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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

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

A For the 2021 calendar year, or tax year beginning 11-01-2021, and ending 10-31-2022

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
COMMUNITY FOUNDATION FOR
SAN BENITO COUNTY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
440 SAN BENITO STREET

City or town, state or province, country, and ZIP or foreign postal code
HOLLISTER, CA 95023

D Employer identification number
77-0312582

E Telephone number
(831) 630-1924

G Gross receipts \$ **13,641,359**

F Name and address of principal officer:
GARY BYRNE
440 SAN BENITO STREET
HOLLISTER, CA 95023

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.CFFSBC.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1992 **M** State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO BUILD A PERMANENT ENDOWMENT TO PROVIDE GRANTS AND ASSISTANCE TO DEVELOP AND STRENGTHEN LOCAL NON-PROFIT ORGANIZATIONS IN SAN BENITO COUNTY		
	2 Check this box <input type="checkbox"/>		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	66
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,183,083	13,224,313
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	904,476	368,231
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	182,642	2,138
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,270,201	13,594,682
	14 Benefits paid to or for members (Part IX, column (A), line 4)	2,150,225	5,176,386
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	341,730	407,801
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 49,248	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	233,511	549,920
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,725,466	6,134,107
19 Revenue less expenses. Subtract line 18 from line 12	9,544,735	7,460,575	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	31,134,359	35,557,098
	22 Net assets or fund balances. Subtract line 21 from line 20	629,283	574,231

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

Sign Here

Signature of officer

2023-08-31

Date

GARY BYRNE PRESIDENT/CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00696626
Firm's name ▶ NOVOGRADAC & COMPANY LLP			Firm's EIN ▶ 94-3108253	
Firm's address ▶ 1435 N MCDOWELL BLVD SUITE 350 PETALUMA, CA 94954			Phone no. (415) 223-6130	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE COMMUNITY FOUNDATION FOR SAN BENITO COUNTY IS DEDICATED TO BUILDING A STRONGER COMMUNITY AND ENHANCING THE QUALITY OF LIFE IN SAN BENITO COUNTY THROUGH THE SUPPORT OF PHILANTHROPIC ACTIVITIES.

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

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

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

4a (Code:) (Expenses \$ 5,569,510 including grants of \$ 5,176,386) (Revenue \$ 2,138)
PROVIDED GRANT ASSISTANCE TO VARIOUS EDUCATIONAL, YOUTH, SENIOR, AND COMMUNITY SERVICES

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ▶ 5,569,510

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Contains 21 rows of questions regarding organizational requirements and reporting.

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Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a and 1b regarding Form 1096 and Form W-2G.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Yes

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

Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued). Includes sections 2a through 13c with various questions and input fields.

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? If "Yes," see the instructions and file Form 4720, Schedule N.	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 Section 501(c)(21) organizations. 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? If "Yes," complete Form 6069.	17	

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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.	1a	17	
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?	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
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a 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? If "Yes," provide the names and addresses in Schedule O	9		No

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	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?			
a The organization's CEO, Executive Director, or top management official	15a	Yes	
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	Yes	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

16b

Section C. Disclosure

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

CA

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website Upon request Other (explain in Schedule O)

19 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.

20 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

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

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

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

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

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

List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

List all of the organization's **former** officers, key employees, 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 organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VINCE BRIGANTINO DIRECTOR	1.00	X					0	0	0	
(2) ALAN CLARK SECRETARY	2.00	X		X			0	0	0	
(3) DAMON FELICE DIRECTOR	2.00	X					0	0	0	
(4) MARILYN FERREIRA PAST CHAIR	2.00	X		X			0	0	0	
(5) PHIL FORTINO DIRECTOR	2.00	X					0	0	0	
(6) MIKE GRACE CFO/TREASURER	2.00	X		X			0	0	0	
(7) FERNANDO GONZALEZ CHAIR	10.00	X		X			0	0	0	

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	163,005	0	35,317

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DEL CURTO BROTHERS CONSTRUCTION PO BOX 1311 HOLLISTER, CA 95024	BUILDING CONSTRUCTION	984,614
WALTERS & WOLF INTERIORS 41450 BOSCELL ROAD FREMONT, CA 94538	BUILDING CONSTRUCTION	449,780

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

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Part VIII **Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns				
1b Contributions, Gifts, Grants, and Membership dues and OtherAmt Similar				
1c Fundraising events				
1d Related organizations				
1e Government grants (contributions)				
1f All other contributions, gifts, grants, and similar amounts not included above	13,224,313			
1g Noncash contributions included in lines 1a - 1f:\$	986,476			
h Total. Add lines 1a-1f	13,224,313			

2a	Business Code				

Program Service Revenue							
f All other program service revenue.							
9 Total. Add lines 2a-2f. ▶							
3 Investment income (including dividends, interest, and other similar amounts) ▶			305,530			305,530	
4 Income from investment of tax-exempt bond proceeds ▶							
5 Royalties ▶							
Other Revenue		(i) Real	(ii) Personal				
		6a Gross rents	2,138				
	b Less: rental expenses	0					
	6c Rental income or (loss)	2,138					
	d Net rental income or (loss) ▶			2,138	2,138		
		(i) Securities	(ii) Other				
		7a Gross amount from sales of assets other than inventory	22,888	86,490			
	b Less: cost or other basis and sales expenses	0	46,677				
	7c Gain or (loss)	22,888	39,813				
	d Net gain or (loss) ▶			62,701			62,701
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
8b Less: direct expenses							
c Net income or (loss) from fundraising events ▶							
9a Gross income from gaming activities. See Part IV, line 19							
9b Less: direct expenses							
c Net income or (loss) from gaming activities ▶							
10a Gross sales of inventory, less returns and allowances							
10b Less: cost of goods sold							
c Net income or (loss) from sales of inventory ▶							
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d ▶							
12 Total revenue. See instructions ▶							
			13,594,682	2,138	0	368,231	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,176,386	5,176,386		
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				
b Legal	420		420	
c Accounting	31,145		31,145	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g 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				
15 Royalties				
16 Occupancy	11,370		11,370	
17 Travel				
18 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	
23 Insurance	8,772		8,772	
24 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 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				

educational campaign and fundraising solicitation.

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

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	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		3	
	4	Accounts receivable, net	208	4	0
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	125,000	7	72,599
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	6,746,819		
	b	Less: accumulated depreciation	197,015	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 equal line 33)	31,134,359	16	35,557,098	
Liabilities	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	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	499,693	25	520,835
	26	Total liabilities. Add lines 17 through 25	629,283	26	574,231
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	15,521,513	27	27,249,860
	28	Net assets with donor restrictions	14,983,563	28	7,733,007
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	30,505,076	32	34,982,867	
33	Total liabilities and net assets/fund balances	31,134,359	33	35,557,098	

Part XI Reconciliation of Net Assets

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

Table with 10 rows for Reconciliation of Net Assets. Line 1: Total revenue 13,594,682; Line 2: Total expenses 6,134,107; Line 3: Revenue less expenses 7,460,575; Line 4: Net assets at beginning 30,505,076; Line 5: Net unrealized gains (losses) on investments -2,923,913; Line 9: Other changes in net assets -58,871; Line 10: Net assets at end of year 34,982,867.

Part XII Financial Statements and Reporting

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

Table with 3 columns: Question, Yes, No. Row 1: Accounting method used (checked Cash). Row 2a: Financial statements compiled or reviewed (No). Row 2b: Financial statements audited (Yes). Row 2c: Committee oversight (Yes). Row 3a: Federal award audit (No). Row 3b: Required audit (No).

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Additional Data

Return to Form

Software ID:

Software Version:

Form 990. Special Condition Description:

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2021

Open to Public Inspection

Table with 2 columns: Name of the organization (COMMUNITY FOUNDATION FOR SAN BENITO COUNTY) and Employer identification number (77-0312582)

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

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

- 1-12. Reason for public charity status options. Option 7 is checked: An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990) 2021

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support Calendar year

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual 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 the organization without charge..						
4 Total. 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

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 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 Gross income from interest, 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 Total support. Add lines 7 through 10						51,983,286
12 Gross receipts from related activities, etc. (see instructions)					12	40,146
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	26.330 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	28.320 %
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990) 2021

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the						

4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. . . .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests-2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests-2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Schedule A (Form 990) 2021

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		

- c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 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.
 - b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
 - c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
 - b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 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).
- 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).
- 9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
 - b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
 - c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - 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).

3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Schedule A (Form 990) 2021

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on 11a above?		
c 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 VI .		

Section B. Type I Supporting Organizations

	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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

a The organization satisfied the Activities Test. Complete **line 2** below.

b The organization is the parent of each of its supported organizations. Complete **line 3** below.

c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Schedule A (Form 990) 2021

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	

e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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

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

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

b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI.</i> See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI.</i> See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

Schedule A (Form 990) (2021)

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

Facts 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
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Schedule A (Form 990) 2021

Additional Data

[Return to Form](#)

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990) Department of the Treasury Internal Revenue Service

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

2021

Table with 2 columns: Name of the organization (COMMUNITY FOUNDATION FOR SAN BENITO COUNTY) and Employer identification number (77-0312582)

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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

Part I

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization COMMUNITY FOUNDATION FOR SAN BENITO COUNTY	Employer identification number 77-0312582
---	--

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
------------------------	--	--	----------------------

-			\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Page 4

Name of organization COMMUNITY FOUNDATION FOR SAN BENITO COUNTY	Employer identification number 77-0312582
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

Schedule B (Form 990) (2021)

Additional Data

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Software ID:
Software Version:

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Table with 2 columns: Name of the organization (COMMUNITY FOUNDATION FOR SAN BENITO COUNTY) and Employer identification number (77-0312582)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 show values for total number, aggregate value of contributions, grants, and end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,139,850	7,479,566	6,760,137	6,149,589	6,281,460
b Contributions	620,673	169,943	612,595	180,012	20,142
c Net investment earnings, gains, and losses	-1,684,710	1,843,311	368,536	639,444	59,032
d Grants or scholarships	-223,371	-206,860	-138,070	-106,909	-89,160
e Other expenditures for facilities and programs	-12,998	-145,998	-1,913	-3,715	-9,881
f Administrative expenses	-153,360	-112	-121,719	-98,284	-122,003
g End of year balance	7,686,084	9,139,850	7,479,566	6,760,137	6,149,589

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 4.000 %
 - b** Permanent endowment ▶ 96.000 %
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | No |
| (ii) Related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		143,354		143,354
b Buildings		5,757,879	139,810	5,618,069
c Leasehold improvements		21,733	1,449	20,284
d Equipment		823,853	55,756	768,097
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				6,549,804

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Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) VANGUARD PORTFOLIO	12,747,040	F
(B) RSF SOCIAL FINANCE	573,631	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	13,320,671	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	

FUNDS HELD FOR OTHERS

520,835

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)

520,835

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	10,552,047
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-2,923,913
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	49,040
e	Add lines 2a through 2d	2e	-2,874,873
3	Subtract line 2e from line 1	3	13,426,920
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	167,762
c	Add lines 4a and 4b	4c	167,762
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	13,594,682

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

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

1	Total expenses and losses per audited financial statements	1	6,074,256
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	-27,154
e	Add lines 2a through 2d	2e	-27,154
3	Subtract line 2e from line 1	3	6,101,410
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	32,697
c	Add lines 4a and 4b	4c	32,697
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,134,107

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2:	THE FOUNDATION IS A NOT-FOR-PROFIT CORPORATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE AND THEREFORE, IS GENERALLY EXEMPT FROM BOTH FEDERAL AND STATE INCOME TAXES, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. THE PREPARATION OF FINANCIAL STATEMENTS IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRES THE FOUNDATION TO REPORT INFORMATION REGARDING ITS EXPOSURE TO VARIOUS TAX POSITIONS TAKEN. MANAGEMENT HAS DETERMINED WHETHER ANY TAX POSITIONS HAVE MET THE RECOGNITION THRESHOLD AND HAS MEASURED ITS EXPOSURE TO THOSE TAX POSITIONS. MANAGEMENT BELIEVES THAT THE

FOUNDATION HAS ADEQUATELY ADDRESSED ALL RELEVANT TAX POSITIONS AND THAT THERE ARE NO UNRECORDED TAX LIABILITIES. FEDERAL TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE AND AUDIT THE PREVIOUS THREE YEARS OF TAX RETURNS FILED. CALIFORNIA TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE AND AUDIT THE PREVIOUS FOUR YEARS OF TAX RETURNS FILED. ANY INTEREST OR PENALTIES ASSESSED TO THE FOUNDATION ARE RECORDED IN OPERATING EXPENSES. NO INTEREST OR PENALTIES FROM FEDERAL OR STATE TAX AUTHORITIES WERE RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	RENT SUBLEASE REVENUE 49,040.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	ACCRUAL TO CASH - CY PLEDGE AND ACCOUNT RECEIVABLES 208. FUNDS HELD FOR OTHERS COSTS ACCRUAL TO CASH 167,554.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	ACCRUAL TO CASH- PY GRANTS PAYABLE -58,740. ACCRUAL TO CASH- PY ACCOUNTS PAYABLE 30,396. MISCELLANEOUS EXPENSE 1,190.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	FUNDS HELD FOR OTHERS 32,697.

Schedule D (Form 990) 2021

Additional Data

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Software ID:
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

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

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in the region, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region, (f) Total expenditures for and investments in the region. Includes sub-totals and totals for lines 3a, 3b, and 3c.

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

Cat. No. 50082W

Schedule F (Form 990) 2021

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 9 columns: (a) Name of organization, (b) IRS code section and EIN (if applicable), (c) Region, (d) Purpose of grant, (e) Amount of cash grant, (f) Manner of cash disbursement, (g) Amount of noncash assistance, (h) Description of noncash assistance, (i) Method of valuation (book, FMV, appraisal, other). Includes one row with data: NORTH AMERICA, GENERAL SUPPORT, 145,000, 0.

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 www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (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. Rows include various organizations like AGRICULTURE AND LAND-BASED TRAINING ASSOCIATION (ALBA), BENITOLINK, BIONUTRIENT FOOD ASSOCIATION, etc.

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 DURHAM, NC 27702	46-3673347	501(C)(3)	50,000	0		GENERAL
(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 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	5,522	0		GENERAL
(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 ROCK HILL, SC 29730	46-4623115	501(C)(3)	50,000	0		GENERAL
(32) FAMILY MATTERS SBC PO BOX 928 SAN MARTIN, CA 95046	94-1567162	501(C)(3)	10,000	0		GENERAL
(33) FIBERSHED PO BOX 221 SAN GERONIMO, CA 94963	45-3055196	501(C)(3)	60,000	0		GENERAL
(34) GIRL SCOUTS OF CALIFORNIA CENTRAL COAST 1500 PALMA DRIVE SUITE 100 VENTURA, CA 93003	94-1567162	501(C)(3)	11,600	0		GENERAL
(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 KANEHOE BAY DRIVE KANEHOE, 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 SANTA CRUZ, CA 95062	94-2713281	501(C)(3)	16,278	0		GENERAL
(42) HOLISTIC MANAGEMENT INTERNATIONAL 2425 SAN PEDRO DR NE SUITE A ALBUQUERQUE, NM 87110	85-0324203	501(C)(3)	50,000	0		GENERAL
(43) INFACIT 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 PO BOX 622	94-2280033	501(C)(3)	13,000	0		GENERAL

HOLLISTER, CA 95024						
(50) JUBILEE JUSTICE INC 490 LAKE PARK AVE 10481 OAKLAND, CA 94610	84-3932961	501(C)(3)	150,000	0		GENERAL
(51) JUNIOR ACHIEVEMENT OF NORTHERN CALIFORNIA 3003 OAK ROAD SUITE 130 WALNUT CREEK, CA 94597	84-1267604	501(C)(3)	6,668	0		GENERAL
(52) KANSAS PERMACULTURE INSTITUTE 11862 70TH ST OSKALOOSA, KS 66066	47-5627892	501(C)(3)	88,000	0		GENERAL
(53) KINSHIP CENTER-- GABILAN CHAPTER PO BOX 324 TRES PINOS, CA 95075	94-2971761	501(C)(3)	11,568	0		GENERAL
(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 MINNEAPOLIS, MN 55407	41-1466054	501(C)(3)	40,000	0		GENERAL
(57) LEADERSHIP COUNSEL FOR JUSTICE AND ACCOUNTABILITY 2210 SAN JOAQUIN STREET FRESNO, CA 93721	46-1517800	501(C)(3)	40,000	0		GENERAL
(58) MAINE ORGANIC FARMERS AND GARDENERS ASSOCIATION 294 CROSBY BROOK ROAD UNITY, ME 04988	01-6048322	501(C)(3)	44,000	0		GENERAL
(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 95045	47-5427661	501(C)(3)	8,000	0		GENERAL
(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 SALINAS, CA 93901	02-0646450	501(C)(3)	10,000	0		GENERAL
(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

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 MINNEAPOLIS, MN 55407	84-4278182	501(C)(3)	50,000	0		GENERAL
(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 HOLLISTER, CA 95023	94-3121808	501(C)(3)	34,300	0		GENERAL
(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 PO BOX 3275	77-0247648	501(C)(3)	8,000	0		GENERAL

Organization Name	Employer ID	Organization Type	Amount	Other	Category
(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 501(c)(3) and government organizations listed in the line 1 table 110
 3 Enter total number of other organizations listed in the line 1 table 2

Schedule I (Form 990) 2021 Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	COMMUNITY FOUNDATION MONITORS THE USE OF GRANTS GIVEN BY REQUIRING A GRANT IMPACT REPORT RETURNED TO FOUNDATION AFTER RECEIPT OF FUNDS. THIS REPORT REQUIRES BUDGETING INFORMATION AND FINANCIAL STATEMENTS FOR GRANT PROJECTS.

Additional Data

[Return to Form](#)

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.

2021

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
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3 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. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c	No No No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5a 5b	No No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6a 6b	No No
7 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	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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.

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GARY BYRNE PRESIDENT/CEO	(i)	163,005	0	0	0	35,317	198,322	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY FOUNDATION FOR SAN BENITO COUNTY

Employer identification number 77-0312582

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Cars, Securities, Real estate, etc.

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

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods, gift acceptance policies, and solicitation.

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
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Schedule M (Form 990) (2021)

Additional Data

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Software ID:

Software Version:

efile Public Visual Render	ObjectID: 202342439349300334 - Submission: 2023-08-31	TIN: 77-0312582
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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR
SAN BENITO COUNTY

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

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