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ObjectId: 202202499349301425 - Submission: 2022-09-06

TIN: 77-0312582

orm**990**

FOI II

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

Open to Public Inspection

A F	or the 2020 c	alendar year, or tax year beginning 11-01-2020 , and ending	10-31-2021						
_	eck if applicable:	C Name of organization COMMUNITY FOUNDATION FOR		D Employer	identif	ication number			
	ddress change	SAN BENITO COUNTY		77-03125	77-0312582				
_	ame change iitial return	Doing business as							
	nal return/terminated								
□ A	mended return		om/suite	E Telephone	number				
O A	oplication pending	440 SAN BENITO STREET		(831) 630)-1924				
		City or town, state or province, country, and ZIP or foreign postal code							
		HOLLISTER, CA 95023		G Gross rece	ipts \$ 12	2,327,341			
		F Name and address of principal officer:	H(a)	Is this a group retu	rn for				
		GARY BYRNE 440 SAN BENITO STREET		subordinates?		□ _{Yes} ✓ _{No}			
		HOLLISTER, CA 95023	H(b)	Are all subordinates included?	6	☐ Yes ☐No			
I Ta	x-exempt status:	✓ 501(c)(3)	27	If "No," attach a lis	t. (see				
Jν	/ebsite: ► WW	/W.CFFSBC.ORG	H(c)	Group exemption n	•	•			
K For	m of organization:	Corporation Trust Association Other	L Year o	f formation: 1992	1 State	of legal domicile: CA			
	, , , , , , , , , , , , , , , , , , ,								
F	art I Sum	mary							
		scribe the organization's mission or most significant activities: A PERMANENT ENDOWMENT TO PROVIDE GRANTS AND ASSISTANCE	TO DEVELOR	AND CTRENCTUEN	10041	NON PROFIT			
Ф		A PERMANENT ENDOWMENT TO PROVIDE GRANTS AND ASSISTANCE ATIONS IN SAN BENITO COUNTY	TO DEVELOP	AND STRENGTHEN	LUCAL	. NON-PROFII			
2									
Ĕ									
Š.	2 Check thi								
Ğ		of voting members of the governing body (Part VI, line 1a)			3	17			
×8		of independent voting members of the governing body (Part VI, line 1)			4	17			
tie		nber of individuals employed in calendar year 2020 (Part V, line 2a)	•		5	9			
Activities & Governance		nber of volunteers (estimate if necessary)			6	60			
AG		elated business revenue from Part VIII, column (C), line 12			7a	0			
		lated business taxable income from Form 990-T, line 39		•	7a 7b	0			
—	D Net unle	dated business taxable income from Form 990-1, line 39	· · · ·	Prior Year	76				
	O Combuile of	in and analysis (DetVIII line 11)			0	Current Year			
2		cions and grants (Part VIII, line 1h)		13,661,98	+	11,183,083			
Revenue		service revenue (Part VIII, line 2g)			0	0			
æ		ent income (Part VIII, column (A), lines 3, 4, and 7d)		542,03	+	904,476			
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,07		182,642				
	12 Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 1	2)	14,221,09	9	12,270,201			
	13 Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)		6,958,50	6	2,150,225			
	14 Benefits	paid to or for members (Part IX, column (A), line 4)			0	0			
88	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-	10)	324,86	8	341,730			
US(16a Professio	onal fundraising fees (Part IX, column (A), line 11e)			0	0			
Expenses	b Total fundr	raising expenses (Part IX, column (D), line 25) 140,118							
ũ	17 Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	291,88	6	233,511			
	18 Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,575,26	0	2,725,466				
		less expenses. Subtract line 18 from line 12		6,645,83	9	9,544,735			
× 8			Begi	nning of Current Yea	+	End of Year			
Net Assets or Fund Balances									
SSe	20 Total ass	ets (Part X, line 16)		19,603,13	3	31,134,359			
ME	21 Total liab	ilities (Part X, line 26)		552,13	2	629,283			
	22 Net asset								

Part II Signature Block

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

Page 2 Form 990 (2020) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		- IL				2022-09-06							
Paid Proparer Proparer Propagation	Sian	Sig	nature of officer										
Paid Print/Tipe preservices name Preserve's signature Date Check Free Prints	_	GA	RY BYRNE PRESIDENT/CEO										
Paid Preparer Use Only Parms adnes ► NOVOGRADAC & COMPANY LLP Parms advess ► #35 N MCDOWELL BLVD SUITE 350 Prone no. (±15) 223-6:10 Prone no. (±1		Тур	pe or print name and title				_						
Preparer See Only	Paid	I	Print/Type preparer's name	Preparer's signature	Date	Check U if P00							
May the IBS discuss this return with the preparer shown above? (see instructions). Por Paperwork Reduction Act Notice, see the separate instructions. Page 2 Form 990 (2020) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III . Briefly describe the organizations' mission: THE COMMUNITY FOUNDATION FOR SAN BENTIO COUNTY IS DEDICATED TO BUILDING A STRONGER COMMUNITY AND ENHANCING THE QUOTE IN SAN BENTIO 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-E22 . 1 "Yes," describe these sense services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services. 1 "Yes," describe these changes on Schedule O. Describe the organizations organs services or Schedule O. Describe the organizations organs services 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 \$ 2,395,186 including grants of \$ 2,150,225) (Nevenue \$ 2,889) PROVIDED GRANT ASSISTANCE TO VARIOUS EDUCATIONAL, YOUTH, SENIOR, AND COMMUNITY SERVICES 4d Other program services (Describe in Schedule O.)			Firm's name NOVOGRADAC & COI	MPANY LLP			08253						
May the IRS discuss this return with the preparer shown above? (see instructions).	Use	Only	Firm's address ► 1435 N MCDOWELL B	SLVD SUITE 350		Phone no. (415) 223	3-6130						
May the IRS discuss this return with the preparer shown above? (see instructions) Page 2 Form 990 (2020) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III. Briefly describe the organization's mission: The COMMUNITY FOUNDATION FOR SAN BENTIO COUNTY IS DEDICATED TO BUILDING A STRONGER COMMUNITY AND ENHANCING THE QUOTE LIFE IN SAN BENTIO COUNTY THROUGH THE SUPPORT OF PHILANTHROPIC ACTIVITIES. Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2? If "Yes," describe these new services on Schedule O. Did the organization case conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Discribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section SOIL(c)(3) and SOIL(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 \$ 2,395,386 including grants of \$ 2,130,225) (Revenue \$ 2,889) PROVIDED GRANT ASSISTANCE TO VARIOUS EDUCATIONAL, YOUTH, STRINGA, AND COMMUNITY STRIVCES 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Re			PETALUMA, CA 9495	4		(120, 220							
Form 990 (2020) Part III Statement of Program Service Accomplishments Check of Schedule O contains a response or note to any line in this Part III	May th	ne IBS disc	•			L	Ves □ No						
Form 990 (2020) Part III Statement of Program Service Accomplishments Check If Schedule O contains a response or note to any line in this Part III				, ,		. No. 11282Y	Form 990 (2020						
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4d Other program services (Describe in Schedule O.)	4b	(Code:) (Expenses \$	including grants of \$	\$) (Revenue \$)						
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4d Other program services (Describe in Schedule O.)													
4d Other program services (Describe in Schedule O.)													
	4c	(Code:) (Expenses \$	including grants of \$	\$) (Revenue \$)						
	44	Othorner	gram corvices (Decaribe in Sebadula	0.)									
4e Total program service expenses 2.395.186		(Expenses	\$ includ	ing grants of \$) (Revenue	e \$)						

——— Page 3 ———

Form 990 (2020) Page **3**

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

government on Part IA, column (A), line 1: 11 res, complete Schedule 1, Parts 1 and 11

Form **990** (2020)

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	990 (2020)			Page
Pai	Checklist of Required Schedules (continued)		W	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I. Parts I and III	22	Yes	No No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule 1</i> .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ***	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	- i	 Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 15	-	162	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0	1		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
(gambling) winnings to prize winners?	1c	Yes	
	F	orm 99	0 (2020)

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orm	990 (2020)			Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: \(\bigs\) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			

14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
			orm 99	0 (2020)
			01111 99	0 (2020)
	Page 6			
Form	990 (2020)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	" resp	onse to	lines
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 17			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer director tructed or key employed have a family relationship or a hydrogen relationship with any other			
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	$ \hbox{ 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:			,
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			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 in 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	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	1
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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?	16h		

Se	ection 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 (or 1024-A if applicable), 990, and 990-T (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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Form	n 990 (2020) Page 7
	· · · · · · · · · · · · · · · · · · ·
Pa	rt 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
Se	ection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
year.	
•	List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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 instructions for the order in which to list the persons above.

Check this box if neither the organization no	r any related or	rganizat	ion c	omp	ens	ated a	any (current officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related	pers and	an on on is	e bo both ecto	che x, u n an or/tr	nless office ustee	er)	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2,1033 (1136)	MISC)	related organizations
(1) MARILYN FERREIRA PAST CHAIR	2.00	х		х				0	0	0
(2) PHIL FORTINO DIRECTOR	2.00	х						0	0	0
(3) MICKIE SOLORIO LUNA DIRECTOR	2.00	х						0	0	0
(4) VINCE BRIGANTINO DIRECTOR	2.00	х						0	0	0
(5) DAMON FELICE DIRECTOR	2.00	Х						0	0	0
(6) BEVERLEY MEAMBER DIRECTOR	2.00	х						0	0	0
(7) DOHN LARSON DIRECTOR	2.00	х						0	0	0
(8) BILL TIFFANY DIRECTOR	2.00	х						0	0	0
	2.00								·	

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(9) REBECCA MEDEIROS WOLF	۷.۷۷	х		×			0	0	0
VICE-CHAIR									
(10) ALAN CLARK SECRETARY	2.00	Х		x			0	0	0
(11) FERNANDO GONZALEZ CHAIR	10.00	Х		х			0	0	0
(12) MIKE GRACE CFO/TREASURER	2.00	Х		х			0	0	0
(13) BRENT REDMOND DIRECTOR	2.00	Х					0	0	0
(14) KATHLEEN SHERIDAN DIRECTOR	2.00	Х					0	0	0
(15) CHANG SO VICE CHAIR	2.00	Х		x			0	0	0
(16) GARY BYRNE PRESIDENT/CEO	2.00	Х		х			142,335	0	35,317
(17) ALLISON ROHNERT DIRECTOR	2.00	Х					0	0	0

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Form 990 (2020)

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

(A) Name and title	(B) Average hours per week (list any hours for related	than is b	one b	ox, ι n of	t che inles ficer	and a	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		2,1000 11200)	organization and related organizations

d	Total (add lines 1b and 1c)		▶		142,335		0		35,317
2	Total number of individuals (including but of reportable compensation from the org		listed above) who	received mo	ore than \$1	.00,000			
								Yes	No
3	Did the organization list any former offi line 1a? <i>If "Yes," complete Schedule J fo</i>		e, key employee, o	r highest co	mpensated	l employee on	3		No
4	For any individual listed on line 1a, is th organization and related organizations gindividual					m the	4	Yes	
5	Did any person listed on line 1a receive services rendered to the organization?If	•	•	_	ation or inc	lividual for	5		No
S	ection B. Independent Contractor	S							
1	Complete this table for your five highest from the organization. Report compensa						mpens	ation	
	· · · · · ·	(A)	ear chang with or	Within the	Ī	(B)		(0	
DEL	Name and CURTO BROTHERS CONSTRUCTION	business address				cription of services CONSTRUCTION		Comper	646,565
	OX 1311								,
	LISTER, CA 95024								
							_		
	Total number of independent contractors (compensation from the organization 1	including but not limite	ed to those listed a	bove) who	l received m	ore than \$100,00	00 of		
	compensation from the organization = 1							Form 99	0 (2020)
			- Page 9						
Forn	n 990 (2020)								Page 9
P	art VIII Statement of Revenue								. ago 2
	Check if Schedule O contains a	response or note to a	ny line in this Part			<u> </u>			
			(A) Total revenue		(B) ited or	(C) Unrelated		(D) Rever	
					empt iction	business revenue	1+2	excluded	
					renue	revende		512 -	
99	derated campaigns 1a								
Grants	embership dues 1b								
Giffs, G	indraising events 1c								
Contributions,	ilated organizations 1d								
ntrib	overnment grants (contributions) 10 10 10 10								
ŭ	60,361 An other contributions, gifts, grants, and similar amounts not included above								
	11,122,722								
g	Noncash contributions included in lines 1a - 1f:\$								
h	134,179 Total. Add lines 1a-1f	11,183,08	2						
\vdash		Business Code							
	2a						\top		
9		_							
ornino Dougun	,								
9									
2740	Ē .	_	1				\neg		

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Program		-			
Ď.					
<u> </u>					
f All other program s					
9 Total. Add lines 2				<u> </u>	
3 Investment income similar amounts) .		interest, and other	261,311		261,311
4 Income from invest		ond proceeds			
5 Royalties					
	(i) Real	(ii) Personal			
'					
6a Gross rents	6a 2,6	89			
b Less: rental expenses	6b	0			
c Rental income					
or (loss)	6c 2,6	89			
d Net rental income	or (loss)		2,689	2,689	
	(i) Securities	(ii) Other			
7a Gross amount from sales of	7a 563,4	63 125,000			
assets other	303/1	123,000			
than inventory		+			
b Less: cost or other basis and	7b	0 45,298			
sales expenses					
c Gain or (loss)	7c 563,4	63 79,702			
d Net gain or (loss)		.	643,165		643,165
Gross income from ful	_				
(not including \$ contributions reported	of				
contributions reported See Part IV, line 18		191,795			
b Less: direct expens	ses 8b	11,842			
<u>. </u>	s) from fundraising ev	vents	179,953		179,953
₽					
Gross income from Gee Part IV, line 19	· ·				
	94				
b Less: direct expens					
c Net income or (los	s) from gaming activi	ties			
10a Gross sales of inve	entory, less				
returns and allowa		1			
b Less: cost of goods	s sold 10 6				
c Net income or (los	s) from sales of inven	tory b		Į.	
Miscellanec	ous Revenue	Business Code			
11a					
b		1			
		1			
		<u> </u>			
d All other revenue					
e Total. Add lines 13	la-11d	•			
12 Total revenue. Se	ee instructions		12,270,201	2,689	0 1,084,429
			12,2/0,201	2,003	Form 990 (2020)

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	Check if Schedule O contains a response or note to an	y line in this Part IX	<u></u>		U
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,150,225	2,150,225	,	·
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	142,335	79,817	46,981	15,537
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	149,048	83,583	49,196	16,269
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	25,132	14,094	8,295	2,743
10	Payroll taxes	25,215	14,140	8,323	2,752
11	Fees for services (non-employees):				
	Management				
	D Legal	1,983		1,983	
		·		·	
	Accounting	30,520		30,520	
	Lobbying				
•	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	44,618	5,175	39,443	
12	Advertising and promotion	23,776	23,776		
13	Office expenses	48,795		48,795	
14	Information technology				
15	Royalties				
16	Occupancy	45,480		45,480	
	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	694		694	
	Insurance	2,974		2,974	
	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	30,628	24,376	6,252	
	b HOSPITALITY	4,043		1,226	2,817
	С				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,725,466	2,395,186	290,162	40,118
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).				

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Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part IX			\square
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			5,945,795	1	10,478,381
	2	Savings and temporary cash investments .				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			0	4	208
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, subs- controlled entity or family member of any of the	tantial	contributor, or 35%		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in so				6	
S	7	Notes and loans receivable, net			150,000	7	125,000
Assets	8	Inventories for sale or use				8	
SS	9	Prepaid expenses and deferred charges				9	
•	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,704,122			
	ь	Less: accumulated depreciation	10b	25,778	1,133,210	10c	4,678,344
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, line	11 .		12,374,128	12	15,242,801
	13	Investments—program-related. See Part IV, line	11 .			13	
	14	Intangible assets		 		14	
	15	Other assets. See Part IV, line 11			0	15	609,625
	16	Total assets. Add lines 1 through 15 (must eq.		<u> </u>	19,603,133	16	31,134,359
	17	Accounts payable and accrued expenses			31,971	17	47,850
	18	Grants payable			14,750	18	81,740
	19	Deferred revenue			,	19	,
	20	Tax-exempt bond liabilities		-		20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri	ner offi butor, o	cer, director, trustee, key			
.00		or family member of any of these persons .				22	
	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	l third _l	parties		24	
	25	Other liabilities (including federal income tax, pand other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,	505,411	25	499,693
	26	Total liabilities. Add lines 17 through 25 .			552,132	26	629,283
nces		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	neck h	ere 🕨 🗹 and			
ala	27	Net assets without donor restrictions			5,932,252	27	15,521,513
8	28	Net assets with donor restrictions			13,118,749	28	14,983,563
Net Assets or Fund Balances	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	-	ļ		29	
ts	30	Paid-in or capital surplus, or land, building or ed	uipmei	nt fund		30	
SSe	31	Retained earnings, endowment, accumulated in		 		31	
A	32	Total net assets or fund balances		<u> </u>	19,051,001	32	30,505,076
Net	33	Total liabilities and net assets/fund balances .			19,603,133	33	31,134,359
		·		— Page 12 ————			Form 990 (2020

0/31/24, 12:15 PM Community Foundation Of San Benito County - Full Filing- Nonprofit Exp	lorer - F	ProPublic	са				
2 Total expenses (must equal Part IX, column (A), line 25)	2		2	,725,466			
3 Revenue less expenses. Subtract line 2 from line 1	Revenue less expenses. Subtract line 2 from line 1						
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 19,051,							
5 Net unrealized gains (losses) on investments	5		1	,972,021			
6 Donated services and use of facilities	6						
7 Investment expenses	7						
8 Prior period adjustments	8						
9 Other changes in net assets or fund balances (explain in Schedule O)	9			-62,681			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		30	,505,076			
Part XII Financial Statements and Reporting							
Check if Schedule O contains a response or note to any line in this Part XII				\checkmark			
			Yes	No			
1 Accounting method used to prepare the Form 990: ✓ Cash ☐ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No			
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both:	on a						
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
b Were the organization's financial statements audited by an independent accountant?		2b	Yes				
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,						
✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes				
If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	ngle	3a		No			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red	3b					
		F	orm 99	0 (2020			
Form 990 (2020)							
Additional Data		Returi	ı to Fo	rm			
Software ID:							

Software ID: Software Version:

Form 990. Special Condition Description:

efile Public Visual Render

ObjectId: 202202499349301425 - Submission: 2022-09-06

TIN: 77-0312582

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization **Employer identification number** COMMUNITY FOUNDATION FOR

		COUNTY					//-0312582	
	rt I	Reason for Public (ation is not a private four					See instructions.	
1 1	yanız	A church, convention of		•	•		(A)(i)	
2		A school described in se	•					
					•	, ,		
3		A hospital or a cooperati	·	_			•	
4		A medical research orga name, city, and state:	nization operati	ed in conjunction with	a nospital descri	bed in section	1/U(b)(1)(A)(III). E	nter the hospital's
5		An organization operated 170(b)(1)(A)(iv). (Co			rsity owned or op	perated by a gov	ernmental unit descril	oed in section
6		A federal, state, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(<i>A</i>	۸)(v).	
7	~	An organization that nor section 170(b)(1)(A)			s support from a	governmental u	unit or from the genera	al public described in
8		A community trust descri			(Complete Part I	I.)		
9		An agricultural research non-land grant college o						ege or university or a
10		An organization that nor from activities related to investment income and 30, 1975. See section 5	its exempt fur unrelated busin	nctions—subject to cert less taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
11		An organization organize	ed and operated	d exclusively to test for	r public safety. S	ee section 509	(a)(4).	
12		An organization organize more publicly supported in lines 12a through 12d	organizations of	described in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
а		Type I. A supporting or organization(s) the power complete Part IV, Sec	er to regularly a	appoint or elect a majo				
b		Type II. A supporting o management of the sup must complete Part IV	oorting organiza	ation vested in the san				
С		Type III functionally is supported organization(s	ntegrated. A	supporting organization				ted with, its
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satis	fy a distribution i	requirement and		
e		Check this box if the orgintegrated, or Type III n	anization receiv	ved a written determin	ation from the I		pe I, Type II, Type III	functionally
f	Enter	the number of supported	organizations				<u> </u>	
g		de the following informati					T	
	(1) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota	1							
For F	aperv	work Reduction Act Not or 990-EZ.	ice, see the I	nstructions for	Cat. No. 11285	5F	l Schedule A (Form 9	90 or 990-EZ) 2020
				Pag	ge 2 ———			
Sche	dule A	(Form 990 or 990-EZ) 20	20					Page 2
Pa	rt II			vations Described				

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

Section A. Public Support

	/24, 12:15 PM	Community Fo	oundation Of San B	Benito County - Fu	II Filing- Nonprofit	Explorer - ProPubl	ica
(or	fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
_	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	6,979,127	8,373,974	3,586,796	13,661,989	11,122,722	43,724,608
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 3	6,979,127	8,373,974	3,586,796	13,661,989	11,122,722	43,724,608
	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)						30,749,692
_	Public support. Subtract line 5 from line 4.						12,974,916
	ection B. Total Support endar year	(2) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(6) Total
_	fiscal year beginning in)	(a) 2016 6,979,127	8,373,974	3,586,796	` '	11,122,722	(f) Total 43,724,608
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	328,059		659,715			
9	Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital assets (Explain in Part VI.)	54,447	41,751	41,678	14,886	240,314	393,076
11	Total support. Add lines 7 through 10						45,814,201
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	108,195
13	First 5 years. If the Form 990 is for t	the organization's	first, second, third	l, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organ	ization, check
	this box and stop here			<u></u>	<u> </u>	▶□	
	ection C. Computation of Publi			1 (6))		T T	
14 15	Public support percentage for 2020 (li Public support percentage for 2019 Sc		, ,	. ,,		14	28.320 % 29.320 %
	33 1/3% support test— 2020. If the						
	and stop here. The organization qual						
b	33 1/3% support test—2019. If th						
17a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization Part VI how the organization meets	t— 2020. If the or on meets the "facts	ganization did not s-and-circumstanc	check a box on li es" test, check th	ne 13, 16a, or 16b is box and stop h o	o, and line 14 ere. Explain	_
b	organization	st—2019. If the ozation meets the "	organization did no facts-and-circums	t check a box on l tances" test, chec	line 13, 16a, 16b, k this box and sto	or 17a, and line p here.	▶ ☑
18	supported organization	ion did not check a	a box on line 13, 1	6a, 16b, 17a, or 1	17b, check this box	c and see	▶ □
	instructions						
						,	,
			Page 3				
Sch	edule A (Form 990 or 990-EZ) 2020						Page 3
F	Support Schedule f (Complete only if you the organization fails	ı checked the bo	ox on line 10 of	Part I or if the o	rganization faile		er Part II. If
	ection A. Public Support			,,,			
C-1			(b) 2017	(c) 2018	(d) 2019	(e) 2020	(C) T
	endar year fiscal year beginning in)	(a) 2016	(D) 2017	(6) 2016	()	(0) 2020	(f) Total
	fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not	(a) 2016	(b) 2017	(C) 2018	(0, 2020	(6) 2020	(f) lotal
(or	fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). Gross receipts from admissions, merchandise sold or services	(a) 2016	(b) 2017	(6) 2018		(4) 2525	(†) Iotal
(or 1	fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . Gross receipts from admissions,		(b) 2017	(6) 2018		(6) 2525	(†) lotal

10/31/	24, 12:15 PM	Community Fou	ndation Of San Bo	enito County - Fu	II Filing- Nonprofit I	Explorer - ProPub	lica		
4	under section 513 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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and								
	3 received from disqualified persons Amounts included on lines 2 and 3						-		
D	received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line								
	13 for the year.								
с 8	Add lines 7a and 7b Public support. (Subtract line 7c				+		+		
	from line 6.)								
	ection B. Total Support	1	1			T	1		
	endar year fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						1		
	(less section 511 taxes) from businesses acquired after June 30,								
	1975.								
с 11	Add lines 10a and 10b. Net income from unrelated business								
	activities not included in 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.)						1		
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for t	_			-				
	check this box and stop here							. ▶	
15	ection C. Computation of Public Public support percentage for 2020 (lir			column (f))		15			
16	Public support percentage from 2019 S					16			
Se	ection D. Computation of Invest	ment Income	Percentage						
17						17			
18	Investment income percentage from 2					18	- 17:		
	331/3% support tests—2020. If the omore than 33 1/3%, check this box and s	=							
	33 1/3% support tests—2019. If the								18 is
	not more than 33 1/3%, check this box	and stop here. 3	The organization o	qualifies as a pub	licly supported org	janization	. 🏲 🕻		
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	19a, or 19b, chec					
					Schedu	le A (Form 990	or 99	0-EZ)	2020
			Page 4						
			rage 4						
Cab.	dulo A (Form 000 or 000 F7) 2020								
	dule A (Form 990 or 990-EZ) 2020 t IV Supporting Organization							Р	age 4
Pai	t IV Supporting Organization (Complete only if you checked a		f Part I. If you ch	ecked box 12a, o	f Part I, complete	Sections A and B.	If vo	u chec	ked
	box 12b, of Part I, complete Se	ctions A and C. If	you checked box						
Se	12d, of Part I, complete Section ection A. All Supporting Organiz		ompiete Part V.)						
								Yes	No
1	Are all of the organization's supported								
	If "No," describe in Part VI how the standard describe the designation. If historic an			ted. If designated	d by class or purpo	ose,			
_	_	-		IDC d	-ti	ļ 	1		
2	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F								
	described in section $509(a)(1)$ or (2) .				3	F	2		
За	Did the organization have a supported	organization desc	cribed in section 5	501(c)(4), (5), or	(6)? If "Yes," answ	wer lines 3b and			
	3c below.					<u> </u>	За		
b	Did the organization confirm that each							Ī	

aetermination. 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. 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a 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 4b supervised by or in connection with its supported organizations. 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. 4с 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 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5с c 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.** 6 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 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," 8 complete Part I of Schedule L (Form 990 or 990-EZ). 8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as 9a defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, answer line 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). 10b Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Supporting Organizations (continued) Part IV Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? 11a 11b A family member of a person described in 11a above? A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part 11c C Section B. Type I Supporting Organizations Yes Nο 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. 1 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 2 organization.

					Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a reach of the organization's supported organization(s)? If "No," describe in Part VI how supporting organization was vested in the same persons that controlled or managed t	ı contr	ol or management of the	1			
	<u> </u>	ne sup	porteu organization(s).				
Se	ction D. All Type III Supporting Organizations				Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of	ng the the or	prior tax year, (ii) a copy of the				
	documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported						
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).						
3	By reason of the relationship described in line 2 above, did the organization's support voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in Part VI the role the organization's supporte	tion's i	ncome or assets at all times	3			
		u orga	mzacions playea in tins regard.				
1 a	Ction E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Pa The organization satisfied the Activities Test. Complete line 2 below.	art Tes	t during the year (see instruct	ions):			
b		line :	3 helow.				
c				instru	ctions)		
		u oup	sorted a government entity (coo	,oc. a	ou.o,		
2	Activities Test. Answer lines 2a and 2b below.				Yes	No	
а	Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined th substantially all of its activities.	Part V	/I identify those supported how the organization was	2a			
b	b Did the activities described in 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	_						
а	 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, progr supported organizations? <i>If "Yes," describe in Part VI. the role played by the organizations</i> ?			3b			
			Schedule A (Form 99	0 or 99	90-EZ)	2020	
	Page 6						
Caba	dule A (Form 990 or 990-EZ) 2020				_		
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	raan	izations		ŀ	Page 6	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru			/T) So			
	instructions. All other Type III non-functionally integrated supporting organization				e		
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	ır	
1	Net short-term capital gain	1	 	1250	,		
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	(A) Drive V	(D) 0:		_	
	Section B - Minimum Asset Amount Aggregate fair market value of all pen events use assets (see instructions for short	l	(A) Prior Year		rent Yea onal)	ır	
_ 1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1					
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b		_	_		

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	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A)	1		Current Year
1 2		1 2		Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)			Current Year
2	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2		Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2		Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	3 4		Current Year
2 3 4 5	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	2 3 4 5 6	ed Type III supporting or	

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

Schedule A (Form 990 or 990-EZ) 2020

Page **7**

Section D - Distributions		Current Year			
1 Amounts paid to supported organizations to accomplish	1				
2 Amounts paid to perform activity that directly furthers excess of income from activity	2				
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organization	ons	3		
4 Amounts paid to acquire exempt-use assets			4		
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI)		5		
6 Other distributions (describe in Part VI). See instruction	ons		6		
7 Total annual distributions. Add lines 1 through 6.	`				
Distributions to attentive supported organizations to will details in Part VI). See instructions	hich the organization is respon	sive (<i>provide</i>	8		
9 Distributable amount for 2020 from Section C, line 6	·				
10 Line 8 amount divided by Line 9 amount			10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020	
1 Distributable amount for 2020 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.		2			
3 Excess distributions carryover, if any, to 2020:					
a From 2015					
b From 2016					
c From 2017					
d From 2018					
e From 2019					
f Total of lines 3a through e					
g Applied to underdistributions of prior years					
h Applied to 2020 distributable amount					
i Carryover from 2015 not applied (see instructions)					
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4 Distributions for 2020 from Section D, line 7:					

Applied to underdistributions of prior years					
b Applied to 2020 distributable amount					
c Remainder. Subtract lines 4a and 4b from line 4.					
Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.					
Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.					
Excess distributions carryover to 2021. Add lines 3j and 4c.					
Breakdown of line 7:					
a Excess from 2016					
b Excess from 2017					
c Excess from 2018					
d Excess from 2019					
e Excess from 2020					
		•	Schedule A	(Form 990 or 990	- EZ) (2020)
	Page 8				

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. 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 150 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 IN 2020/\$6.9M 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.

	Schedule A (Form 990 or 990-F7) 2020
Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2020

Additional Data

Return to Form

Scriedile of Contributions Scriedile of Contributions	efile Public Visual Render	ObjectId: 2022024993493014	125 - Submission: 2022-09-06		TIN: 77-0312582
Described of the Treasury Internal Previous Services (See Section: Post to graveture Services (See Section:		Sched	dule of Contributors		OMB No. 1545-0047
Imployer Identification numbers Imployer Identification Imployer Identificatio		► Attach	2020		
COMMUNITY FOUNDATION FOR SAW SENTIO COUNTY 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 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) exempt private foundation 501(c)(3) exempt private foundation 601(c)(3) taxable private foundation 601(c)(3) taxable private foundation 701		Go to www.irs.	<u>gov/Form990</u> for the latest infor	mation.	2020
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 4947(a)(1) nonexempt charitable trust not treated as a private foundation 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 501(c)(4) taxable private foundation 501(c)(7) taxable private founda		ıD.		Employer id	l lentification number
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 591(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 501(c)(3) taxable private foundation 690(c)(3) taxable private foundation 690(c)(3) taxable private foundation 690(c)(4) taxable private foundation 690(c)(4) taxable private foundation 690(c)(7) taxable private foundation 790(c)(7) taxable private foundation 790(c)(7) taxable private foundation 890(c)(7) taxable private foundation 990(c)(7) taxable private foundation	SAN BENITO COUNTY			77-0312582	
Solicy (enter number) organization	Organization type (check o	ne):			
4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 527 political organization 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instruction For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (iff money or other property) from any one contributor. Complete Parts 1 and II. See instructions for determining a contributor's to contributions. For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II. line 13, 16a, or 16b, and received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (if 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts 1 and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contribution during the year, total contributions exclusively for religious, charitable, etc., purposes, but no such contributions with the total contributions that were received during the year for total contributions that were received during the year for a contributions exclusively freligious, charitable, etc., purposes, but no such con	Filers of:	Section:			
S27 political organization G01(c)(3) exempt private foundation G01(c)(3) exempt private foundation G01(c)(3) taxable private foundation G01(c)(3) taxable private foundation G01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instruction General Rule Gonzal	Form 990 or 990-EZ	501(c)() (enter number)) organization		
Solicion		4947(a)(1) nonexempt ch	aritable trust not treated as a	private foundation	
4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 501(c)(3) taxable private foundation 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instruction For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's to contributions. For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ). Part II, line 13, 16a, or 16b, and received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (improved the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (improved the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contribute during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1 fithis box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purposes, but no such contributions totaled more than \$1 fithis box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purposes, but no such contributions totaled more than \$1 fithis box is checked, enter here the total contributions that were received during the year for an exclusively religious, charit		☐ 527 political organization			
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 instruction 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 to contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ). Part II, line 13, 16a, or 16b, and received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1 fit his box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively for purposes. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusive religious, charitable, etc., contributions	Form 990-PF	501(c)(3) exempt 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 instruction 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 to contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33'8% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (in 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributed during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contribution that isn't covered by the parts unless the General Rule applies to this organization because it received nonexclusive religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 exclusived during the year for an exclusively religious, charitable, etc., porthorogeneous et received nonexclusive religious, charitable, etc., contributions totaling \$5,000 or more during the year. Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answ		4947(a)(1) nonexempt ch	aritable trust treated as a priva	ate foundation	
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instruction General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (imponey or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's to contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part III, line 13, 16a, or 16b, and received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributed during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributed during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1 ft this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusive religious, charitable, etc., contributions totaling \$5,000 or more during the year. Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF). For Paperwork Reductio		☐ 501(c)(3) taxable private	foundation		
for Form 990, 990-EZ, or 990-PF.	For an organization of under sections 509(a received from any or 990, Part VIII, line 1h For an organization of during the year, total purposes, or for the purposes, or for the purpose. Don't compreligious, charitable, Caution: An organization the 990-EZ, or 990-PF), but it mor on its Form 990PF, Part I,	a)(1) and 170(b)(1)(A)(vi), that che contributor, during the year, ton, or (ii) Form 990-EZ, line 1. Condescribed in section 501(c)(7), (8 contributions of more than \$1,000 prevention of cruelty to children and described in section 501(c)(7), (8 ributions exclusively for religious 1, enter here the total contribution bete any of the parts unless the elect., contributions totaling \$5,000 part isn't covered by the General Faust answer "No" on Part IV, line	necked Schedule A (Form 990 otal contributions of the greater mplete Parts I and II. B), or (10) filing Form 990 or 990 or exclusively for religious, chor animals. Complete Parts I, I B), or (10) filing Form 990 or 990, charitable, etc., purposes, but ns that were received during the General Rule applies to this of or more during the year. Rule and/or the Special Rules of 2, of its Form 990; or check the	or 990-EZ), Part II, line 13, r of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% of the end of (1) \$5,000 or (2) 2% or (2) 2% of the end of (1) \$5,000 or (2) 2% or (2	16a, or 16b, and that he amount on (i) Form y one contributor, reducational y one contributor, led more than \$1,000. ligious, charitable, etc ved nonexclusively m 990,
Page 2			Cat. No. 30613X	Schedule B (Form 990	, 990-EZ, or 990-PF) (2020
			—— Page 2 ————		
Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Page 2	Schedule R (Form 990, 990,	.F7 or 990-PF\ (2020\			Page 2

Name of organization

Employer identification number

t I ibutors	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RICTED			Person Payroll
	,	\$ RESTRICTED	Noncash
(a)	(b)	(c)	(Complete Part II for noncash contributions.) (d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person
			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		\$	Payroll
			Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions.) (d) Type of contribution
			Person
	-		Payroll
		\$	Noncash
			(Complete Part II for noncast contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		\$	Payroll
			Noncash (Complete Part II for noncash
(2)	/h)	(c)	contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		\$	Payroll
			Noncash (Complete Part II for noncash contributions.)

Schedule E	Schedule B (Form 990, 990-EZ, or 990-PF) (2020)								
Name of org COMMUNIT SAN BENITO	Y FOUNDATION FOR	Employer identification 77-0312582	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) or estimate) ostructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) ostructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$	
	I.			Schedule B (Forn	m 990, 990-EZ, or 990-PF) (2020)
		Page 4			
	B (Form 990, 990-EZ, or 990-PF) (2020)				Page 4
COMMUNI	rganization TY FOUNDATION FOR TO COUNTY			77-0312582	ntification number
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter th year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	tributor. Complete columns (a) the e total of exclusively religious, ch structions.) ► \$	rough (e) a	nd the followin	g line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
-		(e) Transfer of gift			
	Transferee's name, address, and		Relationship	of transferor to	o transferee
(a) No. from					
No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
-		(e) Transfer of gift			
	Transferee's name, address, and	ZIP 4 F	kelationship	o of transferor to	o transferee
(a)		<u> </u>			

o. trom Part I	(b) Purpose oτ giπ	(c) Use of gift	(α) Description of now giπ is neig
_	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Rela	ationship of transferor to transferee
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, and z	(e) Transfer of gift ZIP 4 Rela	ationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (20
Addition	al Data		Return to Form

Software ID: Software Version:

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ObjectId: 202202499349301425 - Submission: 2022-09-06

TIN: 77-0312582 OMB No. 1545-0047

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

	ment of the Treasury I Revenue Service	Co to wayy in any /For	Attach to Form 990				to Public
	me of the organ	► Go to <u>www.irs.gov/For</u>	m990 for instructions	and the latest info	Employer ide		spection
COM	MUNITY FOUNDATION BENITO COUNTY					cation	ambei
		izations Maintaining Donor Adv	isod Eunds or Othor	r Similar Eundo d	77-0312582		
Pa		ete if the organization answered "Y			or Accounts.		
			(a) Donor adv		(b) Funds	and other	accounts
1	Total number at	end of year		53			91
2	Aggregate value	of contributions to (during year)		8,250,671			1,659,233
3	Aggregate value	of grants from (during year)		1,047,297			221,452
4	Aggregate value	at end of year		14,745,578			6,591,845
5 6	organization's p	ation inform all donors and donor advisoroperty, subject to the organization's eation inform all grantees, donors, and o	xclusive legal control?.	that grant funds can	be used only for	✓	Yes \square No
		oses and not for the benefit of the dono			conferring imperr		Yes O No
Pai		rvation Easements. ete if the organization answered "Y	es" on Form 990 Part	· IV line 7			
1		onservation easements held by the org					
-		on of land for public use (e.g., recreation		Preservation of an	historically impo	ortant land a	irea
		of natural habitat		Preservation of a	, .		ii cu
			J	Freservation of a t	certified filstofic s	structure	
2		on of open space 2a through 2d if the organization held a	a qualified concentration of	contribution in the fo	rm of a concorna	tion	
2		le last day of the tax year.	a quaimed conservation c	ontribution in the fol		t the End o	f the Year
а	Total number of	conservation easements			2a		
b	Total acreage re	stricted by conservation easements .			2b		
С	Number of conse	ervation easements on a certified histo	ric structure included in ((a)	2c		
d		ervation easements included in (c) acq in the National Register	uired after 7/25/06, and	not on a historic	2d		
3	Number of cons tax year >	servation easements modified, transfer	ed, released, extinguishe	ed, or terminated by	the organization	during the	
4	Number of state	es where property subject to conservat	on easement is located	•			
5		ization have a written policy regarding nt of the conservation easements it hole			of violations,	☐ Yes	□ No
6	Staff and volunt	teer hours devoted to monitoring, inspe	ecting, handling of violati	ons, and enforcing co	onservation ease		
7	Amount of expe	enses incurred in monitoring, inspecting	, handling of violations, a	and enforcing conser	rvation easement	s during the	year
8		rervation easement reported on line 2(co)(h)(4)(B)(ii)?			70(h)(4)(B)(i)	☐ Yes	□ No
9	balance sheet, a	scribe how the organization reports cor and include, if applicable, the text of th n's accounting for conservation easeme	e footnote to the organiz				
Par	t III Organi	izations Maintaining Collections	s of Art, Historical T		ner Similar As	sets.	
_		ete if the organization answered "Y			as and belowed		.e+
1a	historical treasu	ion elected, as permitted under FASB A ures, or other similar assets held for pu ext of the footnote to its financial stater	blic exhibition, education	, or research in furth			
b	historical treasu	ion elected, as permitted under FASB A res, or other similar assets held for pu nts relating to these items:					
(_	ded on Form 990, Part VIII, line 1			🕨 \$		
		I in Form 990, Part X					
2	If the organizati	ion received or held works of art, histonts required to be reported under FASB	rical treasures, or other s	similar assets for fina		le the	
а	-	ed on Form 990, Part VIII, line 1	-		▶\$		
b	Assets included	in Form 990. Part X			. ¢		

Cat. No. 52283D

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

Schedule D (Form 990) 2020

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Sche	dule D	(Form 990) 2020										Page 2
Parl	III	Organizations Ma	intaining Coll	ections of A	Art, Histori	cal Treas	ures, or C	Other Sin	nilar Ass	ets (conti	nued)	
3		the organization's acquicheck all that apply):	iisition, accession	, and other red	cords, check	any of the f	ollowing tha	t are a sigi	nificant use	e of its colle	ection	
а		Public exhibition			d	Loai	n or exchan	ge program	าร			
b		Scholarly research			е	Oth	er					
C		Preservation for future	generations									
4	Provid Part X	le a description of the o	rganization's coll	ections and ex	plain how the	ey further th	ne organizat	ion's exem	pt purpose	e in		
5		g the year, did the orga s to be sold to raise fund								Yes		0
Par	t IV	Escrow and Custo Complete if the org line 21.			n Form 990	, Part IV, I	ine 9, or re	eported a	n amount			
1a		organization an agent, ed on Form 990, Part X								☐ Yes	✓ N	0
b	If "Ye	s," explain the arranger	ment in Part XIII	and complete t	the following	table:			Am	ount		_
c	Begin	ning balance					. :	1c				_
d	Additi	ons during the year					🗀	ld				_
е	Distril	outions during the year					:	1e				_
f	Endin	g balance						1f				_
2a	Did th	e organization include a	an amount on For	rm 990, Part X	, line 21, for	escrow or c	ustodial acc	ount liabilit	ty?	☐ Yes	\square N	0
b	If "Yes	s," explain the arranger	nent in Part XIII.	Check here if	the explanati	on has beer	n provided ii	n Part XIII	(
Pa	rt V	Endowment Fund					<u> </u>					
		Complete if the org	anization answ									
1-	Roginni	ng of year balance .		(a) Current ye		rior year 6,760,137	(c) Two year	rs back (d) 149,589	Three years	s back (e) F 81,460	our yea	rs back 447,213
	-	utions			9,943	612,595		180,012		20,142		387,917
			a and laceae	1,843		368,536		639,444		59,032		739,728
		estment earnings, gains	•		5,860	-138,070		106,909		39,160		116,784
		or scholarships		-200	5,600	-136,070		100,909		59,100		110,764
		expenditures for facilitie ograms	S	-145	5,998	-1,913		-3,715	-	9,881		-69,707
f	Admini	strative expenses .			-112	-121,719		-98,284	-12	22,003	-	106,907
g	End of	year balance		9,139	9,850	7,479,566	6,	760,137	6,14	9,589	6,	281,460
2 a b c	Perma Term The pa	le the estimated percen designated or quasi-er ment endowmentendowmentendowmentendowmentercentages on lines 2a, there endowment funds resization by:	97.000 % 2b, and 2c shoul	3.000 % d equal 100%.				ered for the	e		Yes	No
	-	related organizations								3a(i)		No
		elated organizations .								3a(ii)		No
b		s" on 3a(ii), are the rela				dule R? .				3b		
4	Descr	ibe in Part XIII the inter	nded uses of the	organization's	endowment i	unds.				•		
Par	t VI	Land, Buildings, a										
	D	Complete if the org										
	Descri	otion of property	(a) Cost or othe (investmen) Cost or other	basis (other)	(c) Accum	nulated depre	eciation	(a) Bo	ook valu	e
1a	Land					143,354	4					143,354
b	Building	gs				4,308,306	5				4	,308,306
c	Leaseh	old improvements										
d	Equipm	ent				252,462	2		25,778			226,684
Γota	I. Add I	ines 1a through 1e. (Co	olumn (d) must e	qual Form 990	, Part X, colu	mn (B), line	e 10(c).) .	. •				,678,344
									Sched	dule D (Fo	rm 99	0) 2020

Schedule D (Form 990) 2020 Page **3**

Complete if the organization answered "Yes" on F (a) Description of security or category	form 990, Part IV, line 1 (b) Book value		art X, line 12. d of valuation:
(including name of security)			-year market value
(1) Financial derivatives			
(A) Other(A) VANGUARD PORTFOLIO	14,481,367		F
•			
(B) SILICON VALLEY FUND	189,662		F
(C) RSF SOCIAL FINANCE (D)	571,772		F
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	15,242,801		
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on F	form 000 Part IV line 1	1c Soc Form 990 I	Part V lino 13
(a) Description of investment	offit 990, Part IV, life I	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		F	
Part IX Other Assets. Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, line 1	1d. See Form 990, Par	t X, line 15.
(a) Description			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			>
Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, line 1	<u>1e or 11f.See</u> Form 9	990, Part X, line 25.
1. (a) Description of li			(b) Book value

		ty Foundation Of San Beni	to Cour	ity - Full Filing- N	lonprofit E	Explorer - P	roPublica
-, . 2)	cucrat income taxes					+	
)							
)							
)							
)							
)							
)							
)							
tal.	(Column (b) must equal Form 990, Part X, col.(B) line 25.)				•		499,693
Lia	ability for uncertain tax positions. In Part XIII, provid	e the text of the footnote to	the or	ganization's fina	ncial state	ments that	reports the
gar	nization's liability for uncertain tax positions under FI	N 48 (ASC 740). Check her	e if the	text of the footn			d in Part XIII
		Page 4					
		5					
	dule D (Form 990) 2020						Page 4
'aı	rt XI Reconciliation of Revenue per Aud Complete if the organization answered				per Re	turn.	
	Total revenue, gains, and other support per audited					1	14,244,815
	Amounts included on line 1 but not on Form 990, Pa	art VIII, line 12:			İ		
а	Net unrealized gains (losses) on investments .		2a	1,	972,021		
)	Donated services and use of facilities		2b				
С	Recoveries of prior year grants		2c				
İ	Other (Describe in Part XIII.)		2d		24,595		
9	Add lines 2a through 2d				-	2e	1,996,616
	Subtract line 2e from line 1					3	12,248,199
	Amounts included on Form 990, Part VIII, line 12, b		1 -	l			
a	Investment expenses not included on Form 990, Pa	•	4a		22.002		
b	Other (Describe in Part XIII.)		4b		22,002	4c	22.002
С	Total revenue. Add lines 3 and 4c. (This must equa		٠.		ļ	5	12,270,201
ar	t XII Reconciliation of Expenses per Au				es per R		12,270,201
	Complete if the organization answered	d 'Yes' on Form 990, Par					
	Total expenses and losses per audited financial stat	ements				1	2,790,740
	Amounts included on line 1 but not on Form 990, Pa	art IX, line 25:	i	1			
a	Donated services and use of facilities		2a				
b	Prior year adjustments		2b				
C	Other (Describe in Part XIII.)		2c		107.462		
d e	Add lines 2a through 2d		2d		107,463	2e	107,463
_	Subtract line 2e from line 1				ļ	3	2,683,277
	Amounts included on Form 990, Part IX, line 25, bu	t not on line 1:	• •		ł		2,003,277
а	Investment expenses not included on Form 990, Pa		4a				
b	Other (Describe in Part XIII.)	·	4b		42,189		
c	Add lines 4a and 4b		٠			4c	42,189
	Total expenses. Add lines 3 and 4c. (This must equ	al Form 990, Part I, line 18	.) .			5	2,725,466
ar	t XIII Supplemental Information					•	
	vide the descriptions required for Part II, lines 3, 5, as 2d and 4b; and Part XII, lines 2d and 4b. Also com					/, line 4; Pa	rt X, line 2; Part XI,
	Return Reference			Explar	nation		
RT	X, LINE 2:	THE FOUNDATION IS A NO INTERNAL REVENUE CODE CODE AND THEREFORE, IS EXCEPT ON NET INCOME IOF FINANCIAL STATEMENT ACCEPTED IN THE UNITED INFORMATION REGARDING HAS DETERMINED WHETH	AND SIGNER GERIVED S IN ACCOUNTS GITS EX ER ANY	ECTION 23701(D ALLY EXEMPT FR FROM UNRELAT CORDANCE WIT FOR AMERICA RI POSURE TO VAR TAX POSITIONS	O) OF THE COM BOTH ED BUSIN H ACCOU EQUIRES RIOUS TAN HAVE ME	CALIFORNI I FEDERAL A NESS ACTIV NTING PRIN THE FOUND (POSITION T THE RECO	A REVENÚÉ ÁND TAXA AND STATE INCOME TA ITIES. THE PREPARAT ICIPLES GENERALLY IATION TO REPORT S TAKEN. MANAGEMEI

10/31/24, 12:15 PM	Community Foundation Of San Benito County - Full Filing- Nonprofit Explorer - ProPublica
	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 24,595.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	ACCRUAL TO CASH - CY PLEDGE AND ACCOUNT RECEIVABLES -208. FUNDS HELD FOR OTHERS COSTS ACCRUAL TO CASH 22,210.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	ACCRUAL TO CASH- PY GRANTS PAYABLE 66,990. ACCRUAL TO CASH- PY ACCOUNTS PAYABLE 47,850. MISCELLANEOUS EXPENSE -7,377.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	FUNDS HELD FOR OTHERS 42,189.
	Schedule D (Form 990) 2020

Additional Data Return to Form

Software ID: Software Version:

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ObjectId: 202202499349301425 - Submission: 2022-09-06

TIN: 77-0312582

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public

Intern	al Revenue Service		►Go to www.	irs.gov/Fo	Inspection				
COM	e of the organization MUNITY FOUNDATION BENITO COUNTY	FOR						77-0312582	entification number
						1 IIV II . F			. –
Pa		_	ties. Complete if ire not required t	_		answered "Yes" on F part.	orm 990,	Part IV, line	17.
1	Indicate whether the	organiza	tion raised funds th	rough an	y of the f	ollowing activities. Check	k all that a	pply.	
a Mail solicitations e Solicitation of non-government grants									
b Internet and email solicitations f Solicitation of government grants									
c Phone solicitations g Special fundraising events									
d	☐ In-person solicita	itions							
2a						vidual (including officers on with professional fund		vices?	es 🗆 No
b	If "Yes," list the 10 h to be compensated a				idraisers)	pursuant to agreements	under whi	ich the fundrais	er is
(i) Name and address of individual or entity (fundraiser)			(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
Tota	al				. ▶				
	List all states in which licensing.	the orgar	nization is registere	d or licen	sed to sol	icit contributions or has	been notifi	ed it is exempt	from registration or
====									
For F	Paperwork Reduction Ad	ct Notice,	see the Instructions	for Form			. 50083H	Schedule G	(Form 990 or 990-EZ) 2020
					Pa	ige 2 ————			

Schedule G (Form 990 or 990-EZ) 2020

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		COVID AUCTION	(2007)	(5-5-1	col. (c))
		(event type)	(event type)	(total number)	
Iue					
Revenue					
Re					
	1 Gross receipts	191,795			191,795
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	191,795			191,795
	·	131/133			152,7.55
	4 Cash prizes				
ses	· · · · · ·				
en.					_
菡	7 Food and beverages				
Direct Expenses	8 Entertainment				
ä	9 Other direct expenses	11,842			11,842
	10 Direct expense summary. Add lines 4 th	rough 9 in column (d)			11,842
	11 Net income summary. Subtract line 10 f				179,953
Par	Gaming. Complete if the orga on Form 990-EZ, line 6a.	nization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
е			(b) Pull tabs/Instant		(d) Total gaming (add col.
Revenue		(a) Bingo	bingo/progressive bingo	(c) Other gaming	(a) through col.(c))
Sev	 				
	1 Gross revenue				
enses	2 Cash prizes				
be	3 Noncash prizes				
聚	Ī				
Direct	4 Rent/facility costs				_
Ω	5 Other direct expenses				
		☐ Yes%_	☐ Yes%	☐ Yes <u>%</u>	
	6 Volunteer labor	☐ No	☐ No	☐ No	
	7 Direct expense summary. Add lines 2 th	arough 5 in column (d)			
	bliect expense summary. Add lines 2 th	irough 5 in column (u)			
	8 Net gaming income summary. Subtract	line 7 from line 1, colum	n (d)	<u> </u>	
9	Enter the state(s) in which the organization	on conducts gaming activi	ities:		
а	Is the organization licensed to conduct ga				☐ Yes ☐ No
b	If "No," explain:				
					İ
10a	Were any of the organization's gaming lice	enses revoked, suspende	d or terminated during the	e tax year?	
b	If "Yes," explain:				
					Form 990 or 990-EZ) 2020
				Scriedule G (220 UL 22U-EL) 2U2U

- - c

Jene	dule G (Form 990 or	990-EZ) 2020					Pag
L1	Does the organizati	on conduct gami	ng activities with nonmembers	s?		· 🗆 Yes	□No
L2	Is the organization formed to administ	a grantor, benefi er charitable gan	ciary or trustee of a trust or a ning?	member of a partnership or other entity			□ No
L3	Indicate the percen	tage of gaming a	activity conducted in:				_ 110
а	The organization's	facility			. 13a	1	
b	An outside facility				. 13b	,	
L 4	Enter the name and	daddress of the	person who prepares the orga	nization's gaming/special events books a	and records	5:	
	Name						
	Address						
L5a				om the organization receives gaming		· 🗆 Yes	□ No
b	If "Yes," enter the a	amount of gamin		anization 🕨 \$ a		65	
c	If "Yes," enter nam	e and address of	the third party:				
	Name						
	Address						
	Name Gaming manager c		\$				
	Description of servi	ces provided					
	☐ Director/office	-	☐ Employee	☐ Independent contractor			
l7 a	-	required under s	state law to make charitable di 	stributions from the gaming proceeds to		· 🗌 Yes	□ No
b	Enter the amount of	of distributions re		uted to other exempt organizations or sp	ent	U fes	O NO
Par	t IV Suppleme	ental Informa	tion. Provide the explanat	ions required by Part I, line 2b, col licable. Also provide any additional			
	Return Refe	rence		Explanation			
				•	Schedule G	(Form 990 or	990-EZ) 20

Software Version:

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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

77-0312582

Open to Public Inspection

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

Employer identification number

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

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

V--

	ssistance to Dom		d Domestic Governmer		ganization answered "Yes"	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN RED CROSS NORTHERN CALIFORNIA REGION PO BOX AR CARMELBYTHESEA, CA 93921	53-0196605	501(C)(3)	10,000				GENERAL
(2) AROMAS EAGLES AERIE #72 PO BOX 790 AROMAS, CA 950040790	39-0920675	501(C)(3)	10,000				GENERAL
(3) BENITOLINK 829 SAN BENITO STREET SUITE 200 HOLLISTER, CA 95023	47-3324907	501(C)(3)	71,145				GENERAL
(4) BREAST CANCER ASSISTANCE GROUP OF MONTEREY COUNTY PO BOX 221582 CARMEL, CA 93922	91-1972448	501(C)(3)	7,312				GENERAL
(5) BULLDOG BOXING 450 HAYDON ST HOLLISTER, CA 95023	86-2051930	501(C)(3)	41,967				GENERAL
(6) CAL POLY STATE UNIVERSITY ADMINISTRATION 131-E SAN LUIS OBISPO, CA 934070501	20-4927897	501(C)(3)	6,300				GENERAL
(7) CALIFORNIA ASSOCIATION OF STUDENT COUNCILS 3130 ALPINE ROAD STE 288 PORTOLA, CA 94028	94-2764267	501(C)(3)	5,000				GENERAL
(8) CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS ONE UNIVERSITY DRIVE CAMARILLO, CA 93012	77-0433230	501(C)(3)	5,550				GENERAL
(9) CALIFORNIA STATE UNIVERSITY FRESNO FOUNDATION 5244 N JACKSON AVE FRESNO, CA 937408023	94-6003272	501(C)(3)	5,000				GENERAL
(10) CARBON CYCLE INSTITUTE 245 KENTUCKY STREET SUITE A2 PETALUMA, CA 94952	46-2694752	501(C)(3)	5,000				GENERAL
(11) CASA OF SAN BENITO COUNTY 829 SAN BENITO STREET SUITE 200 HOLLISTER, CA 95023	45-2881517	501(C)(3)	21,952				GENERAL
(12) CATHOLIC CHARITIES DIOCESE OF MONTEREY 680 COLLEGE STREET HOLLISTER, CA 95023	77-0042961	501(C)(3)	21,735				GENERAL
(13) CENTER FOR RURAL AFFAIRS PO BOX 136 LYONS, NE 68038	47-0553823	501(C)(3)	30,000				GENERAL
(14) CHAMBERLAIN'S YOUTH SERVICES 1850 SAN BENITO STREET HOLLISTER, CA 95023	94-2357401	501(C)(3)	45,810				GENERAL
(15) CHISPA 295 MAIN STREET SUITE 100 SALINAS, CA 93901	94-2631608	501(C)(3)	10,000				GENERAL
(16) COMMUNITY ALLIANCE WITH FAMILY FARMERS PO BOX 363 DAVIS, CA 95617	94-2914745	501(C)(3)	35,000				GENERAL
(17) COMMUNITY FOOD BANK OF SAN BENITO COUNTY 1133 SAN FELIPE ROAD HOLLISTER, CA 95023	77-0306871	501(C)(3)	46,187				GENERAL
(18) COMMUNITY HOMELESS SOLUTIONS PO BOX 1340 MARINA, CA 93933	94-2525231	501(C)(3)	36,200				GENERAL
(19) COMMUNITY MOVEMENT BUILDERS 3401 LANTERN VIEW LANE SCOTTDALE, GA 30079	47-4653915	501(C)(3)	30,000				GENERAL

501(C)(3)

501(C)(3)

10,000

5,500

85-0430744

16-0755807

SAN JUAN BAUTISTA, CA 95045 (46) NEW MEXICO FARMERS' MARKETING ASSOCIATION

PO BOX 2010 FINANCIAL AID

1219 LUISA ST SANTA FE, NM 87505 (47) NIAGARA UNIVERSITY GENERAL

GENERAL

14109	04 1659130	E01(C)(2)	10.400		CENEDAL
(48) OLD MISSION SAN JUAN BAUTISTADIOCESE OF MONTEREY PO BOX 400 SAN JUAN BAUTISTA, CA 95045	94-1658139	501(C)(3)	18,408		GENERAL
(49) ONE STEP CLOSER THERAPEUTIC RIDING 15770 FOOTHILL AVENUE MORGAN HILL, CA 95037	16-1774140	501(C)(3)	25,000		GENERAL
(50) OREGON STATE UNIVERSITY FOUNDATION 4238 SW RESEARCH WAY CORVALLIS, OR 97331	93-6022772	501(C)(3)	30,000		GENERAL
(51) PAICINES RANCH LEARNING CENTER PO BOX 8 PAICINES, CA 950430008	83-3255248	501(C)(3)	100,000		GENERAL
(52) PARTNERSHIP FOR CHILDREN 342 PAJARO STREET SUITE B SALINAS, CA 93901	02-0646450	501(C)(3)	16,892		GENERAL
(53) PET FRIENDS AND RESCUE PO BOX 1191 HOLLISTER, CA 95024	77-0300197	501(C)(3)	26,264		GENERAL
(54) QUIVIRA COALITION 1413 SECOND ST SUITE 1 SANTA FE, NM 87505	31-1551770	501(C)(3)	15,000		GENERAL
(55) REACH SAN BENITO PARKS FOUNDATION PO BOX 744 HOLLISTER, CA 95024	46-5216519	501(C)(3)	7,361		GENERAL
(56) REGENERATIVE AGRICULTURE FOUNDATION PO BOX 7276 MINNEAPOLIS, MN 554079998	84-4278182	501(C)(3)	25,000		GENERAL
(57) ROOTS OF RESILIENCE 6684 E HIGHWAY 124 PRESCOTT, WA 99348	46-4181977	501(C)(3)	5,000		GENERAL
(58) ROTARY CLUB OF HOLLISTER PO BOX 86 HOLLISTER, CA 95024	94-0557938	501(C)(3)	18,122		GENERAL
(59) SACRED HEART PARISH SCHOOL 670 COLLEGE ST HOLLISTER, CA 95023	94-3121808	501(C)(3)	37,586		GENERAL
(60) SAN BENITO AGRICULTURAL LAND TRUST PO BOX 145 SAN JUAN BAUTISTA, CA 95045	77-0338085	501(C)(3)	27,032		GENERAL
(61) SAN BENITO CITIZENS FOR A BRIGHTER FUTURE 2041 ELDENE DRIVE HOLLISTER, CA 95023	85-1246079	501(C)(3)	7,000		GENERAL
(62) SAN BENITO COUNTY ARTS COUNCIL 240 FIFTH STREET HOLLISTER, CA 95023	57-1241278	501(C)(3)	39,264		GENERAL
(63) SAN BENITO COUNTY CHAMBER OF COMMERCE FOUNDATION 243 6TH STREET HOLLISTER, CA 95023	81-3962616	501(C)(3)	8,500		GENERAL
(64) SAN BENITO COUNTY LULAC COUNCIL #2890 PO BOX 1446 HOLLISTER, CA 950241446	77-0179826	501(C)(3)	9,445		GENERAL
(65) SAN BENITO STAGE COMPANY 1760 AIRLINE HWY SUITE F PMB 184 HOLLISTER, CA 95023	91-2005552	501(C)(3)	11,304		GENERAL
(66) SANTA CRUZ COMMUNITY VENTURES PO BOX 7808 SANTA CRUZ, CA 95061	77-0247648	501(C)(3)	45,000		GENERAL
(67) SAVANNA INSTITUTE 1360 REGENT STREET 124 MADISON, WI 53713	46-3004682	501(C)(3)	50,000		GENERAL
(68) SENIOR CITIZENS LEGAL SERVICES 501 SOQUEL AVE SUITE F SANTA CRUZ, CA 95062	94-2280258	501(C)(3)	32,623		GENERAL
(69) SENIORS COUNCIL 234 SANTA CRUZ AVENUE APTOS, CA 95003	94-2662950	501(C)(3)	10,000		GENERAL
(70) SILICON VALLEY MONTEREY BAY COUNCIL BOY SCOUTS OF AMERICA 970 W JULIAN STREET SAN JOSE, CA 95126	22-1576300	501(C)(3)	5,000		 GENERAL
(71) SOCIAL GOOD FUND PO BOX 5473 RICHMOND, CA 948054021	46-1323531	501(C)(3)	50,000		GENERAL
(72) SOUTHSIDE SCHOOL 4991 SOUTHSIDE RD HOLLISTER, CA 95023	10.1		18,205		GENERAL
(73) SPAY NEUTER IMPERATIVE PROJECT CALIFORNIA 67 FRONT ST DANVILLE, CA 94526	46-1587546	501(C)(3)	10,000		GENERAL

/31/24, 12:15 PM		Community	y Foundation Of S	an Benito County	· - Full Filing- Nonprofit E	xplorer - ProPublica
(74) SUN STREET CENTERS 11 PEACH DRIVE SALINAS, CA 93901	94-6138701	501(C)(3)	19,515			GENERAL
75) SUSTAINABLE MARKETS OUNDATION 15 WEST 36TH STREET 6TH 1200R IEW YORK, NY 100187635	13-4188834	501(C)(3)	20,000			GENERAL
76) THE SALVATION ARMY OLLISTER CORPS OMMUNITY CENTER 10 BUENA VISTA RD OLLISTER, CA 95023	13-2923701	501(C)(3)	26,665			GENERAL
77) THRESHOLD FOUNDATION 875 ROUTE 35 6N-50B ATONAH, NY 10536	13-3028214	501(C)(3)	10,000			GENERAL
78) TOMKAT RANCH DUCATIONAL FOUNDATION O BOX 726 ESCADERO, CA 94060	26-2782200	501(C)(3)	35,000			GENERAL
79) UNITED WAY OF SAN ENITO COUNTY 29 SAN BENITO STREET UITE 200 OLLISTER, CA 95023	94-1422471	501(C)(3)	42,397			GENERAL
80) UNIVERSITY OF ALIFORNIA AT SANTA ARBARA 13 SAASB ANTA BARBARA, CA 31063180	95-6006145	501(C)(3)	5,300			GENERAL
81) VISION THERAPY CENTER 129 SAN BENITO STREET SUITE 200 IOLLISTER, CA 95023			5,580			GENERAL
82) WOMEN'S CLUB OF OLLISTER O BOX 818 OLLISTER, CA 95024	94-6115437	501(C)(3)	13,760			GENERAL
83) YMCA SAN BENITO COUNTY 51 TRES PINOS ROAD SUITE 1201 IOLLISTER, CA 95023	77-0202335	501(C)(3)	44,290			GENERAL
84) YOUTH ALLIANCE 10 FOURTH STREET SUITE 01 IOLLISTER, CA 95023	77-0377245	501(C)(3)	27,440			GENERAL
85) JESUS ESQUEDA 040 AIRLINE HWY IOLLISTER, CA 95023			15,244			GENERAL
Enter total number of sectic Enter total number of other Paperwork Reduction Act Notice hedule I (Form 990) 2020	r organizations list	ed in the line 1 table		Cat. No. 50055		Schedule I (Form 990) 2020
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Part III can be duplic		(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book	
Part III can be duplic (a) Type of grant or assista		(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
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Part III can be duplic						(†) Description of noncash assistance

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.

Schedule I (Form 990) 2020

Return to Form

Software ID:

Additional Data

Employer identification number

77-0312582

☐ Housing allowance or residence for personal use

TIN: 77-0312582

OMB No. 1545-0047

2020

Open to Public Inspection

Yes No

ObjectId: 202202499349301425 - Submission: 2022-09-06

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

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

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY FOUNDATION FOR SAN BENITO COUNTY

☐ First-class or charter travel

Questions Regarding Compensation

efile Public Visual Render

		Travel for companions	Payment	ts for	business use of	personal residence	e						
		Tax idemnification and gross-up payments	☐ Health o	r soci	al club dues or	initiation fees							
		Discretionary spending account	Personal	l servi	ces (e.g., maid,	chauffeur, chef)							
b	If an	y of the boxes on Line 1a are checked, did the orga	anization follow a w	vritter	policy regarding	ng payment or							
_		bursement or provision of all of the expenses descr			•	•		1b					
2	direc	the organization require substantiation prior to reim tors, trustees, officers, including the CEO/Executive	e Director, regardin	g exp ng the	items checked	on Line 1a?		2					
		, , , , , , , , , , , , , , , , , , , ,	, ,	-									
3	orgar	ate which, if any, of the following the filing organizanization's CEO/Executive Director. Check all that ap by a related organization to establish compensatio	ply. Do not check a	any b	oxes for method	ds							
		Compensation committee	☐ Writton o	amala	umant contract								
		Independent compensation consultant			yment contract survey or stud								
		Form 990 of other organizations				y opensation commi	tee						
4		ng the year, did any person listed on Form 990, Parl		-									
а		ed organization: ive a severance payment or change-of-control payr	ment?					4a	N	lo			
b	Partio	cipate in, or receive payment from, a supplemental	nonqualified retire	ement	: plan?			4b	N	lo			
c	Partio	cipate in, or receive payment from, an equity-based	d compensation arr	range	ment?			4c	١	lo			
	If "Ye	es" to any of lines 4a-c, list the persons and provide	e the applicable am	nount	s for each item	in Part III.							
5	For p	7 501(c)(3), 501(c)(4), and 501(c)(29) organi ersons listed on Form 990, Part VII, Section A, line		-		any							
	comp	pensation contingent on the revenues of:											
а		organization?						5a		lo			
ь		related organization?						5b	N	lo_			
6	For p	es," on line 5a or 5b, describe in Part III. Dersons listed on Form 990, Part VII, Section A, line Densation contingent on the net earnings of:	1a, did the organi	izatio	n pay or accrue	any							
a		organization?						6a		lo_			
ь		related organization?						6b	IN.	lo			
7	For p	es," on line 6a or 6b, describe in Part III. persons listed on Form 990, Part VII, Section A, line nents not described in lines 5 and 6? If "Yes," descr	1a, did the organi	izatio	n provide any n	onfixed		7					
							•	,	IN.	lo			
8	subje	e any amounts reported on Form 990, Part VII, paid ect to the initial contract exception described in Reg rt III	julations section 53	3.495	8-4(a)(3)? If "Y	es," describe		8		lo			
9	If "Ye	es" on line 8, did the organization also follow the re	huttable presumpt	tion n	rocedure descri	hed in Regulations	section	-	- + '				
•		958-6(c)?					Section	9					
For F	Paperv	work Reduction Act Notice, see the Instruction	ns for Form 990.		Cat	. No. 50053T	Schedule J	(Form	990) 20	20			
			Page 2										
			rage 2										
Sche	dule J	(Form 990) 2020											Page 2
Pai	rt II	Officers, Directors, Trustees, Key Emp	loyees, and Hig	ghes	t Compensa	ted Employees	. Use dupl	icate	copies if	additio	nal space is ne	eded.	
		dividual whose compensation must be reported on				the organization o	n row (i) and	d from	related o	rganizat	ions, described in	the	
		s, on row (ii). Do not list any individuals that are no sum of columns (B)(i)-(iii) for each listed individual				990. Part VII. Sect	ion A. line 1	a. ann	licable co	lumn (D	and (E) amount	s for that indiv	ridual.
		(A) Name and Title				own of W-2 and/or		-			(D) Nontaxable	(E) Total of	(F)
		(-,				compensation			and c	ther	benefits	columns	Compensation in
				c	(i) Base ompensation	(ii) Bonus & incentive compensation	(iii) Oth reportab compensa	ole	defe comper			(B)(i)-(D)	column (B) reported as deferred on prior Form 990
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Schedule J (Form 990) 2020									Page 3
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Software ID: Software Version: efile Public Visual Render

ObjectId: 202202499349301425 - Submission: 2022-09-06

TIN: 77-0312582

SCHEDULE M (Form 990)

Department of the Treasury

Noncash Contributions

► 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.

OMB No. 1545-0047

2020

Open to Public Inspection

Rame of the organization Conswerter Production Conswerter Conswer		Revenue Service						Inspe	ection	ı
Types of Property	Name	e of the organization				Emplo	yer identifica	tion n	umber	-
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2 Art—Historical treasures 3 Art—Fistorical interests . 4 Books and publications . 5 Clothing and household goods . 7 Boats and planes . 8 Intellectual property . 8 Intellectual property . 10 Securities—Publicly traded . 11 Securities—Publicly traded . 12 Securities—Publicly traded . 13 Securities—Publicly traded . 14 Securities—Partnership, LLC, or trust interests . 14 Qualified conservation contribution—Historic structures . 15 Real estate—Commercial . 16 Real estate—Commercial . 17 Real estate—Commercial . 18 Real estate—Commercial . 19 Food inventory . 20 Drugs and medical supplies . 21 Taxidermy . 22 Historical artifacts . 23 Scientific specimens . 24 Archeological artifacts . 25 Other F (Check if	Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line		Method of c	etermi		:s
3 Art—Fractional interests 4 Books and publications 5 Clothing and household goods 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities—Publichy traded 1 X 3 134,179 SELLING PRICE PER BROKER 1 Securities—Closely held stock 1 Securities—Closely held stock 1 Securities—Closely held stock 1 Securities—Interests 1 Securities—Interests 1 Qualified conservation contribution—Historic structures 1 Qualified conservation contribution—Other 1 Real estate—Commercial 1 Real estate—Commercial 1 Real estate—Commercial 1 Proposition of the structures 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interests 1 Sold interest	1	Art—Works of art								
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5 Clothing and household goods	3	Art—Fractional interests								
Gods and other vehicles	4	Books and publications								
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8 Intellectual property	_									
8 Intellectual property						+				
9 Securities—Publicly traded		· · · · · · · · · · · · · · · · · · ·				+				
10 Securities—Closely held stock . 11 Securities—Patrership, LLC, or trust interests . 12 Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures . 14 Qualified conservation contribution—Other . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . 18 Collectibles . 19 Food inventory . 20 Drugs and medical supplies . 21 Taxidermy . 21 Taxidermy . 22 Historical artifacts . 23 Scientific specimens . 24 Archeological artifacts . 25 Other ▶ (26 Other ▶ (27 Other ▶ (28 Other ▶ (29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . 29 Nuring the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 31 No 32a Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 No 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash describe in Part II.				3	124 17	O CELLT	NC DDICE DED	BBOKE	D	
11 Securities—Partnership, LLC, or trust interests		•		3	134,17	9 SLLLI	NG PRICE PER	BRUKL	N.	
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13 Qualified conservation contribution—Historic structures										
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Page 2

Page **2**

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2020)

Additional Data

Return to Form

Software ID:

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ObjectId: 202202499349301425 - Submission: 2022-09-06

TIN: 77-0312582

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

| 20

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION FOR 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 -66,990. FUNDS HELD FOR OTHERS INVESTMENT ACTIVITY ACCRUAL TO CASH -29,690. FUNDS HELD FOR OTHERS COSTS ACCRUAL TO CASH -14,059. ACCRUAL TO CASH- PY ACCOUNTS PAYABLE 47,850. ACCRUAL TO CASH - CY PLEDGE AND ACCOUNTS RECEIVABLE 208.
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 or 990-EZ) 2020

Additional Data

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Software ID:

Coftware Versions