	
а	Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the	Part ooses,	<b>/I identify those supported</b> how the organization was				
	substantially all of its activities.			2a			
b	Did the activities described on line 2a, above constitute activities that, but for the org of the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in t organization's involvement.	" expla	in in <b>Part VI</b> the reasons for	٤			
_	-			2b	-	-	
3 a	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i>	icers,	directors, or trustees of each o	of <b>3a</b>	<del>                                     </del>		
b	Did the organization exercise a substantial degree of direction over the policies, progr	ams a	nd activities of each of its		1	$\vdash$	
	supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organizations			3b			
			Schedule	A (Forr	n 990)	202	
	Page 6						
	dule A (Form 990) 2021					Page	
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.				:е		
	Section A - Adjusted Net Income		(A) Prior Year	(B) Cur	rent Yea	ar	
1	Net short-term capital gain	1	<del>                                     </del>	(0)(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				· <u></u>	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea ional)	ar	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1					
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					

1d

d Total (add lines 1a, 1b, and 1c)

40/04/	24 4244 DM	our detien Of Con Bonite Count		-::::	. <b>-</b>	non Des Dublics
		oundation Of San Benito Count	y - Full I	-iling- Nonprofit •	Explo	rer - ProPublica
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):					
2	Acquisition indebtedness applicable to non-exempt us	e assets	2			
3	Subtract line 2 from line 1d		3			
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	e 3 (for greater amount, see	4			
5	Net value of non-exempt-use assets (subtract line 4 f	rom 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, li	ne 8, Column A)	1			
2	Enter 85% of line 1	,	2			
3	Minimum asset amount for prior year (from Section B	, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	, , ,	4			
5	Income tax imposed in prior year		5			
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, u	unless subject to emergency	6			
	temporary reduction (see instructions)					
7	Check here if the current year is the organization instructions)	on's first as a non-functionally-	integrat	ed Type III sup	porting	g organization (see
					So	chedule A (Form 990) 2021
		——— Page 7 ———				
Sche	dule A (Form 990) 2021					Page <b>7</b>
Pa	rt V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organi	izations (co	ntinued	
Sec	tion D - Distributions					Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes			1	
	Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organiz	ations, in	2	
	Administrative expenses paid to accomplish exempt pu	rposes of supported organization	ons		3	
4	Amounts paid to acquire exempt-use assets				4	
	Qualified set-aside amounts (prior IRS approval require	ed - provide details in <b>Part VI</b> )			5	
	Other distributions (describe in <b>Part VI</b> ). See instruction	ons			6	
7 1	<b>Total annual distributions.</b> Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to widetails in <b>Part VI</b> ). See instructions	nich the organization is respon	sive ( <i>pro</i>	ovide	8	
9	Distributable amount for 2021 from Section C, line 6				9	
	ine 8 amount divided by Line 9 amount				10	
10 .	·			(ii)	10	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Und	derdistribution Pre-2021	ns	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6					
	Inderdistributions, if any, for years prior to 2021 reasonable cause required <i>explain in <b>Part VI</b></i> ).					
	ee instructions.					
	excess distributions carryover, if any, to 2021:  From 2016					
	= 004=					
	From 2017					
	From 2019					
е	From 2020					
	<b>Total</b> of lines 3a through e					
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount Carryover from 2016 not applied (see					
	,					

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.4 Distributions for 2021 from Section D, line 7:

**a** Applied to underdistributions of prior years

instructions)

10/31/24, 12:14 PM Community Fo	Foundation Of San Benito County - Full Filing- Nonprofit Explorer - ProPublica
<b>b</b> Applied to 2021 distributable amount	
c Remainder. Subtract lines 4a and 4b from line 4.	1
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.	
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.	
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.	
8 Breakdown of line 7:	
a Excess from 2017	
<b>b</b> Excess from 2018	<u></u>
c Excess from 2019	T
<b>d</b> Excess from 2020	1
e Excess from 2021	
	Schedule A (Form 990) (2021)  Page 8
Schedule A (Form 990) 2021	Page <b>8</b>
Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9 Part IV, Section D, lines 2 and 3; Part IV, Sectio	planations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; ion E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V on E, lines 2, 5, and 6. Also complete this part for any additional information. (See
E:	acts And Circumstances Test

THE COMMUNITY FOUNDATION FOR SAN BENITO COUNTY HAS BEEN IN EXISTENCE SINCE 1992 SERVING OUR COMMUNITY. OVER THE YEARS OUR PUBLIC SUPPORT (NUMBER OF DONATIONS) HAS GONE UP YEAR AFTER YEAR. 1992/24 DONORS, 2010/447 DONORS, 2020/478 DONORS, 2021/900 DONORS. OUR BOARD COMPRISES OF 16 COMMUNITY MEMBERS REPRESENTING ALL SECTORS OF THE COMMUNITY. FROM THE VERY START OF THE FOUNDATION WE HAVE HAD A LARGE BOARD REPRESENTING THE WHOLE COUNTY. WE HAVE OVER 160 FUNDS AT THE FOUNDATION MADE UP OF, FIELDS OF INTEREST, (YOUTH, EDUCATION, SENIORS, AG, ENVIRONMENT, ARTS AND CULTURE, HEALTH AND HUMAN SERVICES) DONOR ADVISED FUNDS, SCHOLARSHIP FUNDS, ECONOMIC DEVELOPMENT, COMMUNITY ENHANCEMENT AND ANIMAL RELATED. ALL THESE FUNDS ARE SUPPORTED BY THE GENERAL PUBLIC. THE FOUNDATION GRANTS PROGRAM HAS GROWN YEAR AFTER YEAR, 1992/\$60,000, 2012/\$950,000, 2015/\$1.39M, 2020/\$6.9M, 2021/\$5.1M GRANTS. AS THE FOUNDATION HAS GROWN SO HAS OUR SUPPORT FOR THE 150+ NONPROFITS THAT WE SERVE. WE PUT ON WORKSHOPS, HAVE LISTENING SESSIONS, FACILITATE DAYS OF GIVING, AND CONVENE NONPROFIT LEADERS ON A QUARTERLY BASIS.

Return Reference	Explanation
	Schedule A (Form 990) 2021
Additional Data	Return to Form

efile Public Visual Rend	er ObjectId: 2023424393493003	34 - Submission: 2023-08-31	TIN: 77-0312582				
Schedule B		dule of Contributors	OMB No. 1545-0047				
(Form 990) Department of the Treasury Internal Revenue Service	► Attach ► Go to <u>www.irs.</u>	to Form 990, 990-EZ, or 990-PF. gov/Form990 for the latest information.	2021				
Name of the organization COMMUNITY FOUNDATION	FOR		Employer identification number				
SAN BENITO COUNTY  Organization type (chec	k one):		77-0312582				
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number)	) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	☐ 527 political organization						
Form 990-PF	501(c)(3) exempt private	foundation					
	4947(a)(1) nonexempt ch	aritable trust treated as a private foundation	on				
	501(c)(3) taxable private	foundation					
under sections 50 received from any 990, Part VIII, line  For an organizatic during the year, to purposes, or for the  For an organizatic during the year, country the year.	9(a)(1) and 170(b)(1)(A)(vi), that che one contributor, during the year, to the one contributor, during the year, to the one contributor of the year, to the described in section 501(c)(7), (8 at all contributions of more than \$1,0 are prevention of cruelty to children on the described in section 501(c)(7), (8 and the year, t	ing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3 <sup>1</sup> necked Schedule A (Form 990 or 990-EZ), btal contributions of the greater of (1) \$5,00 mplete Parts I and II.  B), or (10) filing Form 990 or 990-EZ that reconstruction of the properties of animals. Complete Parts I, II, and III.  B), or (10) filing Form 990 or 990-EZ that reconstruction of the properties	Part II, line 13, 16a, or 16b, and that 00 or (2) 2% of the amount on (i) Form eccived from any one contributor, entific, literary, or educational eccived from any one contributor, ontributions totaled more than \$1,000. In exclusively religious, charitable, etc. because it received nonexclusively				
990-EZ, or 990-PF), but it	: must answer "No" on Part IV, line	Rule and/or the Special Rules doesn't file S 2, of its Form 990; or check the box on lin neet the filing requirements of Schedule B	e H of its Form 990-EZ				
For Paperwork Reduction Action Form 990, 990-EZ, or 990-	t Notice, see the Instructions PF.	Cat. No. 30613X	Schedule B (Form 990) (2021				
		—— Page 2					
Schedule B (Form 990) (2	2021)		Page 2				
Name of organization	FOD	Em	ployer identification number				

31/24, 12:14 PM DIMIMUNITY FOUN IN BENITO COUN		County - Full Filing- Nonprofit Explor	er - ProPublica
Part I ontributors	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions.) (d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

— Page 3 -

Schedule E	3 (Form 990) (2021)		Page 3
Name of org COMMUNIT SAN BENITO	Y FOUNDATION FOR	Employer identification 77-0312582	number
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

	<u> </u>				
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$_	
	<u> </u>				Schedule B (Form 990) (2021)
		Page 4			
	B (Form 990) (2021)				Page 4
COMMUNI	rganization TY FOUNDATION FOR TO COUNTY			77-0312582	ntification number
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter th year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	tributor. Complete columns (a) the e total of exclusively religious, ch structions.)► \$	rough (e) a	and the following	ig line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
-		(e) Transfer of gift			
	Transferee's name, address, and		Relationship	o of transferor to	o transferee
(a) No. from	(h) Pourson of wife	(2) 11-2-26-276		(d) Danami	
No. from Part I	(b) Purpose of gift	(c) Use of gift		(a) Descri	ption of how gift is held
-		(e) Transfer of gift			
	Transferee's name, address, and	ZIP 4 F	Relationship	o of transferor to	o transferee
(a)					

No. trom Part I	(b) Purpose oτ gιπ	(c) Use of giπ	(a) Description of now gift is neig
	Transferee's name, address, and 2	(e) Transfer of gift	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
	Transferee's name, address, and 2	(e) Transfer of gift	Relationship of transferor to transferee
			Schedule B (Form 990) (202
Additiona	al Data		Return to Form

Software ID: Software Version:

efile Public Visual Render

ObjectId: 202342439349300334 - Submission: 2023-08-31

TIN: 77-0312582 OMB No. 1545-0047

**SCHEDULE D** 

(Form 990)

Department of the Treasury

# **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.

Open to Public

Cat. No. 52283D

IIIICIII	al Neverlue Service Go to www.irs.gov/For	m990 for instructions and the latest infor	mation.	nspection
COI	me of the organization MMUNITY FOUNDATION FOR		Employer identification	on number
	N BENITO COUNTY $f art~I$ Organizations Maintaining Donor Adv	vised Eunds or Other Similar Eunds o	77-0312582	
Pc	Complete if the organization answered "Y		i Accounts.	
		(a) Donor advised funds	(b) Funds and other	er accounts
1	Total number at end of year	58		94
2	Aggregate value of contributions to (during year)	11,363,400		495,646
3	Aggregate value of grants from (during year)	4,377,397		593,073
4	Aggregate value at end of year	20,042,201		5,396,185
5	Did the organization inform all donors and donor advis organization's property, subject to the organization's e			✓ Yes 🗌 No
6	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the donor private benefit?	or or donor advisor, or for any other purpose of	onferring impermissible	✓ Yes 🗆 No
Pa	rt II Conservation Easements. Complete if the organization answered "Y	es" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	anization (check all that apply).		
	Preservation of land for public use (e.g., recreation	on or education) $\square$ Preservation of an	historically important land	d area
	Protection of natural habitat	Preservation of a c	ertified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held	a qualified conservation contribution in the for	m of a conservation	
	easement on the last day of the tax year.		Held at the End	of the Year
а	Total number of conservation easements	-	2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified histo	` '	2c	
d	Number of conservation easements included in (c) acquired structure listed in the National Register	uired after 7/25/06, and not on a historic	2d	
3	Number of conservation easements modified, transferr tax year •	red, released, extinguished, or terminated by t	the organization during th	e
4	Number of states where property subject to conservati	ion easement is located 🕨		
5	Does the organization have a written policy regarding and enforcement of the conservation easements it hold		of violations,	□ No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing co		
7	Amount of expenses incurred in monitoring, inspecting  \$ \\$	, handling of violations, and enforcing conserv	vation easements during t	he year
8	Does each conservation easement reported on line 2(c	1) above satisfy the requirements of section 17	70(h)(4)(R)(i)	
•	and section 170(h)(4)(B)(ii)?		☐ <b>Yes</b>	□ No
9	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financial state		
Pai	rt III Organizations Maintaining Collections	s of Art, Historical Treasures, or Othe	er Similar Assets.	
1-	Complete if the organization answered "Y  If the organization elected, as permitted under FASB A		t and halance sheet works	of art
1a	historical treasures, or other similar assets held for pu Part XIII, the text of the footnote to its financial stater	blic exhibition, education, or research in furthe		
b	If the organization elected, as permitted under FASB A historical treasures, or other similar assets held for pu 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 following amounts required to be reported under FASB	rical treasures, or other similar assets for finar		
а	Revenue included on Form 990, Part VIII, line 1		🕨 \$	
b	Assets included in Form 990, Part X		<b>&gt;</b> ¢	

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

Schedule D (Form 990) 2021

_				_
ப	$\neg$			
г.		ч	$\overline{}$	_

	ıle D (Form 990) 2021								Page 2
Part :	III Organizations Maintaining Col	lections of Art, His	storical Tre	asures,	or Other Sin	nilar Asset	s (contii	nued)	
	Using the organization's acquisition, accession tems (check all that apply):	n, and other records, c	heck any of th	e followin	g that are a sig	nificant use o	f its colle	ection	
а	Public exhibition		d _ L	oan or ex	change progran	ns			
b	Scholarly research		e 🗆 (	Other					
С	Preservation for future generations								
	Provide a description of the organization's col Part XIII.	lections and explain ho	w they furthe	r the orga	nization's exem	pt purpose in			
	During the year, did the organization solicit or assets to be sold to raise funds rather than to						Yes		0
Part	IV Escrow and Custodial Arrange Complete if the organization answ line 21.		990, Part I\	/, line 9,	or reported a	n amount o			
	Is the organization an agent, trustee, custodi ncluded on Form 990, Part X?						Yes	✓ N	0
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table:			Amou	ınt		_
	Beginning balance	•	-		1c				_
d ,	Additions during the year				1d				_
e	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line 21	, for escrow o	r custodia	al account liabili	ty?	Yes		0
	If "Yes," explain the arrangement in Part XIII		•			_			•
Part		. chican hard in the exp							
	Complete if the organization answ	vered "Yes" on Form	990, Part I\	/, line 10	).				
		(a) Current year	(b) Prior year			Three years ba			rs back
	eginning of year balance	9,139,850	7,479,5		6,760,137	6,149,5	_	6,	281,460
<b>b</b> C	ontributions	620,673	169,9		612,595	180,0			20,142
	et investment earnings, gains, and losses	-1,684,710	1,843,3		368,536	639,4			59,032
	rants or scholarships	-223,371	-206,8	60	-138,070	-106,9	909		-89,160
	ther expenditures for facilities and programs	-12,998	-145,9	98	-1,913	-3,7	715		-9,881
f A	dministrative expenses	-153,360	-1	12	-121,719	-98,2	284	-	122,003
g E	nd of year balance	7,686,084	9,139,8	50	7,479,566	6,760,1	L37	6,	149,589
a b c .	Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment 96.000 %  Term endowment The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the posses organization by:	4.000 %				e		Yes	No
1	(i) Unrelated organizations						3a(i)		No
	(ii) Related organizations				•		3a(ii)		No
b	If "Yes" on 3a(ii), are the related organization	s listed as required on	Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endown	nent funds.						
-	3,		000 P+ IV	/ 15 4-4	- 6 5	000 D+-V	li 10		
		<u>vered "Yes" on Form</u>			.a. See Form S Accumulated depre			ok value	
Part	Complete if the organization answ	per hacie (h) Cost or	· other hacie (oth				(u) Do		
Part	Complete if the organization answ Pescription of property (a) Cost or oth (investme		other basis (oth	(6)	riccamalatea aepir	Sciation			2
Part	escription of property (a) Cost or oth		other basis (oth			Sciddon			
Part  D  La La	Description of property (a) Cost or oth (investme		•	.354		139,810			143,354 618,069
Part  D  1a La  b Bi	escription of property (a) Cost or oth (investment)		143, 5,757,	.354					143,354 618,069
Part  C  1a La  b Bi  c Le	escription of property  (a) Cost or oth (investment)  and		143, 5,757,	.354 .879 .733		139,810			143,354 618,069 20,284
Part  1a La b Bi c Le d Ec	escription of property  (a) Cost or oth (investment)  and		143, 5,757, 21,	.354 .879 .733		139,810 1,449			143,354

Schedule D (Form 990) 2021 Page **3** 

Complete if the organization answered "Yes" (  (a) Description of security or category (including name of security)	(b) Book value		(c) Method of value	) Method of valuation: r end-of-year market value		
1) Financial derivatives						
2) Closely-held equity interests						
3) OtherA) VANGUARD PORTFOLIO	12,747,04	10	F			
B) DCE COCIAL EINANCE	E72 62	11	F			
(B) RSF SOCIAL FINANCE (B)	573,63	01	<u> </u>			
(C)						
(D)						
(E)						
(F)						
(G)						
H)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>▶</b> 13,320,67	'1				
Part VIII Investments - Program Related.			000			
Complete if the organization answered 'Yes' (  (a) Description of investment	on Form 990, Part IV,	(b) Book value		d of valuation:		
(a) Description of investment		(b) Book value		u of valuation: -year market value		
(1)						
2)						
(3)						
4)						
5)						
(6)						
(7)						
8)						
9)						
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	<b>&gt;</b>					
Part IX Other Assets.  Complete if the organization answered 'Yes' o	on Form 990 Part IV I	ine 11d See For	m 990 Part X I	ine 15		
(a) Descri		me 114. See 161	111 330, 1 dre X, 1	(b) Book value		
1)						
(2)						
(3)						
(4)						
(5)						
(6)						
7)						
(8)						
(9)						
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities.	)	<u> </u>	•			
Complete if the organization answered 'Yes' o		ine 11e or 11f.Se	ee Form 990, Pa			
(a) Description	of liability			(b) Book value		

	/24, 12:14 PM Commun DS HELD FOK OTHEKS	ity Foundation Of San Beni	.0 001	anty - r un r ming	- Nonpront	Explorer - F	520,835
_						1	
						+	
a	1. (Column (b) must equal Form 990, Part X, col.(B) line 25.)				ı	-	520,835
Li	ability for uncertain tax positions. In Part XIII, provic	le the text of the footnote t	the o	organization's fi	nancial stat	ements that	reports the
ıa	nization's liability for uncertain tax positions under Fl	IN 48 (ASC 740). Check her	e if th	e text of the fo	otnote has b	een provide	ed in Part XIII 🔽
						Schedule I	) (Form 990) 2021
		———— Page 4 ——					
ıe	edule D (Form 990) 2021						Page <b>4</b>
	rt XI Reconciliation of Revenue per Aug	dited Financial Statem	ents	With Reven	ue per Re	turn.	
	Complete if the organization answere						
	Total revenue, gains, and other support per audited	d financial statements .				1	10,552,047
	Amounts included on line 1 but not on Form 990, P	Part VIII, line 12:					
	Net unrealized gains (losses) on investments .		2a	-	2,923,913		
•	Donated services and use of facilities		2b				
:	Recoveries of prior year grants		2c				
I	Other (Describe in Part XIII.)		2d		49,040		
•	Add lines 2a through 2d					2e	-2,874,873
	Subtract line <b>2e</b> from line <b>1</b>					3	13,426,920
	Amounts included on Form 990, Part VIII, line 12,	but not on line 1:					
	Investment expenses not included on Form 990, Pa	art VIII, line 7b	4a				
•	Other (Describe in Part XIII.)		4b		167,762		
:	Add lines <b>4a</b> and <b>4b</b>					4c	167,762
	Total revenue. Add lines 3 and 4c. (This must equa	al Form 990, Part I, line 12.	•			5	13,594,682
a	rt XII Reconciliation of Expenses per Au				ises per F	Return.	
	Complete if the organization answere Total expenses and losses per audited financial state		t IV,	ine 12a.		1	6,074,256
	Amounts included on line 1 but not on Form 990, P		•		•		0,074,230
	Donated services and use of facilities	•	2a				
,	Prior year adjustments		2b				
:	Other losses		2c				
1	Other (Describe in Part XIII.)		2d		-27,154		
•	Add lines <b>2a</b> through <b>2d</b>				27,134	2e	-27,154
•	Subtract line <b>2e</b> from line <b>1</b>		·		· •	3	6,101,410
	Amounts included on Form 990, Part IX, line 25, but		•		•		0,101,410
	Investment expenses not included on Form 990, Pa		4a	1			
•	Other (Describe in Part XIII.)	•	4b		32,697		
:	Add lines <b>4a</b> and <b>4b</b>					4c	32,697
	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equ		.) .		· .	5	6,134,107
7	rt XIII Supplemental Information	24. 1 0 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	·, ·		-		0/10 1/107
С	ovide the descriptions required for Part II, lines 3, 5, and 2d and 4b; and Part XII, lines 2d and 4b. Also com					V, line 4; Pa	rt X, line 2; Part XI,
	Return Reference			Exp	lanation		
R	ΓX, LINE 2:	THE FOUNDATION IS A NO	T-FOR			IDER SECTI	ON 501(C)(3) OF TH
	•	INTERNAL REVENUE CODE	AND	SECTION 2370:	(D) OF THE	CALIFORN	ia revenúè ánd tax
		CODE AND THEREFORE, IS EXCEPT ON NET INCOME I	ERIV	D FROM UNRE	ATED BUSI	NESS ACTIV	ITIES. THE PREPARA
		OF FINANCIAL STATEMENT ACCEPTED IN THE UNITED	SINA	ACCORDANCE V	ITH ACCOL	INTING PRI	NCIPLES GENERALLY
		INFORMATION REGARDING HAS DETERMINED WHETH					

Additional Data Return to Form

Software ID: Software Version:

TIN: 77-0312582

OMB No. 1545-0047

**SCHEDULE F** 

(Form 990)

efile Public Visual Render ObjectId: 202342439349300334 - Submission: 2023-08-31

**Statement of Activities Outside the United States** 

(FOIIII 990)			zation answered "  Attach  gov/Form990 for i	to Form 990.			or 16.	202 Open to	21 Public		
Department of the Treasury Internal Revenue Service			<b>3</b> ,					Inspecti			
Name of the organizat COMMUNITY FOUNDAT SAN BENITO COUNTY	TION FOR						mployer iden 7-0312582	itification nu	ımber		
	al Information 90, Part IV, line		Outside the	Jnited Stat	es. Complet			nswered "Ye	es" on		
1 For grantmak other assistand	<b>cers.</b> Does the o	rganization mai	intain records to	stance, and t	he selection	criteria us	ed				
2 For grantmak	<b>cers.</b> Describe in		anization's proce					☐ <b>Yes</b> ner assistand	<b>☑ No</b> e		
outside the Un  Activites per Re		ng Part I, line 3	table can be dupl	cated if additi	ional space is	needed.)					
( <b>a)</b> Reg		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities region (by type fundraising	conducted in pe) (such as, g, program tments, grants located in the	e) If activity program se specif	listed in (d) is a rvice, describe ic type of in the region	(f) Total ex for and inv in the i	estments		
3a Sub-total b Total from contine Part I			0 0						0		
c Totals (add lines For Paperwork Reduct		e the Instruction	,		Cat. N	lo. 50082V	/ Schedul	le F (Form 99	0 0) 2021		
			P.	age 2							
	and Other A		<b>Organization</b> ho received mo							tion answered "Yes" ed.	Page on Form 990,
L (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Regio		Purpose of grant	(e) Amo cash g		(f) Manne cash disbursen		(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method valuation (book, FMV appraisal, oth
		NORTH AMERIC	A GENERAL	SUPPORT		145,000					
											1
										+	+
										+	
-										+	

/31/24, 12:14 PM		Commu	nity Foundation (	Of San Benito Coเ	nty - Full Filing	g- Nonprofi	t Explorer - ProPubli	ca
Fatan tabal assarbas af as		listed above the				:		
Enter total number of receivement by the IRS, or fo	r which the grantee	or counsel has	provided a section	501(c)(3) equivalend				
Enter total number of oth	ner organizations or	entities	<u></u>				. ► Sched	1 Iule F (Form 990) 202
				— Page 3 ———				
nedule F (Form 990) 2021								Page
	ther Assistance t duplicated if addit			ted States. Compl	ete if the organi	zation answ	vered "Yes" on Form 9	90, Part IV, line 16.
Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of car disbursement	sh <b>(f)</b> Amo nonca assista	ash	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		1						
							Sched	ule F (Form 990) 202
				— Page 4 ———			Scheu	uic i (i oi iii 330) 202
edule F (Form 990) 2021				Page 4		Page <b>4</b>		
rt IV Foreign Forms						. age I		
Was the organization a U. organization may be requ Instructions for Form 926	ired to file Form 926, I	Return by a U.S. Ti	ransferor of Property	to a Foreign Corporation	ı (see	<b>☑</b> No		
Did the organization have to separately file Form 35 Gifts, and/or Form 3520-A 3520 and 3520-A; don't fi	20, Annual Return to F A, Annual Information	Report Transaction Return of Foreign	s with Foreign Trusts Trust With a U.S. Owi	and Receipt of Certain in ner (see Instructions for	oreign Forms	<b>✓</b> No		
Did the organization have may be required to file Fo (see Instructions for Form	rm 5471, Information	Return of U.S. Per	sons with Respect to	Certain Foreign Corpora	ntions.	<b>✓</b> No		
Was the organization a difund during the tax year? Shareholder of a Passive i	If "Yes," the organizat	ion may be require	ed to file Form 8621,	Information Return by	a _	✓ No		
Did the organization have may be required to file Fo Instructions for Form 886	rm 8865, Return of U.	S. Persons with Re	spect to Certain Fore	ign Partnerships (see		<b>✓</b> No		
Did the organization have organization may be requ 5713; don't file with Form	ired to separately file I	Form 5713, İnterna	ational Boycott Repor	t (see Instructions for F	orm _	<b>✓</b> No		
					chedule F (Form	990) 2021	_	
				— Page 5 ———				
nedule F (Form 990) 2021	Information					Page <b>5</b>		

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting

method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation
PART III ACCOUNTING METHOD:	
	Schedule F (Form 990) 2021

**Additional Data** 

Software ID: Software Version: efile Public Visual Render ObjectId: 202342439349300334 - Submission: 2023-08-31

TIN: 77-0312582

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

**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 <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization COMMUNITY FOUNDATION FOR SAN BENITO COUNTY

Employer identification number 77-0312582 **General Information on Grants and Assistance** 

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Yes

☐ No

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. nte and Other Assistance to Domestic Occanizations and Domestic Cover

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.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AGRICULTURE AND LAND- BASED TRAINING ASSOCIATION (ALBA) PO BOX 6264 SALINAS, CA 93912	77-0566055	501(C)(3)	30,000	0			GENERAL
(2) BENITOLINK 440 SAN BENITO STREET HOLLISTER, CA 95023	47-3324907	501(C)(3)	137,594	0			GENERAL
(3) BIONUTRIENT FOOD ASSOCIATION 411 SHELDON RD BARRE, MA 01005	27-4334816	501(C)(3)	50,000	0			GENERAL
(4) BULLDOG BOXING 450 HAYDON ST HOLLISTER, CA 95023	86-2051930	501(C)(3)	23,128	0			GENERAL
(5) CALIFORNIA ASSOCIATION OF RESOUCE CONSERVATION DISTRICTS 801 K STREET MS 14-15 SACRAMENTO, CA 95814	94-1553749	501(C)(3)	30,000	0			GENERAL
(6) CALIFORNIA FARMLINK 335 SPRECKELS DRIVE STE F APTOS, CA 95003	94-3332630	501(C)(3)	75,000	0			GENERAL
(7) CARBON CYCLE INSTITUTE 245 KENTUCKY STREET SUITE B1	46-2694752	501(C)(3)	105,000	0			GENERAL
PETALUMA, CA 94952  (8) CASA OF SAN BENITO COUNTY  440 SAN BENITO STREET HOLLISTER, CA 95023	45-2881517	501(C)(3)	42,750	0			GENERAL
(9) CATHOLIC CHARITIES 440 SAN BENITO STREET HOLLISTER, CA 95023	77-0042961	501(C)(3)	7,000	0			GENERAL
(10) CCOF FOUNDATION 2155 DELAWARE AVENUE STE 150	30-0106255	501(C)(3)	40,000	0			GENERAL
SANTA CRUZ, CA 95060 (11) CENTER FOR RURAL AFFAIRS PO BOX 136 LYONS, NE 68038	47-0553823	501(C)(3)	25,000	0			GENERAL
(12) CENTER ON RACE POVERTY AND THE ENVIRONMENT 5901 CHRISTIE AVE STE 208 EMERYVILLE, CA 94608	05-0557231	501(C)(3)	35,000	0			GENERAL
(13) CENTRAL COAST VNA & HOSPICE PO BOX 2480 MONTEREY, CA 93942	94-1205572	501(C)(3)	95,475	0			GENERAL
(14) CHICO STATE ENTERPRISES 25 MAIN ST STE 203 CHICO, CA 95929	68-0386518	501(C)(3)	100,000	0			GENERAL
(15) CIVIL EATS 502 E COTATI AVE NO 7014 COTATI, CA 94931	84-4826419	501(C)(3)	50,000	0			GENERAL
(16) CLIMATE CHANGE LEADERSHIP INSTITUTE 911 STAGECOACH ROAD SANTA FE, NM 87501	27-0114585	501(C)(3)	20,000	0			GENERAL
(17) COMMUNITY ALLIANCE WITH FAMILY FARMERS PO BOX 363 DAVIS, CA 95617	94-2914745	501(C)(3)	100,000	0			GENERAL
(18) COMMUNITY FOUNDATION FOR SAN BENITO COUNTY 440 SAN BENITO STREET HOLLISTER, CA 95023	77-0312582	501(C)(3)	216,057	0			GENERAL
(19) COMMUNITY HOMELESS SOLUTIONS PO BOX 1340 MARINA, CA 93933	94-2525231	501(C)(3)	12,000	0			GENERAL
(20) COMMUNITY MEDIA ACCESS PARTNERSHIP 7500 MONTEREY ROAD GILROY, CA 95020	91-2119687	501(C)(3)	6,635	0			GENERAL
(21) COMMUNITY SERVICES	95-3218396	501(C)(3)	80,000	0			GENERAL

10/31/24, 12:14 PM		Community Fo	undation Of San Ber	ito County - Full Filin	g- Nonprofit Explorer - F	ProPublica
UNLIMITED PO BOX 62696 LOS ANGELES, CA 90062						
(22) COOPERS CALLING PO BOX 1352 TRES PINOS, CA 95075	87-4830781	501(C)(3)	30,000	0		GENERAL
(23) CROATAN INSTITUTE PO BOX 2044	46-3673347	501(C)(3)	50,000	0		GENERAL
DURHAM, NC 27702  (24) CRUCES CREATIVES 205 E LOHMAN AVE LAS CRUCES, NM 88001	81-5340614	501(C)(3)	75,000	0		GENERAL
(25) DOCTORS WITHOUT BORDERS USA P O BOX 5030	13-3433452	501(C)(3)	5,522	0		GENERAL
HAGERSTOWN, MD 21741  (26) EARTH ISLAND INSTITUTE 2150 ALLSTON WAY SUITE 460 BERKELEY, CA 94704	94-2889684	501(C)(3)	200,000	0		GENERAL
(27) ECDYSIS FOUNDATION 46958 188TH STREET ESTELLINE, SD 57234	47-4936169	501(C)(3)	265,000	0		GENERAL
(28) E-CUBED FOUNDATION PO BOX 1362 TRES PINOS, CA 95075	27-0031247	501(C)(3)	9,398	0		GENERAL
(29) EDEN HOUSING INC 22645 GRAND STREET HAYWARD, CA 94541	23-1716750	501(C)(3)	5,400	0		GENERAL
(30) EMMAUS HOUSE 440 SAN BENITO STREET HOLLISTER, CA 95023	77-0407292	501(C)(3)	36,300	0		GENERAL
(31) FAMILY AGRICULTURE RESOURCE MANAGEMENT SERVICES 572 JOHN ROSS PKWY SUITE 107 UNIT 234	46-4623115	501(C)(3)	50,000	0		GENERAL
ROCK HILL, SC 29730 (32) FAMILY MATTERS SBC PO BOX 928	94-1567162	501(C)(3)	10,000	0		GENERAL
SAN MARTIN, CA 95046 (33) FIBERSHED PO BOX 221	45-3055196	501(C)(3)	60,000	0		GENERAL
SAN GERONIMO, CA 94963  (34) GIRL SCOUTS OF CALIFORNIA CENTRAL COAST 1500 PALMA DRIVE SUITE 100	94-1567162	501(C)(3)	11,600	0		GENERAL
VENTURA, CA 93003 (35) GIRLS INCORPORATED 318 CAYUGA STREET SUITE 209 SALINAS, CA 93901	20-5040398	501(C)(3)	10,700	0		GENERAL
(36) GOOD MEAT PROJECT 7805 SW 40TH AVE 19785 PORTLAND, OR 97219	46-5549530	501(C)(3)	70,000	0		GENERAL
(37) GOSPA PRAYER HOUSE INC 16259 COMMUNITY STREET NORTH HILLS, CA 91343	80-0263156	501(C)(3)	30,000	0		GENERAL
(38) GUITARS NOT GUNS 500 LOS VIBORAS ROAD HOLLISTER, CA 95023	91-2069334	501(C)(3)	7,000	0		GENERAL
(39) HAWAII INVESTMENT READY 44-527A KANEOHE BAY DRIVE KANEOHE, HI 96744	81-4611816	501(C)(3)	50,000	0		GENERAL
(40) HAZEL HAWKINS HOSPITAL FOUNDATION 911 SUNSET DRIVE HOLLISTER, CA 95023	94-2497062	501(C)(3)	9,594	0		GENERAL
(41) HEALTH PROJECTS CENTER 9000 SOQUEL AVENUE SUITE 103	94-2713281	501(C)(3)	16,278	0		GENERAL
SANTA CRUZ, CA 95062  (42) HOLISTIC MANAGEMENT INTERNATIONAL 2425 SAN PEDRO DR NE SUITE A DISPUSS AND SOLUTION OF THE SUITE A DISPUSS AND SOLUTION OF THE SUITE A DISPUSS AND SOLUTION OF THE SUITE SUIT	85-0324203	501(C)(3)	50,000	0		GENERAL
ALBUQUERQUE, NM 87110  (43) INFACT DBA CORPORATE ACCOUNTABILITY 10 MILK STREET SUITE 610 BOSTON, MA 02108	41-1322686	501(C)(3)	30,000	0		GENERAL
(44) INSIGHT GARDEN PROGRAM PO BOX 19669 SACRAMENTO, CA 95819	46-3998218	501(C)(3)	20,000	0		GENERAL
(45) INTERNATIONAL INDIAN TREATY COUNCIL 2940 16TH STREET SUITE 305 SAN FRANCISCO, CA 94103	94-3330491	501(C)(3)	25,000	0		GENERAL
(46) INTERTRIBAL AGRICULTURE COUNCIL PO BOX 958 BILLINGS, MT 59103	36-3886772	501(C)(3)	25,000	0		GENERAL
(47) JACOB'S HEART CHILDREN'S CANCER SUPPORT SERVICES 680 WEST BEACH STREET WATSONVILLE, CA 95076	68-0413822	501(C)(3)	10,000	0		GENERAL
(48) JASPER RIDGE FARM PO BOX 620924 WOODSIDE, CA 94062	27-2304675	501(C)(3)	12,500	0		GENERAL
(49) JOVENES DE ANTANO	94-2280033	501(C)(3)	13,000	0		GENERAL

//31/24, 12:14 PM	ı	Community Fol	andation Or San B T	lenito County - Full Fillr	ıg- Nonprofit Explorer - Pı I	or uplica I
HOLLISTER, CA 95024 (50) JUBILEE JUSTICE INC 490 LAKE PARK AVE 10481	84-3932961	501(C)(3)	150,000	0		GENERAL
OAKLAND, CA 94610 (51) JUNIOR ACHIEVEMENT OF NORTHERN CALIFORNIA 3003 OAK ROAD SUITE 130	84-1267604	501(C)(3)	6,668	0		GENERAL
WALNUT CREEK, CA 94597 (52) KANSAS PERMACULTURE INSTITUTE 11862 70TH ST	47-5627892	501(C)(3)	88,000	0		GENERAL
OSKALOOSA, KS 66066 (53) KINSHIP CENTER GABILAN CHAPTER PO BOX 324	94-2971761	501(C)(3)	11,568	0		GENERAL
TRES PINOS, CA 95075 (54) LA SEMILLA FOOD CENTER PO BOX 2579 ANTHONY, NM 88021	27-2486484	501(C)(3)	40,000	0		GENERAL
(55) LAND CORE 10857 VERNON WAY GRASS VALLEY, CA 95945	83-3583944	501(C)(3)	55,000	0		GENERAL
(56) LAND STEWARDSHIP PROJECT 821 E 35TH STREET SUITE 200	41-1466054	501(C)(3)	40,000	0		GENERAL
MINNEAPOLIS, MN 55407 (57) LEADERSHIP COUNSEL FOR JUSTICE AND ACCOUNTABILITY 2210 SAN JOAQUIN STREET	46-1517800	501(C)(3)	40,000	0		GENERAL
FRESNO, CA 93721 (58) MAINE ORGANIC FARMERS AND GARDENERS ASSOCIATION 294 CROSBY BROOK ROAD	01-6048322	501(C)(3)	44,000	0		GENERAL
UNITY, ME 04988 (59) MARTHA'S KITCHEN 311 WILLOW STREET SAN JOSE, CA 95110	91-2091094	501(C)(3)	9,000	0		GENERAL
(60) MERIDIAN INSTITUTE PO BOX 1829 DILLON, CO 80425	84-1435420	501(C)(3)	75,000	0		GENERAL
(61) MISSION SAN JUAN BAUTISTA PRESERVATION FUND PO BOX 222 SAN JUAN BAUTISTA, CA	47-5427661	501(C)(3)	8,000	0		GENERAL
95045 (62) NATIONAL YOUNG FARMERS COALITION 418 BROADWAY ALBANY, NY 12207	47-2072946	501(C)(3)	100,000	0		GENERAL
(63) NEW MEXICO FARMERS' MARKETING ASSOCIATION 1219 LUISA ST UNIT 1 SANTA FE, NM 87505	85-0430744	501(C)(3)	10,000	0		GENERAL
(64) NORTHERN PLAINS RESOURCE COUNCIL 220 S 27TH AVE BILLINGS, MT 59101	81-0367205	501(C)(3)	30,000	0		GENERAL
(65) OCCIDENTAL ARTS AND ECOLOGY CENTER 15290 COLEMAN VALLEY RD OCCIDENTAL, CA 95465	68-0359676	501(C)(3)	30,000	0		GENERAL
(66) OJAI VALLEY FIRE SAFE COUNCIL 16200 MARICOPA HWY OJAI, CA 93023	52-2291493	501(C)(3)	20,000	0		GENERAL
(67) ONE MONTANA 280 WEST KAGY SUITE D233 BOZEMAN, MT 59715	84-1645549	501(C)(3)	30,000	0		GENERAL
(68) OREGON STATE UNIVERSITY FOUNDATION 4238 SW RESEARCH WAY CORVALLIS, OR 97331	93-6022772	501(C)(3)	30,000	0		GENERAL
(69) ORGANIC FARMING RESEARCH FOUNDATION PO BOX 440 SANTA CRUZ, CA 95060	77-0252545	501(C)(3)	30,000	0		GENERAL
(70) PAICINES RANCH LEARNING CENTER PO BOX 8 PAICINES, CA 95043	83-3255248	501(C)(3)	100,000	0		GENERAL
(71) PARTNERSHIP FOR CHILDREN 262 SAN JOSE STREET SUITE A	02-0646450	501(C)(3)	10,000	0		GENERAL
SALINAS, CA 93901 (72) PET FRIENDS AND RESCUE PO BOX 1191 HOLLISTER, CA 95024	77-0300197	501(C)(3)	29,273	0		GENERAL
(73) PIE RANCH PO BOX 363 PESCADERO, CA 94060	26-1631976	501(C)(3)	50,000	0		GENERAL
(74) POINT BLUE CONSERVATION SCIENCE 3820 CYPRESS DR SUITE 11 PETALUMA, CA 94954	94-1594250	501(C)(3)	60,000	0		GENERAL
(75) POSSIBILITY LABS 1410 FRANKLIN ST 135 SAN FRANCISCO, CA 94109	85-3989363	501(C)(3)	109,000	0		GENERAL
(76) PRIESTLY FRATERNITY OF ST PETERS	06-1271475	501(C)(3)	25,000	0		GENERAL

10/31/24, 12:14 PM		Community Fo	oundation Of Sar	n Benito County	- Full Filing- Nonpro	iit Explorer - ProPub	ilca
450 VENARD ROAD SOUTH ABINGTON TOWNSHI, PA 18411							
(77) QUIVIRA COALITION 1413 SECOND ST SUITE 1 SANTA FE, NM 87505	31-1551770	501(C)(3)	50,000	0			GENERAL
(78) REACH SAN BENITO PARKS FOUNDATION PO BOX 744 HOLLISTER, CA 95024	46-5216519	501(C)(3)	7,856	0			GENERAL
(79) REGENERATIVE AGRICULTURE FOUNDATION PO BOX 7276	84-4278182	501(C)(3)	50,000	0			GENERAL
MINNEAPOLIS, MN 55407 (80) RESIST INC PO BOX 301240 BOSTON, MA 02130	04-2433182	501(C)(3)	10,000	0			GENERAL
(81) ROTARY CLUB OF HOLLISTER PO BOX 86 HOLLISTER, CA 95024	94-0557938	501(C)(3)	24,031	0			GENERAL
(82) SACRED HEART PARISH SCHOOL 670 COLLEGE ST	94-3121808	501(C)(3)	34,300	0			GENERAL
HOLLISTER, CA 95023  (83) SAN BENITO AGRICULTURAL LAND TRUST PO BOX 145 SAN JUAN BAUTISTA, CA 95045	77-0338085	501(C)(3)	15,000	0			GENERAL
(84) SAN BENITO COUNTY ARTS COUNCIL PO BOX 692 HOLLISTER, CA 95024	57-1241278	501(C)(3)	15,098	0			GENERAL
(85) SAN BENITO COUNTY CHAMBER OF COMMERCE FOUNDATION 243 6TH STREET SUITE 100 HOLLISTER, CA 95023	81-3962616	501(C)(3)	21,500	0			GENERAL
(86) SAN BENITO COUNTY LULAC COUNCIL #2890 PO BOX 1446 HOLLISTER, CA 95024	77-0179826	501(C)(3)	11,500	0			GENERAL
(87) SAN BENITO HIGH SCHOOL 1220 MONTEREY ST HOLLISTER, CA 95023	77-0208520	501(C)(3)	18,748	0			GENERAL
(88) SAN BENITO HIGH SCHOOL ATHLETIC DEPARTMENT 1220 MONTEREY STREET HOLLISTER, CA 95023	77-0208520	501(C)(3)	20,056	0			GENERAL
(89) SAN DIEGO FOOD SYSTEM ALLIANCE PO BOX 3185 SAN DIEGO, CA 92163	84-2242207	501(C)(3)	30,000	0			GENERAL
(90) SAN JUAN BAUTISTA COMMUNITY BUSINESS ASSOCIATION 319 THIRD STREET SAN JUAN BAUTISTA, CA 95045	47-3176537	501(C)(3)	8,500	0			GENERAL
(91) SAVANNA INSTITUTE 1360 REGENT STREET 124 MADISON, WI 53713	46-3004682	501(C)(3)	50,000	0			GENERAL
(92) SMALL STEPS PO BOX 2137 HOLLISTER, CA 95024	20-8372232	501(C)(3)	5,250	0			GENERAL
(93) SOCIAL GOOD FUND PO BOX 5473 RICHMOND, CA 94805	46-1323531	501(C)(3)	150,000	0			GENERAL
(94) SOUTHSIDE SCHOOL 4991 SOUTHSIDE RD HOLLISTER, CA 95023	27-4503377	509(A)(2)	13,150	0			GENERAL
(95) SPAY NEUTER IMPERATIVE PROJECT CALIFORNIA 67 FRONT STREET DANVILLE, CA 94526	46-1587546	501(C)(3)	7,000	0			GENERAL
(96) SUN STREET CENTERS 11 PEACH DRIVE SALINAS, CA 93901	94-6138701	501(C)(3)	24,850	0			GENERAL
(97) SUSTAINABLE AGRICULTURE AND FOOD SYSTEMS FUNDERS 133 E DE LA GUERRIA 306 SANTA BARBARA, CA 93101	83-2593081	501(C)(3)	50,000	0			GENERAL
(98) SUSTAINABLE ECONOMIES LAW CENTER 1428 FRANKLIN STREET OAKLAND, CA 94612	46-2210531	501(C)(3)	80,000	0			GENERAL
(99) THE SALVATION ARMY HOLLISTER CORPS COMMUNITY CENTER 910 BUENA VISTA RD HOLLISTER, CA 95023	13-2923701	501(C)(3)	6,500	0			GENERAL
(100) THE SOUTHWEST GRASSFED LIVESTOCK ALLIANCE 1413 2ND STREET SUITE 1 SANTA FE, NM 87505	73-1722960	501(C)(3)	25,000	0			GENERAL
(101) THRESHOLD FOUNDATION PO BOX 1866 WILMINGTON, VT 05363	13-3028214	501(C)(3)	70,000	0			GENERAL
(102) VENTURES	77-0247648	501(C)(3)	8,000	0			GENERAL

						t Explorer - ProPublica
WATSONVILLE, CA 95077						
(103) WESTERN LANDOWNERS ALLIANCE PO BOX 6278 SANTA FE, NM 87502	46-1346488	501(C)(3)	15,000	0		GENERAL
(104) WOLFE'S NECK FARM FOUNDATION INC 184 BURNETT ROAD FREEPORT, ME 04032	22-2586116	501(C)(3)	100,000	0		GENERAL
(105) WOMEN IN RANCHING INC PO BOX 76 COHAGEN, MT 59322	88-0524625	501(C)(3)	100,000	0		GENERAL
(106) WOMEN'S FOOD AND AGRICULTURE NETWORK PO BOX 611 AMES, IA 50011	27-0897403	501(C)(3)	50,000	0		GENERAL
(107) YMCA SAN BENITO COUNTY 351 TRES PINOS ROAD SUITE A201 HOLLISTER, CA 95023	77-0202335	501(C)(3)	12,250	0		GENERAL
2 Enter total number of section	on 501(c)(3) and go	vernment organizations	listed in the line 1 table .			▶
3 Enter total number of other For Paperwork Reduction Act Notice				Cat. No. 50055		Schedule I (Form 990) 2021
	asistanas ta Dam					
	ated if additional sp	pace is needed.	plete if the organization a		, ,	Page 2
(a) Type of grant or assista	ated if additional sp		plete if the organization a  (c) Amount of cash grant		(e) Method of valuation (bor FMV, appraisal, other)	
(a) Type of grant or assista	ated if additional sp	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (boo	
(a) Type of grant or assista	ated if additional sp	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (boo	
	ated if additional sp	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (boo	
(a) Type of grant or assista (1) (2)	ated if additional sp	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (boo	
(a) Type of grant or assista (1) (2)	ated if additional sp	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (boo	
(a) Type of grant or assista (1) (2) (3) (4)	ated if additional sp	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (boo	
(a) Type of grant or assista (1) (2) (3)	ated if additional sp	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (boo	
(a) Type of grant or assista (1) (2) (3) (4) (5) (6)	ated if additional sp ance	ace is needed.  (b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (boo	ok, (f) Description of noncash assistance
(a) Type of grant or assista (1) (2) (3) (4) (5) (6)	ated if additional sp ance	ace is needed.  (b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (bor FMV, appraisal, other)	ok, (f) Description of noncash assistance
(a) Type of grant or assista (1) (2) (3) (4) (5) (6) (7)  Part IV Supplemental	Information. P Explanation COMMUNITY FO	rovide the information	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (box FMV, appraisal, other)  in (b); and any other additional and the second	tional information.  NED TO FOUNDATION AFTER RECEIPT OF FUNDS. The
(a) Type of grant or assista (1) (2) (3) (4) (5) (6) (7)  Part IV Supplemental Return Reference	Information. P Explanation COMMUNITY FO	rovide the information	(c) Amount of cash grant  n required in Part I, lin	(d) Amount of noncash assistance	(e) Method of valuation (box FMV, appraisal, other)  in (b); and any other additional and the second	ok, (f) Description of noncash assistance
(a) Type of grant or assista (1) (2) (3) (4) (5) (6) (7)  Part IV Supplemental Return Reference	Information. P Explanation COMMUNITY FO	rovide the information	(c) Amount of cash grant  n required in Part I, lin	(d) Amount of noncash assistance	(e) Method of valuation (box FMV, appraisal, other)  in (b); and any other additional and the second	tional information.  NED TO FOUNDATION AFTER RECEIPT OF FUNDS. The

Additional Data Return to Form

\_ . \_ \_\_

Employer identification number

77-0312582

 $\hfill \Box$  Housing allowance or residence for personal use

TIN: 77-0312582

OMB No. 1545-0047

Open to Public

Yes No

ObjectId: 202342439349300334 - Submission: 2023-08-31

**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.

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.

Schedule J (Form 990)

Department of the Treasury

SAN BENITO COUNTY

Internal Revenue Service Name of the organization COMMUNITY FOUNDATION FOR

efile Public Visual Render

**Questions Regarding Compensation** 

First-class or charter travel

Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: Receive a severance payment or change-of-control payment? . . . No Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . . . . . . 4b No Participate in, or receive payment from, an equity-based compensation arrangement? . 4c No If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: The organization? . . . . . . No 5a Any related organization? 5b b No If "Yes," on line 5a or 5b, describe in Part III. 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: 6a No 6b Nο If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Nο Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Page 2 -Schedule J (Form 990) 2021 Page 2 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II 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 are not 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 (E) Total of (A) Name and Title (B) Breakdown of W-2, 1099-MISC compensation, (C) Retirement (D) Nontaxable (F) Compensation in and/or 1099-NEC and other benefits columns deferred (B)(i)-(D) column (B) (i) Base (ii) (iii) Other Bonus & reportable compensation reported as compensation deferred on prior incentive compensation Form 990 compensation 1 GARY BYRNE 163,005 (i) 35,317 198,322 0 PRESIDENT/CEO (ii) - - -- - -0 0 0 https://projects.propublica.org/nonprofits/organizations/770312582/202342439349300334/full

10/31/24, 12:14 PM	Communit	y Fo	undation Of S	an Benito C	ounty - Full Fili	ng- Nonprofi	t Explorer - l	ProPublica	
				1					
									Form 990) 2021
				22					
				Page 3 ———					
Schedule J (Form 990) 2021									Page <b>3</b>
Part III Supplemental Informa	ation								
Provide the information, explanation, or o	lescriptions required for Part I, line	s 1a, 1	lb, 3, 4a, 4b, 4c,			rt II. Also compl	ete this part for	any additional in	formation.
Return Reference					Explanation				
								Schedule J (	Form 990) 2021
Additional Data								Re	eturn to Form

Software ID: Software Version: **SCHEDULE M** 

(Form 990)

efile Public Visual Render

ObjectId: 202342439349300334 - Submission: 2023-08-31

**Noncash Contributions** 

TIN: 77-0312582

OMB No. 1545-0047

Department of the Treasury

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

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

**Open to Public** 

	Revenue Service						Inspe		
Name	e of the organization JUNITY FOUNDATION FOR				Emplo	yer identifica	tion n	umbei	r
	ENITO COUNTY				77-03:	12582			
Da	rt I Types of Property								
га	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 d noncash contrib	etermi		ts
1	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household goods								
	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded .	Х	6	316,47	6 SELLI	NG PRICE PER	BROKE	R	
	Securities—Closely held stock . Securities—Partnership, LLC,				+				
	or trust interests								
	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
	Qualified conservation contribution—Other								
15	Real estate—Residential .								
	Real estate—Commercial								
17	Real estate—Other	Х	1	670,00	0 MARK	ET VALUE			
18	Collectibles								
	Food inventory								
20	Drugs and medical supplies .								
21	Taxidermy								
22	Historical artifacts								
	Scientific specimens				-				
	Archeological artifacts								
	Other ▶ ( )								
	Other ▶ ( )								
27	Other ► ( ) Other ► ( )				-				
	Number of Forms 8283 received by t	ho organiz	ation during the tay year for	contributions	-	1			
	for which the organization completed				29				
			, ,	<b>9</b>				Yes	No
30a	During the year, did the organization hold for at least three years from the purposes for the entire holding perions.	e date of the						165	NO
b	If "Yes," describe the arrangement i					_	30a		No
31	Does the organization have a gift ac	centance n	nolicy that requires the review	v of any nonstandard contr	ihutione	:?	31		No
	Does the organization hire or use th		, .	·		··			.,,
b	contributions?						32a	Yes	
33	If the organization didn't report an	amount in a	column (c) for a type of prop	erty for which column (a) i	s check	ed			
	describe in Part II.	amount iii (	column (c) for a type of prop	c. c, for which column (a) i	J CHECK				
For Pa	aperwork Reduction Act Notice, see the	Instruction	ns for Form 990.	Cat. No. 51227	1	Schedule I	1 (Form	990)	(2021)

Page 2

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.

Return Reference Explanation

Schedule M (Form 990) (2021)

**Additional Data** 

**Return to Form** 

### **Software ID:**

C-4----- V---!---

efile Public Visual Render

ObjectId: 202342439349300334 - Submission: 2023-08-31

**TIN: 77-0312582** OMB No. 1545-0047

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

2021

Department of the Treasury Internal Revenue Service

SAN BENITO COUNTY

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

▶ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION FOR

Employer identification number

77-0312582

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FOUNDATION'S BOOKKEEPER, EXECUTIVE DIRECTOR, FINANCE COMMITTEE, AUDIT COMMITTEE AND BOARD OF DIRECTORS REVIEW THE TAX RETURN PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, BOARD MEMBERS, AND KEY EMPLOYEES REVIEW ANY CONFLICTS OF INTEREST ON AN ANNUAL BASIS, DOCUMENTING ANY KEY COMPONENTS.
FORM 990, PART VI, SECTION B, LINE 15	THE FULL BOARD PERIODICALLY CONDUCTS A FORMAL REVIEW PROCESS FOR THE EXECUTIVE DIRECTOR AND ALSO REVIEWS SALARY AND AGREES ON ANY SALARY ADJUSTMENTS.
FORM 990, PART VI, SECTION C, LINE 19	A PUBLIC DISCLOSURE COPY OF THE ORGANIZATION'S BYLAWS, POLICIES, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 9:	ACCRUAL TO CASH - GRANTS PAYABLE 58,740. FUNDS HELD FOR OTHERS INVESTMENT ACTIVITY ACCRUAL TO CASH -12,716. FUNDS HELD FOR OTHERS COSTS ACCRUAL TO CASH -135,291. ACCRUAL TO CASH- PY ACCOUNTS PAYABLE 30,396.
FORM 990, PART XII, LINE 2C:	THE AUDIT COMMITTEE ASSUMES THE RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT.

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

Cat. No. 51056K

Schedule O (Form 990) 2021

**Additional Data** 

**Return to Form** 

**Software ID:** 

Coftware Versions