Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print ORANGE COUNTY COMMUNITY FOUNDATION 33-0378778 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 19200 VON KARMAN AVENUE, SUITE 700 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions IRVINE, CA 92612 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) SHELLEY HOSS, PRESIDENT AND CEO The books are in the care of ► 19200 VON KARMAN AVENUE, SUITE 700 - IRVINE, CA 92612 Telephone No. ► 949-553-4202 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🔛 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ightharpoonup X tax year beginning JUL 1, 2021 $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ JUN $\hspace{0.5cm}$ 30 , $\hspace{0.5cm}$ 2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

Open to Bubble

Open to Public Inspection

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

2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, Check if applicable C Name of organization D Employer identification number X Address change Name change ORANGE COUNTY COMMUNITY FOUNDATION 33-0378778 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 949-553-4202 19200 VON KARMAN AVENUE, SUITE 700 191,475,625. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return IRVINE, CA 92612 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SHELLEY HOSS for subordinates? Yes X No SAME AS C ABOVE __ Yes 「 **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 501(c) () ◀ (insert no.) If "No," attach a list. See instructions J Website: ► WWW.OC-CF.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > L Year of formation: 1989 M State of legal domicile: CA Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 40 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 1000 Total number of volunteers (estimate if necessary) 6 -138,710.7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Current Year Prior Year** 107,221,679. 117,857,462. Contributions and grants (Part VIII, line 1h) 8 0. Program service revenue (Part VIII, line 2g) 6,693,747. 3,529,354. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -931,601. -157,829. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 112,983,825. ,228,987. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 98,155,342. 75,850,233. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 3,655,039. 4,294,604. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 3,187,253. 3,120,838. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 83,265,675. 104,997,634. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,986,191. 37,963,312. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 5 457,446,426. 472,269,104 20 Total assets (Part X, line 16) 24,244,037. 24,613,017. 21 Total liabilities (Part X, line 26) 三年 432,833,409. 448,025,067 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign SHELLEY HOSS, PRESIDENT AND CEO Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name P00188643 PATRICIA J. MAYER Paid self-employed Firm's name MOSS ADAMS LLP Firm's EIN ▶ 91-0189318 Preparer Firm's address 4747 EXECUTIVE DR SUITE 1300 Use Only Phone no. 858-627-1400 SAN DIEGO, CA 92121

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

Page 2

Par	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:
	WE INSPIRE A PASSION FOR LIFELONG PHILANTHROPY, FAITHFULLY STEWARD THE
	INTENTIONS OF OUR DONORS, AND CATALYZE SUSTAINABLE COMMUNITY IMPACT.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$2,054,569. including grants of \$1,140,540.) (Revenue \$)
	DISCRETIONARY
	IN ALIGNMENT WITH OUR MISSION TO CATALYZE SUSTAINABLE COMMUNITY IMPACT,
	OCCF CONTINUED TO DIRECT ITS DISCRETIONARY RESOURCES TOWARD MULTIPLE
	INITIATIVES: 1) WORKFORCE DEVELOPMENT INITIATIVE, \$285,000 TO CONNECT
	EDUCATIONAL INSTITUTIONS AND WORKFORCE DEVELOPMENT PROGRAMS TO
	IN-DEMAND, MIDDLE-SKILLS JOBS WITHIN TARGETED SECTORS IN ORANGE COUNTY
	VIA FORMALIZED PIPELINES; 2) OC VETERANS INITIATIVE, \$261,600 TOWARD
	ASSESSMENT, REFERRAL, TRANSITION SUPPORT, HEALTH, AND CAREER ADVANCEMENT FOR VETERANS RETURNING TO ORANGE COUNTY; AND 3) OC
	OPPORTUNITY INITIATIVE, \$784,000 TOWARD ENSURING IMMIGRANTS
	SUCCESSFULLY INTEGRATE INTO THE ECONOMIC AND CIVIC LIFE OF OUR
	COMMUNITY. THESE INITIATIVES ARE MUCH MORE THAN RESPONSIVE GRANT
	(Code:) (Expenses \$ 3 , 105 , 573 • including grants of \$ 2 , 746 , 000 •) (Revenue \$)
	FIELD OF INTEREST AND LEGACY
	IN ALIGNMENT WITH OUR MISSION TO FAITHFULLY STEWARD THE INTENTIONS OF
	OUR DONORS, OCCF MAINTAINS SEVERAL FIELD OF INTEREST AND LEGACY FUNDS
	THAT AWARD GRANTS IN ARTS AND CULTURE, EDUCATION, ENVIRONMENT, HEALTH,
	HUMAN SERVICES, SPECIAL NEEDS AND NONPROFIT CAPACITY BUILDING. TOTAL
	GRANTS MADE THROUGH A COMPETITIVE SELECTION PROCESS FROM UNRESTRICTED
	AND FIELD OF INTEREST FUNDS WERE \$3,198,000. THIS INCLUDED \$608,975 TO
	PROTECT ENDANGERED SPECIES AND \$384,000 TO SUPPORT THE HEALTH, EDUCATION. AND SOCIAL WELFARE OF WOMEN IN ORANGE COUNTY.
	EDUCATION, AND DOCIAL WELFARE OF WOMEN IN ORANGE COUNTY.
4c	(Code:) (Expenses \$73,417,674. including grants of \$71,963,693.) (Revenue \$)
	DONOR ADVISED AND SCHOLARSHIP FUNDS
	CONTRIBUTIONS TO DONOR ADVISED FUNDS (ENDOWED AND NONENDOWED) WERE
	\$91,282,000. GRANTS FROM DONOR ADVISED FUNDS WERE \$90,148,000. OCCF
	ALSO HAS OVER 85 SCHOLARSHIP FUNDS THAT HELPED MORE THAN 400 STUDENTS
	WITH SCHOLARSHIPS TOTALING \$1,457,000. OTHER GRANTING TOTALED \$1,963,000. OCCF FACILITATES CUSTOMIZED PROGRAMS FOR DONORS WITH
	\$1,963,000. OCCF FACILITATES CUSTOMIZED PROGRAMS FOR DONORS WITH SPECIAL INTERESTS INCLUDING THE OC SOCIAL INNOVATION FUND AND THE
	ORANGE COUNTY PROMISE FUND. IN ADDITION, WE ADMINISTER TWO COUNTYWIDE
	SCHOLARSHIP PROGRAMS: 1) THE HISPANIC EDUCATION ENDOWMENT FUND AND 2)
	THE AVID SCHOLARSHIP PROGRAM.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 78,577,816.
	Form 990 (2021)

3

Form 990 (2021) ORANGE COUNTY COMMUNITY FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			\ . ,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	_X_	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	<u> </u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the appropriation projection of the control of the Light of the Light of the Light of the Control			X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		- ^ `
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446	Х	
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		_
15		4-	v	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ . ,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

ORANGE COUNTY COMMUNITY FOUNDATION 33-0378778 Page 4 Form 990 (2021) Part IV | Checklist of Required Schedules (continued) Yes No 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 Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 23 Schedule J 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 Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV Х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Х 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it Scriedule O contains a response or note to any line in this Part v					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	37			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c	X	

132004 12-09-21

Form 990 (2021) ORANGE COUNTY COMMUNITY FOUNDATION
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

28 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the canedra yee and only with or within the year covered by this return. 40 If all least one is reported on line 2a, did the organization file all rounced foderal employment tax returns? Notes if the sun of lines 1 and 2a is granter than 250, you may be required to						Yes	No
bit at least one is reported on line 2a, cid the organization file all required federal employment tax returns? Note: If the sum of files 1 and 62 is greater than 260, you may be required to g. glip. See instructions. 2a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X bit Yees, has filled a form 9901 for this year? If Yes, 1 to like 3b, provide an explanation or Schedule 0 3b X 4 All any time during the calendary 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 security, or other financial account)? 1b If Yees, 1 the the name of the foreign country SecUnities and the security or the security of the sec	2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note: If the sum of lines 1a and 2a is greater than 250, your may be required to e-yie. See instructions. 3a		filed for the calendar year ending with or within the year covered by this return	2a	40			
38 Dit the organization have unrelated business gross income of \$1,000 or more during the year? 48 A fary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a francial account in a foreign country (puch as a bank account, securities account, or other financial account)? 59 If "Yes," certar the name of the foreign country.	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
b if 1*Yes, * fast if field a form 990-T for this year? if *No* to line 3b, provide an explanation on Schedule O ### At any time during the calendar year, did the organization have an interest in, or a signature or other suthority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ### At any time the manner of the foreign country (such as a bank account, securities account, or other financial account)? ### At 3		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	s				
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, accustries account, or other financial accounts? b if 'Yes', 'enter the name of the foreign country \(\) \(\	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	Х	
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 shark account, searches account, or other financial accounts (FBAR). 5b If "Yes," either the name of the foreign country [with as a shark account, searches account, or other financial accounts (FBAR). 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes", "did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of a charable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charable contribution and partly for goods and services provided to the payor? 7c If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7d If "Yes," indicate the number of Forms 8282 filed during the year 7d If "Yes," indicate the number of Forms 8282 filed during the year 7d If the organization receive any thinds, directly or indirectly, to pay premiums on a personal benefit contract? 7e If the organization received any thinds, directly or indirectly, to a personal benefit contract? 7e If the organization received any thinds, directly or indirectly, to a personal benefit contract? 7e If the organization received any thinds, directly or indirectly, to pay personal property organization file a Form 1098-C7 8 Sponsoring organizations make any	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b	Х	
b if "Yes," called the name of the foreign country ▶ CAYMAN TSLANDS, BERMUDA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I "Yes" to line 5a ro 5b, did the organization for Foreign BBBC 7. 6a Dese the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were no tax deductibles? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were no tax deductibles? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," indicates the number of Forms 8282 filed during the year 7 If "Yes," indicate the number of Forms 8282 filed during the year 8 If "Yes," indicate the number of Forms 8282 filed during the year 9 If the organization receives a contribution of quarty or indirectly, on a personal benefit contract? 7 If "X X Y Yes," indicate the number of Forms 8282 filed during the year 9 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 8 Sponsoring organizations make any taxobiding at any time during the year? 9 If the organization received and orthibution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 9 A X Yes and the separation of the properties of the pro	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 110 Section 501(c)(12) organizations. Enter: a 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.) 112 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12 Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization and educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	10	Section 501(c)(7) organizations. Enter:		1			
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If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17							v
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activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	47		0				
	17		-		17		
					- ' '		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 15			
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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
	more members of the governing body?	7a		х
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	5		
а	The governing body?	8a	Х	
h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
·	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(17) Occilor D reguests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	SHELLEY HOSS, PRESIDENT AND CEO - 949-553-4202			
	19200 VON KARMAN AVENUE, SUITE 700, IRVINE, CA 92612			

132006 12-09-21

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization no	or any related	orga	niza	tion	com	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do		Pos		than c	200	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week		cer an	id a di	recto	r/trust	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	96			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		96	suadi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		ploye	t com	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) SHELLEY HOSS	40.00	=	=	0	<u>×</u>	± θ	ш			
PRESIDENT & CEO	3.00			Х				443,422.	0.	59,887.
(2) TAMMY TUMBLING	40.00									
EVP & COO	0.00			Х				254,908.	0.	26,419.
(3) TODD HANSON	40.00									
VP ENGAGED PHILANTHROPY	0.00					Х		230,363.	0.	22,431.
(4) TRACY BRANSON	40.00									
CHIEF FINANCIAL OFFICER	0.00			Х				212,668.	0.	32,223.
(5) CATHLEEN OTERO	40.00								_	
SR. VICE PRESIDENT, DONOR & COMMUNIT	0.00					X		174,196.	0.	24,332.
(6) GREG CRAVENS	40.00									
CONTROLLER	0.00					Х		140,604.	0.	28,486.
(7) MARGITA BLATTNER	40.00									
SR. DIRECTOR PHILANTHROPIC STRATEGY	0.00					X		145,483.	0.	23,125.
(8) NICOLE PERRY	40.00									
ACCOUNTING MANAGER	0.00					Х		116,299.	0.	5,591.
(9) HERBERT BEDOLFE	0.50									_
BOARD MEMBER	0.00	Х						0.	0.	0.
(10) DEANNA COLGLAZIER	0.50									_
BOARD MEMBER	0.00	Х						0.	0.	0.
(11) KATE DUCHENE	0.50									_
BOARD MEMBER	0.00	Х						0.	0.	0.
(12) PAUL KAGOO	0.50									_
BOARD MEMBER	0.00	Х						0.	0.	0.
(13) DR. MARIA MINON	0.50								_	_
BOARD MEMBER	0.00	Х						0.	0.	0.
(14) ARNOLD PINKSTON	0.50									
BOARD MEMBER		Х						0.	0.	0.
(15) PAUL WESTHEAD	0.50									
BOARD MEMBER	0.00	Х						0.	0.	0.
(16) RACHID CHAMTIEH	1.00									_
VICE CHAIR	0.50	Х		Х				0.	0.	0.
(17) JOHN WILLIAMS	1.00	_							_	_
SECRETARY & FINANCE CHAIR	0.50	Х		Х				0.	0.	<u>0.</u>

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) (B) (C) (D) (E) (F)											
Name and title	Average hours per week	box,	not cl	Posi heck i	ition more son i	than o s both r/trus	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(18) RESHMA BLOCK	0.50										
BOARD MEMBER	1.00	Х						0.	0.	0.	
(19) DAN BOLAR CHAIR	2.00 1.50	х		х				0.	0.	0.	
(20) GADDI VASQUEZ	0.50	Λ						0.	0.	0.	
BOARD MEMBER	0.00	х						0.	0.	0.	
(21) JOANNA KONG	0.50										
BOARD MEMBER (AS OF 03/23/22)	0.00	х						0.	0.	0.	
(22) KRISTEN MONSON	0.50										
BOARD MEMBER (AS OF 03/23/22)	0.00	Х						0.	0.	0.	
(23) BOB WHALEN	0.50										
BOARD MEMBER (AS OF 03/23/22)	0.00	Х						0.	0.	0.	
(24) DR. ALBERTO MANETTA	0.50										
BOARD MEMBER (THRU 09/28/21)	0.00	Х						0.	0.	0.	
(25) SUSANNA VAKILI	0.50										
BOARD MEMBER (THRU 09/28/21)	0.00	Х						0.	0.	0.	
(26) KEITH SWAYNE	0.50										
BOARD MEMBER (THRU 09/28/21)	0.00	Х						0.	0.	0.	
1b Subtotal							▶	1,717,943.	0.	222,494.	
c Total from continuation sheets to Part VI	I, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							_	1,717,943.	0.	222,494.	
2 Total number of individuals (including but n							o re	ceived more than \$100,	000 of reportable		

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

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

Section B. Independent Contractors

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

the organization. Report compensation for the calendar year ending with or within		
(A)	(B)	(C)
Name and business address	Description of services	Compensation
CAMBRIDGE ASSOCIATES, LLC	INVESTMENT ADVISORY	
PO BOX 412015, BOSTON, MA 02241	SERVICES	642,116.
MOSS ADAMS	ACCOUNTING AND TAX	
P.O. BOX 101822, PASADENA, CA 91189	SERVICES	104,365.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	

Form **990** (2021)

\$100,000 of compensation from the organization

Form 990 (2021) ORANGE
Part VIII Statement of Revenue

			Check if Schedule O contains a	a response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
Sυ	1	2	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
S S			Fundraising events	I I	231,000.				
fts,			Related organizations	—	391,470.				
ية إق				1e	167,450.				
ons,			Government grants (contributions)		107,430.				
utic		T	All other contributions, gifts, grants, an		117 067 542				
ĕ			similar amounts not included above	1.	117,067,542.				
ont		•	Noncash contributions included in lines 1a-1f	1g \$	59,255,165.	117057460			
O g		n	Total. Add lines 1a-1f			117857462.			
					Business Code				
ce	2	а							
ervi		b							
S		С							
Program Service Revenue		d							
90 F		е							
<u>-</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divid	ends, intere	st, and				
			other similar amounts)			2,641,560.			2641560.
	4		Income from investment of tax-exe						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a	15,377.					
			Less: rental expenses 6b	0.					
			Rental income or (loss) 6c	15,377.					
			Not rental income or (loss)		•	15,377.			15,377.
			` '	Securities	(ii) Other				·
		_		826,936.	3273000.				
		h	Less: cost or other basis	,					
ø			and sales expenses	047 832.	3164310.				
her Revenue		_	Gain or (loss) 7c	779,104.	108,690.				
eve			Net gain or (loss)	-	-	887,794.			887,794.
<u>~</u>			Gross income from fundraising events			007,7521			007,751
	0	а	including \$ 231,000	·					
Ò			•	_					
			contributions reported on line 1c).		0.				
		L	Part IV, line 18		34,496.				
			Less: direct expenses		31,150.	-34,496.			-34,496.
			Net income or (loss) from fundraisir			34,450.			34,450.
	9	а	Gross income from gaming activities						
			Part IV, line 19	I .					
			Less: direct expenses						
			Net income or (loss) from gaming a						
	10	а	Gross sales of inventory, less return	I .					
			and allowances	I .					
			Less: cost of goods sold						
-		С	Net income or (loss) from sales of in	nventory	>				
က္					Business Code				
e e	11	а	K-1 PASSTHROUGH		525990	-138,710.		-138,710.	
Miscellaneous Revenue		b							
cel.		С							
Mis		d	All other revenue						
		е	Total. Add lines 11a-11d			-138,710.			
	12		Total revenue. See instructions	<u></u>	>	121228987.	0.	-138,710.	3510235.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respor			, v y-	
	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	71,421,833.	71,421,833.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,327,344.	1,327,344.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	3,101,056.	3,101,056.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,088,425.	397,710.	354,235.	336,480
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	2,594,559.	1,144,133.	884,478.	565,948
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	121,625.	53,813.	42,563.	25,249
9	Other employee benefits	249,140.	96,224.	109,673.	43,243
10	Payroll taxes	240,855.	103,990.	81,545.	55,320
11	Fees for services (nonemployees):				
а	Management				
b	Legal	13,516.	9,355.	2,128.	2,033
С	Accounting	77,419.		77,419.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,112,494.		1,112,494.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	164,470.	32,697.	81,808.	49,965.
12	Advertising and promotion	28,243.			28,243.
13	Office expenses	191,209.	3,259.	186,340.	1,610.
14	Information technology	367,963.	163,510.	143,408.	61,045.
15	Royalties				
16	Occupancy	514,323.	219,426.	206,847.	88,050.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	36,946.	6,779.	20,664.	9,503
20	Interest				
21	Payments to affiliates	4=			
22	Depreciation, depletion, and amortization	47,357.	4.5 - 4.5	47,357.	
23	Insurance	25,460.	18,749.	3,894.	2,817
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PROJECT EXPENSES	362,348.	362,348.		
b	DONOR SVCS/FUNDRAISING	127,000.	63,500.		63,500.
c	COMMUNITY EDUCATION	52,090.	52,090.		,
d		·			
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	83,265,675.	78,577,816.	3,354,853.	1,333,006
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)				

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,463,792.	1	4,609,049.		
	2	Savings and temporary cash investments			57,325,531.	2	66,243,693.
	3	Pledges and grants receivable, net	7,852,388.	3	6,515,071.		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual	ified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			5,326,382.	7	4,499,589.
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges			107,174.	9	171,393.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		820,692.	11		
	b	Less: accumulated depreciation		•	117,003.		390,652.
	11	Investments - publicly traded securities			83,651,758.	11	70,993,904.
	12	Investments - other securities. See Part IV, line			301,121,241.	12	316,497,656.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			404 455	14	0 040 005
	15	Other assets. See Part IV, line 11			481,157.	15	2,348,097.
	16	Total assets. Add lines 1 through 15 (must equ			457,446,426.	16	472,269,104.
	17	Accounts payable and accrued expenses	513,987.	17	422,331.		
	18	Grants payable			13,630,031.	18	12,739,456.
	19	Deferred revenue			7,908,749.	19	8,463,250.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
Lia		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unrela				23 24	
	24 25	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on line					
				· ·	2,560,250.	25	2,619,000.
	26	of Schedule D Total liabilities. Add lines 17 through 25			24,613,017.		24,244,037.
	20	Organizations that follow FASB ASC 958, che			21/020/02/	20	21/211/00/1
es		and complete lines 27, 28, 32, and 33.	JOIN HOI				
au c	27	Net assets without donor restrictions			255,539,084.	27	282,255,792.
Bak	28	Net assets with donor restrictions	177,294,325.	28	165,769,275.		
E		Organizations that do not follow FASB ASC 9					
<u> </u>		and complete lines 29 through 33.	•	, —			
P	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			432,833,409.	32	448,025,067.
-	33	Total liabilities and net assets/fund balances			457,446,426.	33	472,269,104.

						<u> </u>
Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	121			
2	Total expenses (must equal Part IX, column (A), line 25)	2				75.
3	Revenue less expenses. Subtract line 2 from line 1	3				<u> 12.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	432	,83	3,4	09.
5	Net unrealized gains (losses) on investments	5	-22	,91	0,3	64.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		13	8,7	10.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	448	,02	5,0	<u>67.</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?	-		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				
	and the complete value on Cabadula Canad describe and standard to understand a subtractive			O.		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization ORANGE COUNTY COMMUNITY FOUNDATION 33-0378778 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021 ORANGE COUNTY COMMUNITY FOUNDATION 33-0378

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	90417000.	86734011.	140561471	107221679	<u> 117857462</u>	542791623
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	90417000.	86734011.	140561471	107221679	117857462	542791623
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						115306228
6	Public support. Subtract line 5 from line 4.						427485395
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	90417000.	86734011.	140561471	107221679	117857462	542791623
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2584718.	3370801.	3170672.	2032401.	2656937.	13815529.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	160,589.	134,717.				295,306.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						556902458
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and sto	p here					>
	tion C. Computation of Publ					г	
	Public support percentage for 2021 (14	76.76 %
	Public support percentage from 2020					15	76.27 <u>%</u>
16a	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies	as a publicly supp	orted organization				> X
b	33 1/3% support test - 2020. If the	•		•		•	
	and stop here. The organization qua						
17a	7a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						zation
	meets the facts-and-circumstances to	•	•				
b	10% -facts-and-circumstances test	ū				•	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circ		-		• • •		
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	siow, piease comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						V
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(1) = 2 · ·	, , , , , , , , , , , , , , , , , , ,	(2)	(4) = = =	(2,7===	(),
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	504()(0)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	. —
Se	check this box and stop here ction C. Computation of Publi	c Support Par	rcentage				P
	•			l (f))		45	
	Public support percentage for 2021 (li					15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	<u>%</u>
	•			ino 13 column (f)\		17	
	Investment income percentage for 20 Investment income percentage from 2					18	<u>%</u>
	a 33 1/3% support tests - 2021. If the						
136	more than 33 1/3%, check this box ar						▶ □
k	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
00	line 18 is not more than 33 1/3%, chece Private foundation. If the organization						
/()	ELIVATE TOURGATION, IT THE ORGANIZATION	н ою пот спеск а	DOX ON line 14 19	a or igo check fr	us dox and see in:	SILLICHOUS	■

132023 01-04-22

Schedule A (Form 990) 2021

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
30		
20		
3c		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01-		
9b		
0		
9c		
10a		
10b		

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Par	Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
b	A family member of a person described on line 11a above?	lb		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		1c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what contained or rectifications, if any, applied to each power 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,			
Caat		2		
Seci	tion C. Type II Supporting Organizations	\neg		
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Soot	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	tion D. All Type III Supporting Organizations	\neg	1	
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	, , , , , , , , , , , , , , , , , , , ,	1		
	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	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	-		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tion	3)	
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 the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		а		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		а		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Sche	dule A (Form 990) 2021 ORANGE COUNTY COMMUNITY	FOUN	NDATION	33-0378778 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explair</i>	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complet	e Sections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Secti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		

Schedule A (Form 990) 2021

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

4 Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2021

b Excess from 2018
 c Excess from 2019
 d Excess from 2020
 e Excess from 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

ORANGE COUNTY COMMUNITY FOUNDATION

33-0378778

Filers of:	Section:	
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	tion is covered by the General Rule or a Special Rule. 601(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.	
General Rule		
_	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or nany one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.	
Special Rules		
sections 509(contributor, c	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; 90-EZ, line 1. Complete Parts I and II.	
contributor, c literary, or ed	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ucational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering mn (b) instead of the contributor name and address), II, and III.	
year, contribu is checked, e purpose. Dor	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., or to complete any of the parts unless the General Rule applies to this organization because it received nonexclusively entriable, etc., contributions totaling \$5,000 or more during the year	_
answer "No" on Part I\	ion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must V, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify the filing requirements of Schedule B (Form 990)	

 $\label{eq:local_local_local_local} \text{LHA} \quad \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2**

Name of organization Employer identification number

ORANGE COUNTY COMMUNITY FOUNDATION

33-0378778

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No. 1	Name, address, and ZIP + 4	\$ 17,992,544.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 9,383,208.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 7,905,068.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 7,480,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 4,207,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

ORANGE COUNTY COMMUNITY FOUNDATION

33-0378778

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$4,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 2,465,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 2,592,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ORANGE COUNTY COMMUNITY FOUNDATION

33-0378778

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PUBLICLY TRADED STOCK		
1			
		\$ 13,430,249.	08/17/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PUBLICLY TRADED STOCK		
3			
		\$	08/17/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PUBLICLY TRADED STOCK		
4			
		\$	03/22/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PRIVATE COMPANY STOCK		
9			
		\$\$	04/01/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		· -	Cabadula P (Farra 000) (0004)

Name of organization **Employer identification number** COUNTY COMMUNITY FOUNDATION 33-0378778 ORANGE Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21 Schedule B (Form 990) (2021)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number 33-0378778

	ORANGE COUNTY COMM		33-0378778			
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or Ac	counts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, li	ne 6.				
		(a) Donor advised funds (k) Funds and other accounts			
1	Total number at end of year	422	211			
2	Aggregate value of contributions to (during year)	114,253,622.	3,237,378.			
3	Aggregate value of grants from (during year)	69,686,507.	4,840,896.			
4	Aggregate value at end of year		151,447,915.			
5	Did the organization inform all donors and donor advisors in		s			
	are the organization's property, subject to the organization's	s exclusive legal control?	X Yes No			
6	Did the organization inform all grantees, donors, and donor					
	for charitable purposes and not for the benefit of the donor					
	impermissible private benefit?		X Yes No			
Pai		rganization answered "Yes" on Form 990, Part IV,				
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (for example, recreation)		rically important land area			
	Protection of natural habitat	Preservation of a certif				
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a con	servation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	T		2b			
c	Number of conservation easements on a certified historic str		2c			
d	Number of conservation easements included in (c) acquired					
-	listed in the National Register	·	2d			
3	Number of conservation easements modified, transferred, re					
_	year ▶					
4	Number of states where property subject to conservation ea	asement is located >				
5	Does the organization have a written policy regarding the pe	· · · · · · · · · · · · · · · · · · ·				
	violations, and enforcement of the conservation easements		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting					
	•		,			
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation eas	ements during the year			
	▶ \$					
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservat		ent and			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements that	t describes the			
	organization's accounting for conservation easements.					
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other Si	milar Assets.			
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 98	58, not to report in its revenue statement and balar	nce sheet works			
	of art, historical treasures, or other similar assets held for pu	iblic exhibition, education, or research in furtherand	ce of public			
	service, provide in Part XIII the text of the footnote to its fina	ancial statements that describes these items.				
b						
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$			
	(m)		▶ \$			
2	If the organization received or held works of art, historical tre					
_	the following amounts required to be reported under FASB A					
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$			
	Assets included in Form 990, Part X		· · ·			
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2021			

132051 10-28-21

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

Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or	Other 9	Simila	r Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that r	nake sigr	nificant ι	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or excl	hange progran	n					
b	Scholarly research	е	Other							
С	c Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization	's exemp	ot purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other	similar a	ssets		_		_
_	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the organization	n answered "Y	es" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodi		•					7		7
	on Form 990, Part X?						L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					A		
								Amoun	τ	
	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
	Ending balance					1f		7		٦
	Did the organization include an amount on Fo				-	/?		Yes	H	∐ No
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i					<u></u>				
ı uı	Endownient i ando: Complete	(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	r vears	hack
10	Beginning of year balance	199,453,849.	154,336,665.				16,881.	• •	,749,	
		6,369,786.	8,716,074.							
	Net investment earnings, gains, and losses Grants or scholarships	7,637,052.	7,562,171.						,584,	
	Other expenditures for facilities	7,037,032.	,,302,171.	7,012,	237.	<u> </u>	20,207.		, , , ,	
е		41,068.	53,470.	49	483.		35,629.		78	370.
f	Administrative expenses	1,884,721.	1,644,107.	<u> </u>			00,860.	1	,376,	
g	End of year balance	188,977,140.	199,453,849.				10,261.		,516,	
2	Provide the estimated percentage of the curr			•			,		, ,	
	Board designated or quasi-endowment	1.7000	%	y ricia as.						
b	Permanent endowment ► 80.1000	%								
	Term endowment ► 18.2000									
_	The percentages on lines 2a, 2b, and 2c short									
За	Are there endowment funds not in the posses	•	tion that are held an	nd administere	d for the	organiza	ation			
	by:	3				3			Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b	Х	
4	Describe in Part XIII the intended uses of the	organization's endov								
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, I	Part X, lir	ne 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) Acc	cumulate	ed	(d) Boo	k valu	е
		basis (investm	nent) basis	(other)	depr	eciation				
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment		82	0,692.	4	30,0	40.	39	0,6	<u>52.</u>
	Other									
Total	l. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part)	X. column (B), line 10	0c.)					0,6	
							Schodulo	D /Farm	~ ^^^	2024

Schedule D (Form 990) 2021

Scriedule D	(1 01111 330) 202 1	011111011	0001111
Dart VII	Investments	Other Securit	200

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	306,707,928.	END-OF-YEAR MARKET VALUE
(B) CANNON LP	197,728.	END-OF-YEAR MARKET VALUE
(C) KDF CITY TOWERS LLP	5,000,000.	END-OF-YEAR MARKET VALUE
(D) OTHER	4,592,000.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	316,497,656.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.

(9)

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

(a) Description	(b) Book value
<u>(1)</u>	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 900, Part V, col. (P) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PLEDGES PAYABLE	2,234,000.
(3) CGA LIABILITIES	385,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	▶ 2,619,000.

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

Schedule D (Form 990) 2021

Sche	edule D (Form 990) 2021 ORANGE COUNTY COMMUNITY	FOUNDATION	33-037877	8 Page
	rt XI Reconciliation of Revenue per Audited Financial State			- rage
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Exper	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18,			
	rt XIII Supplemental Information.	,		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		Part V, line 4; Part X, line 2; Par	t XI,
PAI	RT V, LINE 4:			
THE	E ENDOWMENT FUNDS ARE FOR HELPING THE PE	OPLE OF ORANG	E COUNTY NOW AND	O IN
THE	E FUTURE. THE ASSETS ARE HELD IN PERPET	UITY TO HAVE	LONG TERM BENEF	ΙΤ
то	THE COMMUNITY.			
PAI	RT X, LINE 2:			
	E COMMUNITY FOUNDATION AND ITS SUPPORTIN	G ORGANIZATIO	NS DO NOT HAVE	ANY

MATERIAL UNCERTAIN TAX POSITIONS. THE COMMUNITY FOUNDATION AND ITS SUPPORTING ORGANIZATIONS FILE INFORMATIONAL ORGANIZATION RETURNS AND APPLICABLE UNRELATED BUSINESS INCOME TAX RETURNS IN THE UNITED STATES FEDERAL JURISDICTION AND WITH THE FRANCHISE TAX BOARD IN THE STATE OF

CALIFORNIA.

Schedule D (Form 990) 2021	ORANGE COU	NTY COMMUNITY	FOUNDATION	33-0378778	Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental Information	rmation (continued)				
	(continued)				

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

2021
Open to Public Inspection

Name of the organization

Employer identification number

	COUNTY COMMUNITY FOUNDATION	33-0378778
Part I	General Information on Activities Outside the United S	tates. Complete if the organization answered "Yes" on
	Form 990, Part IV, line 14b.	

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? _____X Yes _____No.

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

United States.					
3 Activities per Region. (T (a) Region	(b) Number of offices in the region		an be duplicated if additional space is new (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	eded.) (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		178,446.
EAST ASIA AND THE	0	0	GRANTMAKING		132,177.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		2,211,174.
NORTH AMERICA					
(CANADA AND MEXICO)	0	0	GRANTMAKING		496,440.
SUB-SAHARAN AFRICA CENTRAL AMERICA AND THE CARIBBEAN -	0	0	GRANTMAKING		82,820.
ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		89,198,186.
NORTH AMERICA (CANADA AND MEXICO)	0	0	INVESTMENTS		1,333,047.
3 a Subtotal b Total from continuation sheets to Part I	0				93,632,290.
c Totals (add lines 3a and 3b)	0				93,632,290.

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

Schedule F (Form 990) 2021

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		NORTH AMERICA	HUMAN SERVICES	40,708.	WIRE	0.		
		NORTH AMERICA	EDUCATION	10,050.	WIRE	0.		
		EUROPE	EDUCATION	414,850.	WIRE	0.		
		EUROPE	EDUCATION	9,550.	WIRE	0.		
		EUROPE	EDUCATION	30,150.	WIRE	0.		
		NORTH AMERICA	HUMAN SERVICES	23,797.	WIRE	0.		
		SUB-SAHARAN AFRICA	EDUCATION	5,670.	WIRE	0.		
			EDUCATION ecognized as charities by the f	39,647.		0.		

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a	tax
exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

... **>** 42

Schedule F (Form 990) 2021

3 Enter total number of other organizations or entities

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the l	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	HUMAN SERVICES	50,050.	WIRE	0.		
		EUROPE	EDUCATION	26,050.	WIRE	0.		
		NORTH AMERICA	EDUCATION	67,500.	WIRE	0.		
		EUROPE	EDUCATION	10,050.	WIRE	0.		
			COMMUNITY IMPROVEMENT					
		EUROPE	& DEVELOPMENT	20,000.	WIRE	0.		
		NORTH AMERICA	EDUCATION	10,050.	WIRE	0.		
		EUROPE	EDUCATION	11,898.	WIRE	0.		
		EUROPE	EDUCATION	10,050.	WIRE	0.		
		SUB-SAHARAN						
			EDUCATION	10,050.	WIRE	0.		

Part II Continuation of			tions or Entities Outside the		(Schedule F (Form 9	90). Part II. line 1	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	HUMAN SERVICES	19,829.	WIRE	0.		
		NORTH AMERICA	HUMAN SERVICES	13,880.	WIRE	0.		_
		EUROPE	EDUCATION	55,160.	WIRE	0.		
		EUROPE	HUMAN SERVICES	207,767.	WIRE	0.		
		EUROPE	EDUCATION	10,050.	WIRE	0.		
		EUROPE	HUMAN SERVICES	40,050.	WIRE	0.		
		EUROPE	EDUCATION	7,550.	MTKE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EDUCATION	28,396.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EDUCATION	150,050.	WIRE	0.		

Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	EDUCATION	10,050.	WIRE	0.		
			ENVIRONMENT & ANIMAL WELFARE	13,536.	WIRE	0.		
		EUROPE	EDUCATION	13,606.	WIRE	0.		
		NORTH AMERICA	EDUCATION	201,100.	WIRE	0.		
		EUROPE	EDUCATION	9,788.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	EDUCATION	5,950.	WIRE	0.		
		SUB-SAHARAN AFRICA	EDUCATION	20,100.	WIRE	0.		
		EUROPE	EDUCATION	10,050.	WIRE	0.		
		EUROPE	EDUCATION	10,050.	WIRE	0.		

Part II	Continuation of	Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name	of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE	HUMAN SERVICES	86,720.	WIRE	0.		
			EAST ASIA AND THE		405 005				
			PACIFIC	EDUCATION	126,226.	WIRE	0.		+
			EUROPE	HUMAN SERVICES	100,100.	WIRE	0.		
			SUB-SAHARAN AFRICA	HEALTH & WELLNESS	40,000.	WIRE	0.		
			III KICH	IIIIIII & WEEDNESS	40,000.	WIKE	<u> </u>		1
			SUB-SAHARAN AFRICA	HEALTH & WELLNESS	7,000.	WIRE	0.		
					,				
			EUROPE	EDUCATION	869,249.	WIRE	0.		
					40.000				
			NORTH AMERICA	HUMAN SERVICES	19,829.	WIRE	0.		+
			EUROPE	EDUCATION	234,850.	MIKE	0.		

Part III				ites. Complete i	if the organization answered "Yes"	on Form 990, Part	IV, line 16.	
(a) ⊺	Part III can be duplicated if a Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021 (Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

OCCF MAKES AN EQUIVALENCY DETERMINATION TO DETERMINE IF THE GRANTEE ORGANIZATION IS THE EQUIVALENT OF A U.S. CHARITY OR OCCF EXERCISES EXPENDITURE RESPONSIBILITY TO ENSURE GRANT FUNDS ARE USED FOR CHARITABLE PURPOSES.

TO MAKE AN EQUIVALENCY DETERMINATION, OCCF ACQUIRES AND EVALUATES THE FOLLOWING DOCUMENTS:

- THE FOUNDING DOCUMENTS OF THE ORGANIZATION;
- A DETAILED DESCRIPTION OF THE PURPOSE OF THE ORGANIZATION AND ITS PAST AND PROPOSED ACTIVITIES;
- DISSOLUTION PROVISIONS, EITHER CONTAINED IN THE APPLICABLE LAW OR IN THE FOUNDING DOCUMENTS;
- LEGAL OR FOUNDING DOCUMENT RESTRICTIONS ON PRIVATE BENEFIT, NON-CHARITABLE ACTIVITIES, LOBBYING, AND PARTICIPATION IN POLITICAL CAMPAIGNS;
- 5. FINANCIAL RECORDS.

IN EXERCISING EXPENDITURE RESPONSIBILITY OCCF TAKES THE FOLLOWING STEPS TO MAKE CERTAIN THE GRANT FUNDS ARE USED FOR THE CHARITABLE PURPOSES:

- CONDUCT A PRE-GRANT INQUIRY THAT MAKES A REASONABLE DETERMINATION THAT THE INTENDED GRANTEE IS CAPABLE OF FULFILLING THE CHARITABLE PURPOSE OF THE GRANT;
- EXECUTE A GRANT AGREEMENT THAT INCLUDES SPENDING AND REPORTING RESPONSIBILITIES, AND COMMITS THE GRANTEE TO SPEND THE MONEY ONLY FOR THE SPECIFIED CHARITABLE PURPOSE OF THE GRANT;
- REQUIRE ONE OR MORE REPORTS FROM THE GRANTEE DETAILING HOW THE FUNDS HAVE BEEN SPENT.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public

Name of the organization

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

Inspection Employer identification number

	COUNTY COMMUNITY FO				33-0378	
Part I Fundraising Activities. required to complete this part	Complete if the organization answet.	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover ising of ing of	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Γotal			•			
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from req	gistration

132081 10-21-21

17260510 146892 037736

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more 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 ever NONE ANNUAL MTG (event type) (event type) (total number 231,000. 2 Less: Contributions 231,000. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes	(add col. (a) through
ANNUAL MTG (event type) (event type) (total number 231,000. 2 Less: Contributions 231,000. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes	col. (c))
(event type) (event type) (total number 231,000. 2 Less: Contributions 231,000. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes	231,000.
1 Gross receipts 231,000. 2 Less: Contributions 231,000. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes	231,000.
2 Less: Contributions 231,000. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes	
2 Less: Contributions 231,000. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes	
3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes	231,000.
3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes	
4 Cash prizes	
5 Noncash prizes	
5 Noncash prizes	
\mathcal{B}	
6 Rent/facility costs	
6 Rent/facility costs 7 Food and beverages	
7 Food and beverages	
8 Entertainment	24.406
9 Other direct expenses 34,496.	34,496. 3 4,496.
Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d)	24 400
Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more that	• • •
\$15,000 on Form 990-EZ, line 6a.	
(a) Bingo (b) Pull tabs/instant bingo (c) Other gam	(d) Total gaming (add
(a) Bingo bingo/progressive bingo (c) Other gam	col. (a) through col. (c)
) 	
1 Gross revenue	
2 Cash prizes	
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes	%
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	%
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes% Yes% Yes No No	
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes% Yes% Yes No	
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes% Yes% Yes No No	. ▶
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	. •
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities:	. •
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Wes	. •
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities:	. •
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Wes	. •
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Wes	Yes No
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes	Yes No
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Yes No

132082 10-21-21 Schedule G (Form 990) 2021

Schedule G (Form 990) 2021 ORANGE COUNTY COMMUNITY FOC		age 3
11 Does the organization conduct gaming activities with nonmembers?		No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnersh	ip or other entity formed	
to administer charitable gaming?		No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/spec		,,,
Name		
Address ►		
		٦
15a Does the organization have a contract with a third party from whom the organization rece	eives gaming revenue? Yes	」No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the amount	
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name		
Address >		
16 Gaming manager information:		
Name ▶		
Gaming manager compensation > \$		
5		
Description of services provided		
Director/officer Employee Independent contract	ctor	
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gan	ming proceeds to	
retain the state gaming license?	Yes	No
		_ I40
b Enter the amount of distributions required under state law to be distributed to other exen	npt organizations of spent in the	
organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, I	line Ob and many (iii) and (iv) and Dort III lines O. Ob 1	O.b.
		UD,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. Se	e instructions.	

Schedule G	(Form 990)	ORANGE	COUNTY	COMMUNITY	FOUNDATIO	v 33-0378'	778 Page 4
Part IV	(Form 990) Supplemental Infor	mation _{(cont}	tinued)				
		•	•				
_							

SCHEDULE I (Form 990)

Department of the Treasury

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 Open to Public

Internal Revenue Service Inspection **Employer identification number** Name of the organization 33-0378778 ORANGE COUNTY COMMUNITY FOUNDATION 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 1 X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) 100 BLACK MEN OF ORANGE COUNTY 100 SPECTRUM DR STE 900 33-0565511 501(C)(3) 0 EDUCATION IRVINE, CA 92618 16,500. 21ST CENTURY PEACE LITERACY FOUNDATION - PO BOX 4024 - TUBAC COMMUNITY IMPROVEMENT & 81-1537700 501(C)(3) DEVELOPMENT AZ 85646-4024 20,000 0. 4 WALLS INTERNATIONAL INCORPORATED 340 W 11TH ST ENVIRONMENT & ANIMAL NATIONAL CITY, CA 91950-3221 26-4381424 501(C)(3) 20,000 0 WELFARE 5 GYRES INSTITUTE 5792 W JEFFERSON BLVD ENVIRONMENT & ANIMAL 27-1350279 501(C)(3) WELFARE LOS ANGELES CA 90016-3107 10 000 0. A NEW WAY OF LIFE RE-ENTRY PROJECT PO BOX 875288 95-4782503 501(C)(3) HUMAN SERVICES LOS ANGELES, CA 90087-0388 50 000 0. ACCESS CALIFORNIA SERVICES 631 S BROOKHURST ST STE 107 ANAHEIM CA 92804-3576 33-0826205 501(C)(3) 25 000 0 HUMAN SERVICES

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

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

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

Schedule I (Form 990) 2021

799.

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACHIEVEMENT INSTITUTE OF							
SCIENTIFIC STUDIES - 1505 E 17TH							
ST STE 111 - SANTA ANA, CA				_			
92705-8520	33-0734877	501(C)(3)	20,000.	0.			HUMAN SERVICES
ACRES OF LOVE							
31920 DEL OBISPO ST STE 175							
SAN JUAN CAPISTRANO, CA 92675-3194	33-0930465	501(C)(3)	90,000.	0.			HUMAN SERVICES
<u> </u>			30,000.				22111222
ACTIVE CHURCH, INC.							
3940-7124 BROAD ST							 RELIGION, SPIRITUAL
SAN LUIS OBISPO, CA 93401-7017	81-2265183	501(C)(3)	50,000.	0.			DEVELOPMENT
ADVOCATE CHARITABLE FOUNDATION							
3075 HIGHLAND PKWY STE 600							
DOWNERS GROVE, IL 60515-5563	36-3297360	501(C)(3)	550,000.	0.			HEALTH & WELLNESS
AFRICA INLAND MISSION							
INTERNATIONAL, INC PO BOX 3611				_			RELIGION, SPIRITUAL
- PEACHTREE CITY, GA 30269-7611	11-1873101	501(C)(3)	19,500.	0.			DEVELOPMENT
AGE MELL GENTOD GEDWIGEG ING							
AGE WELL SENIOR SERVICES, INC. 23101 LAKE CENTER DR STE 325							
LAKE FOREST, CA 92630-2898	93-1163563	501(C)(3)	8,750.	0.			HEALTH & WELLNESS
HARE FOREST, CA 92030-2090	93-1103303	501(0)(3)	8,750.	0.			HEADIN & WELDNESS
AIDS SERVICES FOUNDATION ORANGE							
COUNTY - 17982 SKY PARK CIR STE J							
- IRVINE, CA 92614-6482	33-0126481	501(C)(3)	12,500.	0.			HUMAN SERVICES
			,				
ALAMEDA COMMUNITY SAILING CENTER							
P.O. BOX 1707							
ALAMEDA, CA 94501	46-2689842	501(C)(3)	8,700.	0.			EDUCATION
ALASKA CONSERVATION FOUNDATION							
1227 W 9TH AVE STE 300							ENVIRONMENT & ANIMAL
ANCHORAGE, AK 99501-3279	92-0061466	501(C)(3)	20,000.	0.			WELFARE

		()					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALCOHOLISM CENTER FOR WOMEN, INC.							
1147 S ALVARADO ST							
LOS ANGELES, CA 90006-4100	23-7428537	501(C)(3)	30,000.	0.			HUMAN SERVICES
			1				
ALIF INTERNATIONAL - THRESHOLD							
SOCIETY - PO BOX 45143 - MADISON,							RELIGION, SPIRITUAL
WI 53744-5143	03-0318747	501(C)(3)	30,000.	0.			DEVELOPMENT
			1 7 7 7 7 7 7				
ALL HANDS AND HEARTS SMART							
RESPONSE, INC 6 COUNTY RD STE 6							
- MATTAPOISETT, MA 02739-1585	20-3414952	501(C)(3)	50,000.	0.			HUMAN SERVICES
·							
ALL-AMERICAN BOYS CHORUS							
1801 E EDINGER AVE STE 210							
SANTA ANA, CA 92705-4784	23-7376151	501(C)(3)	11,000.	0.			ARTS & CULTURE
AL-MAUN - NEIGHBORLY NEEDS OF LAS							
VEGAS, NV - 711 MORGAN AVE - LAS							
VEGAS, NV 89106-3433	32-0087926	501(C)(3)	25,000.	0.			HUMAN SERVICES
ALS ASSOCIATION - ORANGE COUNTY							
14471 CHAMBERS RD STE 111							
TUSTIN, CA 92780-6969	33-0282720	501(C)(3)	8,000.	0.			HEALTH & WELLNESS
ALS ASSOCIATION, INC. WISCONSIN							
CHAPTER - 3333 N MAYFAIR RD STE							
104 - WAUWATOSA, WI 53222-3219	39-1600965	501(C)(3)	10,000.	0.			HEALTH & WELLNESS
ALS HOPE FOUNDATION							
PO BOX 40777		504 (5) (0)		_			
PHILADELPHIA, PA 19107-0777	23-3010389	501(C)(3)	10,000.	0.			HEALTH & WELLNESS
NUMBER VIEW GERVING							
ALTAMED HEALTH SERVICES							
CORPORATION - 2040 CAMFIELD AVE -	05 201225	E01/G\/3\	05.000	_			WWW GEDUTATA
COMMERCE, CA 90040-1502	95-2810095	DOT(C)(3)	95,000.	0.		1	HUMAN SERVICES

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LZHEIMER'S DISEASE & RELATED									
DISORDERS ASSN 225 N MICHIGAN									
AVE FL 17 - CHICAGO, IL 60601-7652	13-3039601	501(C)(3)	24,000.	0.			HEALTH & WELLNESS		
,				-					
ALZHEIMER'S FAMILY SERVICES CENTER									
9451 INDIANAPOLIS AVE									
HUNTINGTON BEACH, CA 92646-5955	95-3463975	501(C)(3)	12,500.	0.			HEALTH & WELLNESS		
ALZHEIMER'S ORANGE COUNTY									
2515 MCCABE WAY STE 200									
IRVINE, CA 92614-9402	95-3702013	501(C)(3)	114,000.	0.			HEALTH & WELLNESS		
AVERTON ON TRACT									
AMERICA ON TRACK									
600 W SANTA ANA BLVD STE 710	22 0724044	E01/G)/2)	27 500	0			HIMAN GERVICEG		
SANTA ANA, CA 92701-4565	33-0724044	501(C)(3)	27,500.	0.			HUMAN SERVICES		
AMERICAN BRAIN TUMOR ASSOCIATION									
8550 W BRYN MAWR AVE STE 550									
CHICAGO, IL 60631-3225	23-7286648	501(C)(3)	15,000.	0.			HEALTH & WELLNESS		
0.110.100, 12 00001 0220	20 /200010	001(0)(0)	20,000.	•					
AMERICAN CANCER SOCIETY, INC.									
17310 RED HILL AVE STE 300									
IRVINE, CA 92614-5600	13-1788491	501(C)(3)	31,400.	0.			HEALTH & WELLNESS		
AMERICAN CAREER COLLEGE									
EDUCATIONAL FOUNDATION - 151									
INNOVATION DR - IRVINE, CA									
92617-3040	46-1482768	501(C)(3)	25,000.	0.			EDUCATION		
AMERICAN HEART ASSOCIATION, INC.									
1111 BROADWAY STE 1360									
OAKLAND, CA 94607-4091	13-5613797	501(C)(3)	25,000.	0.			HEALTH & WELLNESS		
AMERICAN JEWISH JOINT DISTRIBUTION									
COMMITTEE, INC 220 E 42ND ST RM	12 1656624	E01/G)/2)	10.500	_			THINAN GERMANA		
400 - NEW YORK, NY 10017-5833	13-1656634	DOT(C)(3)	12,500.	0.			HUMAN SERVICES		

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS							
600 PARKCENTER DR							
SANTA ANA, CA 92705-3518	53-0196605	501(C)(3)	175,000.	0.			HUMAN SERVICES
			275,555				
AMERICAN SUSTAINABLE BUSINESS							
INSTITUTE, INC 712 H ST NE PMB							ENVIRONMENT & ANIMAL
42 - WASHINGTON, DC 20002-3627	45-2384297	501(C)(3)	50,000.	0.			WELFARE
AMERICANS UNITED FOR SEPARATION OF							
CHURCH & STATE - 1310 L ST NW STE							COMMUNITY IMPROVEMENT &
200 - WASHINGTON, DC 20005-4563	53-0184647	501(C)(3)	7,000.	0.			DEVELOPMENT
ANAHEIM BALLET							
280 E LINCOLN AVE	05 3645705	E01/G)/2)	15 000	0			ADDEC CONTENTED
ANAHEIM, CA 92805-3226	95-3645705	501(C)(3)	15,000.	0.			ARTS & CULTURE
ANAHEIM COMMUNITY FOUNDATION							
200 S ANAHEIM BLVD # 433							COMMUNITY IMPROVEMENT &
ANAHEIM, CA 92805-3820	33-0033023	501(C)(3)	145,000.	0.			DEVELOPMENT
,			,				
ARIZAE FOUNDATION							
706 SAN ANSELMO AVE # 212							COMMUNITY IMPROVEMENT &
SAN ANSELMO, CA 94960-2618	82-4059472	501(C)(3)	100,000.	0.			DEVELOPMENT
ART & CREATIVITY FOR HEALING, INC.							
23011 MOULTON PKWY STE I5							
LAGUNA HILLS, CA 92653-1232	33-0936136	501(C)(3)	50,000.	0.			HUMAN SERVICES
15mg - 1 115mmyg gopponium-o							
ARTS & LEARNING CORPORATION							
151 KALMUS DR STE G3	72 1724164	E01/G)/2)	17 500	0			HIMAN GEDUTGEG
COSTA MESA, CA 92626-5966	73-1724164	DUI(C)(3)	17,500.	0.			HUMAN SERVICES
ARTS ORANGE COUNTY							
17620 FITCH STE 255							
IRVINE, CA 92614-6081	33-0668009	501(C)(3)	69,250.	0.			ARTS & CULTURE
	1 33 3300003		1 05,230.	٠.	<u> </u>	1	I

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	14,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN AMERICAN FUTURES							
15333 CULVER DRIVE #340-2181							
IRVINE, CA 92604	85-4191419	501(C)(3)	40,000.	0.			HUMAN SERVICES
ASSISTANCE LEAGUE OF NEWPORT MESA							
2220 FAIRVIEW RD							
COSTA MESA, CA 92627-1624	95-1942148	501(C)(3)	5,335.	0.			EDUCATION
,			,				
ATHENS ACADEMY, INC.							
1281 SPARTAN LN							
ATHENS, GA 30606-5321	58-6055242	501(C)(3)	10,000.	0.			EDUCATION
AUTISM COMMUNITY IN ACTION							
2222 MARTIN ST STE 140							
IRVINE, CA 92612-1405	27-0048002	501(C)(3)	7,500.	0.			HUMAN SERVICES
AUXILIARY OF ELMHURST HOSPITAL							
CENTER, INC 7901 BROADWAY STE	11 1050000	F01/a)/2)	15.000				
D8 - ELMHURST, NY 11373-1329	11-1879800	501(C)(3)	15,000.	0.			HEALTH & WELLNESS
BABY2BABY							
5830 W JEFFERSON BLVD							
LOS ANGELES, CA 90016-3109	46-4503539	501(C)(3)	15,000.	0.			HUMAN SERVICES
	10 100000		20,000.	•			22111222
BALTIMORE COUNTY SAILING							
2200 ROCKY POINT RD.							
BALTIMORE, MD 21221	20-8994339	501(C)(3)	7,080.	0.			EDUCATION
BARBARA AND GERSON BAKAR							
FOUNDATION - 201 FILBERT ST STE							
400 - SAN FRANCISCO, CA 94133-3238	20-5691977	501(C)(3)	18,106.	0.			EDUCATION
BAT CONSERVATION INTERNATIONAL							
500 N CAPITAL OF TEXAS HWY BLDG 1 S							ENVIRONMENT & ANIMAL
AUSTIN, TX 78746-3334	74-2553144	501(C)(3)	30,000.	0.			WELFARE

Part II Continuation of Grants and Other				(,	T '	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BE A BOOKWORM							
1706 PORT MANLEIGH CIR							
NEWPORT BEACH, CA 92660-6622	86-1813269	501(C)(3)	10,000.	0.			EDUCATION
BE THE MATCH FOUNDATION							
NW 5948 PO BOX 1450							
MINNEAPOLIS, MN 55485-1450	41-1704734	501(C)(3)	15,000.	0.			HEALTH & WELLNESS
BENEVOLENT HEALTHCARE FOUNDATION 10377 E GEDDES AVE							
CENTENNIAL, CO 80112-3740	84-1568566	501(C)(3)	15,000.	0.			HEALTH & WELLNESS
BERKELEY REAL ESTATE FORUM			1				
F602 HASS SCHOOL OF BUSINESS 2220							
PIEDMONT AVE, MC #6105 - BERKELEY,							COMMUNITY IMPROVEMENT
CA 9472	46-3586138	501(C)(3)	27,500.	0.			DEVELOPMENT
BIG BROTHERS BIG SISTERS OF ORANGE							
COUNTY, INC 1801 E EDINGER AVE							
STE 101 - SANTA ANA, CA 92705-4763	95-1992702	501(C)(3)	142,500.	0.			HUMAN SERVICES
BILLION OYSTER PROJECT							
10 SOUTH ST SLIP 7							
NEW YORK, NY 10004-1921	27-2918478	501(C)(3)	75,000.	0.			EDUCATION
101111, 111 10001 1911		001(0)(0)	,,,,,,,,,	-			
BISHOP MONTGOMERY HIGH SCHOOL							
5430 TORRANCE BLVD							
TORRANCE, CA 90503-4006	95-2005811	501(C)(3)	10,000.	0.			EDUCATION
·			, , , , , , , , , , , , , , , , , , ,				
BLACK GIRLS SURF, INC.							
, 101 COOPER ST # 223							
SANTA CRUZ, CA 95060-4526	85-0697873	501(C)(3)	10,000.	0.			HUMAN SERVICES
BLIND CHILDREN'S LEARNING CENTER			, ,				
OF ORANGE COUNTY - 18542 VANDERLIP							
AVE STE B - SANTA ANA, CA							
92705-8201	95-6097023	501(C)(3)	7,000.	0.			HUMAN SERVICES

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BOLSA CHICA CONSERVANCY 3842 WARNER AVE HUNTINGTON BEACH, CA 92649-4263	33-0392527	501(C)(3)	30,000.	0.			ENVIRONMENT & ANIMAL WELFARE		
BOLSA CHICA LAND TRUST 5200 WARNER AVE STE 108 HUNTINGTON BEACH, CA 92649-4029	33-0516059	501(C)(3)	78,138.	0.			ENVIRONMENT & ANIMAL WELFARE		
BOY SCOUTS OF AMERICA, ORANGE COUNTY COUNCIL - 2 IRVINE PARK RD - ORANGE, CA 92869-1000	95-1727660	501(C)(3)	23,500.	0.			ENVIRONMENT & ANIMAL WELFARE		
BOYS & GIRLS CLUB OF FONTANA PO BOX 3712 FONTANA, CA 92334-3712	33-0443344	501(C)(3)	25,000.	0.			HUMAN SERVICES		
BOYS & GIRLS CLUB OF FULLERTON, INC PO BOX 1283 - FULLERTON, CA 92836-8283	95-1855645	501(C)(3)	30,000.	0.			HUMAN SERVICES		
BOYS & GIRLS CLUB OF HUNTINGTON VALLEY - 16582 BROOKHURST ST - FOUNTAIN VALLEY, CA 92708-2353	95-6192466	501(C)(3)	30,000.	0.			HUMAN SERVICES		
BOYS & GIRLS CLUB OF LAGUNA BEACH 1085 LAGUNA CANYON RD LAGUNA BEACH, CA 92651-1836	95-1878822	501(C)(3)	320,293.	0.			HUMAN SERVICES		
BOYS & GIRLS CLUB OF PHILADELPHIA, INC 1518 WALNUT ST STE 712 - PHILADELPHIA, PA 19102-3404	23-1966756	501(C)(3)	196,000.	0.			HUMAN SERVICES		
BOYS & GIRLS CLUB OF THE SOUTH COAST AREA - 1304 CALLE VALLE - SAN CLEMENTE, CA 92672-3838	95-6111998	501(C)(3)	15,000.	0.			ARTS & CULTURE		

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF AMERICA							
PO BOX 117431							
ATLANTA, GA 30368-7431	13-5562976	501(C)(3)	92,500.	0.			HUMAN SERVICES
BOYS & GIRLS CLUBS OF							
BREA-PLACENTIA-YORBA LINDA - 502							
SIEVERS AVE - BREA, CA 92821-5357	95-2428410	501(C)(3)	35,000.	0.			HUMAN SERVICES
BOYS & GIRLS CLUBS OF CAPISTRANO							
VALLEY - 1 VIA POSITIVA - SAN JUAN							
CAPISTRANO, CA 92675-4316	33-0529575	501(C)(3)	65,000.	0.			EDUCATION
BOYS & GIRLS CLUBS OF CENTRAL							
ORANGE COAST - 17701 COWAN STE 110							
- IRVINE, CA 92614-6061	95-1893417	501(C)(3)	210,404.	0.			EDUCATION
BOYS & GIRLS CLUBS OF SAN DIEGUITO							
533 LOMAS SANTA FE DR							
SOLANA BEACH, CA 92075-1323	95-2470435	501(C)(3)	17,500.	0.			HUMAN SERVICES
BOYS & GIRLS CLUBS OF SAN							
FRANCISCO - 380 FULTON ST - SAN							
FRANCISCO, CA 94102-4454	94-1156608	501(C)(3)	35,000.	0.			HUMAN SERVICES
BOYS & GIRLS CLUBS OF SONOMA							
VALLEY - 100 W VERANO AVE -							
SONOMA, CA 95476-5362	94-1579901	501(C)(3)	15,000.	0.			HUMAN SERVICES
·			,	-			
BOYS HOPE GIRLS HOPE OF							
CALIFORNIA, INC 17701 COWAN STE							
150G - IRVINE, CA 92614-6820	36-3734433	501(C)(3)	10,000.	0.			HUMAN SERVICES
BRACKEN'S KITCHEN, INC.							
13941 NAUTILUS DR							
GARDEN GROVE, CA 92843-4026	46-2633171	501(C)(3)	211,890.	0.			HUMAN SERVICES

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREA ROTARY CHARITABLE FUND							
PO BOX 404							COMMUNITY IMPROVEMENT &
BREA, CA 92822-0404	27-0549130	501(C)(3)	10,000.	0.			DEVELOPMENT
			,				
BREAST CANCER SOLUTIONS							
25422 TRABUCO ROAD, #105-167							
LAKE FOREST, CA 92630-2797	33-0765783	501(C)(3)	10,000.	0.			HEALTH & WELLNESS
BREVARD BAPTIST ASSOCIATION							
8907 N ATLANTIC AVE	E0 12000C4	E01/G\/2\	25 000	_			TRIVIA TO IN
CAPE CANAVERAL, FL 32920-2405	59-1380964	501(C)(3)	25,000.	0.			EDUCATION
BRIDGE BUILDERS FOUNDATION, INC.							
3031 S VERMONT AVE							
LOS ANGELES, CA 90007-3033	33-0846590	501(C)(3)	10,000.	0.			EDUCATION
HOD INCHEED, CIT 30007 3033	33 0040330	501(0)(3)	10,000.	••			Boomion
BROOKLYN BOATWORKS, INC.							
20 JAY STREET, SUITE 824B							
BROOKLYN, NY 11201	27-1509754	501(C)(3)	10,000.	0.			EDUCATION
•			, -	-			
BUILD FUTURES							
18822 BEACH BLVD STE 211							
HUNTINGTON BEACH, CA 92648-2080	90-0629740	501(C)(3)	10,000.	0.			HUMAN SERVICES
BURMESE CHRISTIAN COMMUNITY CHURCH							
30 KIRK AVE							RELIGION, SPIRITUAL
SAN JOSE, CA 95127-2214	77-0431519	501(C)(3)	50,000.	0.			DEVELOPMENT
CA LEAGUE OF CONSERVATION VOTERS							
EDUCATION FUND - 350 FRANK H OGAWA							
PLZ STE 1100 - OAKLAND, CA							COMMUNITY IMPROVEMENT &
94612-2018	94-3232552	501(C)(3)	75,000.	0.			DEVELOPMENT
CAL CHAME BULLEDHON DUTLANDUDODIG							
CAL STATE FULLERTON PHILANTHROPIC FOUNDATION - 2600 E NUTWOOD AVE							
STE 850 - FULLERTON, CA 92831-5455	33-0567945	501(C)(3)	118,420.	0.			HUMAN SERVICES
51E 030 - FULLERTON, CA 32031-3435	33-030/945	DOT(C)(3)	110,420.	U.			HOMMI SEKATCES

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA ACADEMY OF SCIENCES							
55 MUSIC CONCOURSE DR GOLDEN GATE							
PARK - SAN FRANCISCO, CA							
94118-4503	94-1156258	501(C)(3)	10,000.	0.			EDUCATION
CALIFORNIA COMMUNITY FOUNDATION							
221 S FIGUEROA ST STE 400							COMMUNITY IMPROVEMENT &
LOS ANGELES, CA 90012-3760	95-3510055	501(C)(3)	315,000.	0.			DEVELOPMENT
CALIFORNIA HISTORICAL SOCIETY 678 MISSION ST							
SAN FRANCISCO, CA 94105-4014	94-0385620	501(C)(3)	75,000.	0.			ARTS & CULTURE
CALIFORNIA INVASIVE PLANT COUNCIL 1442A WALNUT ST # 462 BERKELEY, CA 94709-1405	68-0289333	501(C)(3)	30,000.	0.			ENVIRONMENT & ANIMAL WELFARE
CALIFORNIA LUTHERAN UNIVERSITY ATHLETIC DEPARTMENT 60 W OLSON RD THOUSAND OAKS, CA 91360-2787	95-2962604	501(C)(3)	10,000.	0.			EDUCATION
CALIFORNIA NATIVE PLANT SOCIETY 2707 K ST STE 1 SACRAMENTO, CA 95816-5130	94-6116403	501(C)(3)	77,000.	0.			ENVIRONMENT & ANIMAL WELFARE
CALIFORNIA STATE UNIVERSITY LONG BEACH FOUNDATION - 6300 E STATE UNIVERSITY DR STE 332 - LONG BEACH, CA 90815-4670	95-6106694	501 (C) (3)	6,750.	0.			EDUCATION
CALIFORNIA WOMEN'S RECOVERY, INC. 1590 ADAMS AVE UNIT 4127	22 220034	(0)	3,738.				
COSTA MESA, CA 92628-4625	20-1315134	501(C)(3)	55,061.	0.			HUMAN SERVICES
CALIFORNIA YOUTH SERVICES 23282 MILL CREEK DR STE 130E	20 1051272	E01/G)/2)	22 522				WIMAN GENVIOUS
LAGUNA HILLS, CA 92653-1678	20-1051272	DUI(C)(3)	22,500.	0.			HUMAN SERVICES

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPAIGN LEGAL CENTER, INC.							
1101 14TH ST NW STE 400							COMMUNITY IMPROVEMENT &
WASHINGTON, DC 20005-5624	04-3608387	501(C)(3)	300,000.	0.			DEVELOPMENT
CAMPANILE FOUNDATION							
5500 CAMPANILE DR							
SAN DIEGO, CA 92182-1968	33-0868418	501(C)(3)	50,000.	0.			EDUCATION
CAPE ELEUTHERA FOUNDATION, INC.							
PO BOX 712484							
PHILADELPHIA, PA 19171-2484	31-1591503	501(C)(3)	37,500.	0.			EDUCATION
CAPO BEACH CHURCH							
25975 DOMINGO AVE				_			RELIGION, SPIRITUAL
CAPISTRANO BEACH, CA 92624-1115	95-3203028	501(C)(3)	60,000.	0.			DEVELOPMENT
CAREPOSSIBLE, INC.							
28202 CABOT RD STE 300							
LAGUNA NIGUEL, CA 92677-1249	37-1734582	501(C)(3)	10,000.	0.			HEALTH & WELLNESS
CARSON VALLEY MEDICAL CENTER							
HOSPITAL FOUNDATION - 897 IRONWOOD							
DR STE 301 - MINDEN, NV 89423-5198	36-4649725	501(C)(3)	10,000.	0.			HEALTH & WELLNESS
CASA DE LAS AMIGAS							
160 N EL MOLINO AVE							
PASADENA, CA 91101-1805	95-2513421	501(C)(3)	15,000.	0.			HUMAN SERVICES
CASA OF THE SEVENTH JUDICIAL			, , , ,				
DISTRICT, INC PO BOX 1708 147 N							
TOWNSEND AVE - MONTROSE, CO							
81401-3759	84-1546403	501(C)(3)	10,000.	0.			HUMAN SERVICES
CACA MEDECA INC							
CASA TERESA, INC. PO BOX 429							
ORANGE, CA 92856-6429	95-3251986	501 (C) (3)	67,500.	0.			HUMAN SERVICES
JIII. J.	75 5251700	201(0/(3/	07,300.	L	l	1	PIOLITA DIRVICED

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATE SCHOOL							
1960 CATE MESA RD							
CARPINTERIA, CA 93013-3100	95-1644630	501(C)(3)	10,000.	0.			EDUCATION
CATHOLIC CHARITIES OF LOS ANGELES,							
INC 1531 JAMES M WOOD BLVD PO							
BOX 15095 - LOS ANGELES, CA							
90015-0095	95-1690973	501(C)(3)	140,000.	0.			HUMAN SERVICES
CATHOLIC CHARITIES OF ORANGE							
COUNTY, INC 1820 E 16TH ST -							
SANTA ANA, CA 92701-3112	95-3031389	501(C)(3)	315,997.	0.			HUMAN SERVICES
CATHOLIC FOUNDATION OF NORTHERN							
COLORADO - 6160 S SYRACUSE WAY STE							L
111 - GREENWOOD VILLAGE, CO	04 1401641	501 (6) (2)	05.000	•			RELIGION, SPIRITUAL
80111-4700	84-1481641	501(C)(3)	25,000.	0.			DEVELOPMENT
CAMUOITO DELTEE CEDVICES INC							
CATHOLIC RELIEF SERVICES, INC. 228 W LEXINGTON ST							
BALTIMORE, MD 21201-3443	13-5563422	501 (C) (3)	80,500.	0.			HUMAN SERVICES
DADIIMORE, MD 21201 3443	13 3303422	501(0/(5/	00,300.	· ·			HOMAN BERVICES
CAYENNE WELLNESS CENTER &							
CHILDREN'S FOUNDATION, INC PO							
BOX 3856 - GLENDALE, CA 91221-0856	81-0621107	501(C)(3)	10,000.	0.			HEALTH & WELLNESS
CEDARS-SINAI MEDICAL CENTER			, ,				
GIFT ADMINISTRATION 8700 BEVERLY							
BLVD STE 2416 - LOS ANGELES, CA							
90048-0750	95-1644600	501(C)(3)	45,000.	0.			HEALTH & WELLNESS
CENTER FOR AMERICAN PROGRESS							
1333 H ST NW FL 10							COMMUNITY IMPROVEMENT &
WASHINGTON, DC 20005-4746	30-0126510	501(C)(3)	1,000,000.	0.			DEVELOPMENT
CENTED FOR RIGIOGICAL DIVERGIAN							
CENTER FOR BIOLOGICAL DIVERSITY, INC PO BOX 710 - TUCSON, AZ							ENVIRONMENT & ANIMAL
85702-0710	27-3943866	501 (C) (3)	40,000.	0.		1	WELFARE
03/02 0/10	Z1-3343000	Por(C)(3)	40,000.	υ.			MEDLAKE

Part II Continuation of Grants and Other	Assistance to Doi			verninents (Sch		T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR HIGHER AMBITION							
LEADERSHIP, INC 668 N COAST HWY							
# 319 - LAGUNA BEACH, CA							COMMUNITY IMPROVEMENT 8
92651-1513	90-0875514	501(C)(3)	60,000.	0.			DEVELOPMENT
CENTER FOR LIFE ENRICHMENT							
15 CORPORATE PLAZA DR STE 140							RELIGION, SPIRITUAL
NEWPORT BEACH, CA 92660-7940	33-0249062	501(C)(3)	18,000.	0.			DEVELOPMENT
	00 0219002		10,000.	3.			
CENTER FOR NONVIOLENT EDUCATION							
AND PARENTING - PO BOX 26938 - LOS							
ANGELES, CA 90026-0928	91-1954490	501(C)(3)	40,000.	0.			HUMAN SERVICES
CENTER FOR RESTORATIVE JUSTICE							
WORKS - 2350 W BEVERLY BLVD STE							
200 - MONTEBELLO, CA 90640-2383	68-0547196	501(C)(3)	25,000.	0.			HUMAN SERVICES
CENTER FOR SCIENCE IN THE PUBLIC							
INTEREST - 1220 L ST NW STE 300 -							
WASHINGTON, DC 20005-4053	23-7122879	501(C)(3)	10,000.	0.			HEALTH & WELLNESS
CENTER FOR URBAN RENEWAL &							
EDUCATION - 1317 F ST NW FL 8 -							COMMUNITY IMPROVEMENT
WASHINGTON, DC 20004-1105	31-1467594	501(C)(3)	6,500.	0.			DEVELOPMENT
•			,				
CENTRAL VALLEY HOUSE OF PRAYER							
655 MINNEWAWA AVE # 3305							RELIGION, SPIRITUAL
CLOVIS, CA 93612-1757	84-4281960	501(C)(3)	450,000.	0.			DEVELOPMENT
CENTURY AFFORDABLE DEVELOPMENT,							
INC 1000 CORPORATE POINTE -							COMMUNITY IMPROVEMENT
CULVER CITY, CA 90230-7690	95-4648166	501(C)(3)	19,443.	0.			DEVELOPMENT
CEO LEADERSHIP ALLIANCE ORANGE							
COUNTY - 668 N COAST HWY # 319 -							COMMUNITY IMPROVEMENT
	07 2516660	E01/G)/2)	21 500	•			
LAGUNA BEACH, CA 92651-1513	87-3516668	DOT(C)(2)	21,500.	0.			DEVELOPMENT

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	Tage
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAMBER MUSIC OC							
27 BROMELIAD							
IRVINE, CA 92618	46-2748155	501(C)(3)	6,000.	0.			ARTS & CULTURE
CHANCE THEATER							
PO BOX 3309							
ORANGE, CA 92857-0309	11-3679644	501(C)(3)	81,500.	0.			ARTS & CULTURE
CHAPMAN UNIVERSITY							
1 UNIVERSITY DR							
ORANGE, CA 92866-1005	95-1643992	501(C)(3)	209,000.	0.			HUMAN SERVICES
CHARITABLE VENTURES OF ORANGE							
COUNTY - 1505 E 17TH ST STE 101 -							COMMUNITY IMPROVEMENT &
SANTA ANA, CA 92705-8520	20-8756660	501(C)(3)	858,500.	0.			DEVELOPMENT
CHARLES RIVER CONSERVANCY, INC.							
43 THORNDIKE ST STE 3-3							ENVIRONMENT & ANIMAL
CAMBRIDGE, MA 02141-1762	04-3503656	501(C)(3)	10,000.	0.			WELFARE
GUADI EG M. DOMEDG MIGERM							
CHARLES W. BOWERS MUSEUM CORPORATION - 2002 N MAIN ST -							
SANTA ANA, CA 92706-2776	33-0106161	501(C)(3)	63,000.	0.			ARTS & CULTURE
				•			
CHILD CREATIVITY LAB							
1901 CARNEGIE AVE STE 1A							
SANTA ANA, CA 92705-5504	36-4746228	501(C)(3)	13,000.	0.			EDUCATION
au							
CHILD GUIDANCE CENTER, INC.							
525 CABRILLO PARK DR STE 300 SANTA ANA, CA 92701-5017	95-2546170	501(C)(3)	120,000.	0.			HUMAN SERVICES
DANTA ANA, CA 32/01-301/	33-2340170	001(0)(0)	120,000.	0.			HOMAN SERVICES
CHILDHELP, INC.							
ORANGE COUNTY CHAPTER PO BOX 2954							
NEWPORT BEACH, CA 92659-0480	95-2884608	501(C)(3)	13,000.	0.			HUMAN SERVICES

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN OF THE NATIONS							
PO BOX 3970							
SILVERDALE, WA 98383-3970	91-1702551	501(C)(3)	10,000.	0.			HUMAN SERVICES
CHILDREN OF THE NIGHT							
3450 CAHUENGA BLVD W STE 602							
LOS ANGELES, CA 90068-1592	95-3130408	501(C)(3)	40,000.	0.			HUMAN SERVICES
CHILDREN TODAY, INC.							
2951 LONG BEACH BLVD							
LONG BEACH, CA 90806-1532	95-4635295	501(C)(3)	15,000.	0.			HUMAN SERVICES
CHILDREN'S CHOICE PARENT SUPPORT							
GROUP - 29028 ALOMA AVE - LAGUNA	00 0710505	501/61/21	10.000				
NIGUEL, CA 92677-1504	02-0712595	501(C)(3)	10,000.	0.			EDUCATION
CHIMP HAVEN, INC.							
13600 CHIMPANZEE PL							ENVIRONMENT & ANIMAL
KEITHVILLE, LA 71047-7037	74-2766663	501(C)(3)	10,000.	0.			WELFARE
CHINA SOUL FOR CHRIST FOUNDATION PO BOX 1600							RELIGION, SPIRITUAL
ROHNERT PARK, CA 94927-1600	68-0441916	501(C)(3)	225,000.	0.			DEVELOPMENT
CHOATE ROSEMARY HALL FOUNDATION,							
INC 333 CHRISTIAN ST -							
WALLINGFORD, CT 06492-3800	06-0910420	501(C)(3)	10,000.	0.			EDUCATION
CHOC ECHNDAMION							
CHOC FOUNDATION 1201 W LA VETA AVE							
ORANGE, CA 92868-4203	95-6097416	501(C)(3)	97,500.	0.			HEALTH & WELLNESS
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-,,,,,	1,	••			
CHRYSALIS CENTER							
522 S MAIN ST							
LOS ANGELES, CA 90013-1422	95-3972624	501(C)(3)	107,500.	0.			HUMAN SERVICES

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIA OFFICERS MEMORIAL FOUNDATION							
PO BOX 405							
HERNDON, VA 20172-0405	52-2360463	501(C)(3)	7,000.	0.			HUMAN SERVICES
CIELO							
16787 BEACH BLVD STE 233							
HUNTINGTON BEACH, CA 92647-4848	82-1422603	501(C)(3)	159,000.	0.			HUMAN SERVICES
CITIZENS FOR RESPONSIBILITY AND			,				
ETHICS IN WASHINGTON - 1331 F ST							
NW STE 900 - WASHINGTON, DC							COMMUNITY IMPROVEMENT &
20004-1156	03-0445391	501(C)(3)	25,000.	0.			DEVELOPMENT
CITY OF HOPE 1500 DUARTE RD	05 0405040						
DUARTE, CA 91010-3012	95-3435919	501(C)(3)	27,000.	0.			HEALTH & WELLNESS
CLAREMONT MCKENNA COLLEGE 400 N CLAREMONT BLVD							
CLAREMONT, CA 91711-4015	95-1664101	501(C)(3)	65,000.	0.			EDUCATION
CLIMATE ACTION CAMPAIGN 3900 CLEVELAND AVE STE 208 SAN DIEGO, CA 92103-3403	47-2398562	501(C)(3)	57,500.	0.			ENVIRONMENT & ANIMAL WELFARE
COALITION FOR ENGAGED EDUCATION 3131 OLYMPIC BLVD							
SANTA MONICA, CA 90404-5002	95-4515019	501(C)(3)	10,000.	0.			HUMAN SERVICES
COASTAL QUEST 2625 ALCATRAZ AVE. #609 OAKLAND, CA 94705	31-1678716	501(C)(3)	130,000.	0.			ENVIRONMENT & ANIMAL WELFARE
COLETTE'S CHILDREN'S HOME, INC. 7372 PRINCE DR STE 106 HUNTINGTON BEACH, CA 92647-4574	91-1939140	501(C)(3)	44,500.	0.			HUMAN SERVICES

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLECTIVE HERITAGE INSTITUTE							
215 LINCOLN AVE STE 202							ENVIRONMENT & ANIMAL
SANTA FE, NM 87501-1940	85-0432731	501(C)(3)	15,000.	0.			WELFARE
COLLEGE ACCESS PARTNERSHIP, INC.							
2100 MONTROSE AVE STE 1038							
MONTROSE, CA 91020-1508	82-3657800	501(C)(3)	25,000.	0.			EDUCATION
GOMMON GROUND GUDE							
COMMON GROUND SURF 7442 VINCENT CIR							DELICION CDIDIMINI
	47-1031032	501/C\/3\	67,500.	0.			RELIGION, SPIRITUAL DEVELOPMENT
HUNTINGTON BEACH, CA 92648-1246	47-1031032	501(C)(3)	67,500.	0.			DEVELOPMENT
COMMUNITY BOATING CENTER, INC.							
1641 PADANARAM AVE							
NEW BEDFORD, MA 02740-1066	04-3401842	501(C)(3)	17,500.	0.			EDUCATION
COMMUNITY FOUNDATION OF THE TEXAS			, -	-			
HILL COUNTRY, INC 241 EARL							
GARRETT ST - KERRVILLE, TX							COMMUNITY IMPROVEMENT &
78028-5304	74-2225369	501(C)(3)	20,000.	0.			DEVELOPMENT
GOLDGINATIVA DOLDNING MATON OF MINGERPAN							
COMMUNITY FOUNDATION OF WESTERN NEVADA - 50 WASHINGTON ST STE 300							COMMUNITY IMPROVEMENT &
- RENO, NV 89503-5660	88-0370179	501/0\/3\	315,000.	0.			DEVELOPMENT
- KENO, NV 03303-3000	00-03/01/3	501(0/(3/	313,000.	0.			DEVELOPMENT
COMMUNITY SENIORSERV, INC.							
1200 N KNOLLWOOD CIR							
ANAHEIM, CA 92801-1309	95-2771715	501(C)(3)	10,000.	0.			HUMAN SERVICES
-			, , , ,				
COMMUNITY WATER CENTER							
900 W OAK AVE							COMMUNITY IMPROVEMENT &
VISALIA, CA 93291-4716	80-0267674	501(C)(3)	25,000.	0.			DEVELOPMENT
CONCRECATIONAL HOMES THE							
CONGREGATIONAL HOMES, INC. 900 E HARRISON AVE							
POMONA, CA 91767-2075	95-2047121	501 (C) (3)	57,351.	0.			HUMAN SERVICES
TOMORA, CA JIIOI 2013	1 22 204/121	501(0)(3)	1 37,331.	U .		1	TOTAL DERVICES

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(5) =	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
COOK INLETKEEPER							
3734 BEN WALTERS LN							ENVIRONMENT & ANIMAL
HOMER, AK 99603	92-0156450	501(C)(3)	25,000.	0.			 WELFARE
COOPERATIVE FOR ASSISTANCE &			, ,	-			
RELIEF EVERYWHERE, INC GIFT							
CENTER PO BOX 1870 - MERRIFIELD,							COMMUNITY IMPROVEMENT &
VA 22116-8070	13-1685039	501(C)(3)	200,000.	0.			DEVELOPMENT
			, ,	-			
COUNCIL OF AFRICAN AMERICAN							
PARENTS - 23535 PALOMINO DR # 243							
- DIAMOND BAR, CA 91765-1626	95-4453930	501(C)(3)	10,000.	0.			 HUMAN SERVICES
·			,				
COUNCIL ON AGING - SOUTHERN							
CALIFORNIA, INC 2 EXECUTIVE CIR							
STE 175 - IRVINE, CA 92614-6773	95-2874089	501(C)(3)	28,750.	0.			HUMAN SERVICES
·			·				
COURT APPOINTED SPECIAL ADVOCATE							
1505 E 17TH ST STE 214							
SANTA ANA, CA 92705-8520	33-0069334	501(C)(3)	78,000.	0.			HUMAN SERVICES
CRANIAL ACADEMY FOUNDATION, INC.							
3535 E 96TH ST STE 101							
INDIANAPOLIS, IN 46240-1411	35-1912585	501(C)(3)	10,000.	0.			HEALTH & WELLNESS
CREAN LUTHERAN HIGH SCHOOL							
12500 SAND CANYON AVE							
IRVINE, CA 92618-1100	55-0909201	501(C)(3)	25,000.	0.			EDUCATION
CRESCENT PROJECT, INC.							
PO BOX 681924							RELIGION, SPIRITUAL
FRANKLIN, TN 37068-1924	35-1790297	501(C)(3)	15,000.	0.			DEVELOPMENT
CRIME SURVIVORS, INC.							
PO BOX 54552							
IRVINE, CA 92619-4552	30-0229425	501(C)(3)	49,000.	0.			HUMAN SERVICES

(a) Name and address of	(I-) (FIN)	(-) IDO 1'	(4) A	(-) A	(C) NA - H I - C	(a) Description of	(1) Down on a famous
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSSLINE COMMUNITY CHURCH							
23331 MOULTON PKWY							RELIGION, SPIRITUAL
LAGUNA HILLS, CA 92653-1210	73-1721664	501(C)(3)	212,000.	0.			DEVELOPMENT
	, , , , , , , , , , , , , , , , , , , ,						
CROSSROADS, INC.							
PO BOX 15							
CLAREMONT, CA 91711-0015	95-2925985	501(C)(3)	25,000.	0.			HUMAN SERVICES
,							
CRYSTAL COVE CONSERVANCY							
5 CRYSTAL CV							ENVIRONMENT & ANIMAL
NEWPORT COAST, CA 92657-2123	33-0878633	501(C)(3)	15,000.	0.			WELFARE
·							
CYPRESS COLLEGE FOUNDATION							
9200 VALLEY VIEW ST							
CYPRESS, CA 90630-5897	23-7197703	501(C)(3)	6,500.	0.			EDUCATION
CYSTINOSIS RESEARCH FOUNDATION							
19200 VON KARMAN AVE STE 920							
IRVINE, CA 92612-8525	32-0067668	501(C)(3)	57,500.	0.			HEALTH & WELLNESS
DECORATIVE ARTS SOCIETY							
PO BOX 1414							COMMUNITY IMPROVEMENT
NEWPORT BEACH, CA 92659-0414	72-1579572	501(C)(3)	7,800.	0.			DEVELOPMENT
DESERT COMMUNITY FOUNDATION							
75105 MERLE DRIVE STE 300				_			COMMUNITY IMPROVEMENT
PALM DESERT, CA 92211-5211	95-4725924	501(C)(3)	14,500.	0.			DEVELOPMENT
DIADEMEG CAMDING C EDUCAMION							
DIABETES CAMPING & EDUCATION							
SERVICES - 12045 E WATERFRONT DR -	05 3007543	E01/Q\/2\	10.000	_			HEALMH C MELLNEGG
PLAYA VISTA, CA 90094	95-3897543	DU1(C)(3)	10,000.	0.			HEALTH & WELLNESS
DIAN FOSSEY GORILLA FUND							
INTERNATIONAL, INC 800 CHEROKEE							ENVIRONMENT & ANIMAL
	52_1118966	501/C)/3)	150 000	_			
AVE SE - ATLANTA, GA 30315-1470	52-1118866	501(C)(3)	150,000.	0.			WELFARE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
DIRECT RELIEF 6100 WALLACE BECKNELL RD GOLETA, CA 93117-3265	95-1831116	501(C)(3)	20,000.	0.			HUMAN SERVICES	
DISABLED SPORTS EASTERN SIERRA PO BOX 7275			,					
MAMMOTH LAKES, CA 93546-7275	31-1732524	501(C)(3)	10,000.	0.			HUMAN SERVICES	
DISCOVERY SCIENCE CENTER OF ORANGE COUNTY - 2500 N MAIN ST - SANTA ANA, CA 92705-6600	33-0828380	501(C)(3)	15,000.	0.			EDUCATION	
DO GOOD MULTNOMAH 7809 NE EVERETT ST PORTLAND, OR 97213-7029	47-3934102	501(C)(3)	10,000.	0.			HUMAN SERVICES	
DOCTORS WITHOUT BORDERS USA, INC. PO BOX 5030 HAGERSTOWN, MD 21741-5022	13-3433452	501(C)(3)	70,000.	0.			HEALTH & WELLNESS	
DOLPHINS CYCLING CHALLENGE, INC. 347 DON SHULA DR			,					
MIAMI GARDENS, FL 33056-2614	45-4808311	501(C)(3)	12,000.	0.			HEALTH & WELLNESS	
DOWNTOWN WOMEN'S CENTER 442 S SAN PEDRO ST	24 4505002	F01/G)/(2)	25.000					
LOS ANGELES, CA 90013-2132	31-1597223	501(C)(3)	35,000.	0.			HUMAN SERVICES	
DREXEL UNIVERSITY PO BOX 8215 PHILADELPHIA, PA 19101-8215	23-1352630	501(C)(3)	150,000.	0.			EDUCATION	
DUKE UNIVERSITY DUKE UNIVERSITY MEDICAL CENTER DUMC								
DURHAM, NC 27710	56-0532129	501(C)(3)	10,000.	0.			HEALTH & WELLNESS	

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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EARTH LAW CENTER, INC.							
PO BOX 3164							ENVIRONMENT & ANIMAL
BOULDER, CO 80307-3164	32-0258388	501(C)(3)	20,000.	0.			WELFARE
EARTHJUSTICE							
50 CALIFORNIA ST STE 500							ENVIRONMENT & ANIMAL
SAN FRANCISCO, CA 94111-4608	94-1730465	501(C)(3)	10,000.	0.			WELFARE
EAST LOS ANGELES WOMEN'S CENTER							
1431 S ATLANTIC BLVD							
LOS ANGELES, CA 90022-5015	51-0204577	501(C)(3)	35,000.	0.			HUMAN SERVICES
EAST PALO ALTO ACADEMY FOUNDATION PO BOX 50803							
PALO ALTO, CA 94303-0667	20-2699147	501(C)(3)	30,000.	0.			EDUCATION
Indiana, di sista dat	20 2033117	301(0)(3)	30,000.	•			
EB RESEARCH PARTNERSHIP, INC.							
244 MADISON AVE STE 104							
NEW YORK, NY 10016	27-2417202	501(C)(3)	10,000.	0.			HEALTH & WELLNESS
EC OF OC							
4645 PERHAM RD							COMMUNITY IMPROVEMENT &
CORONA DEL MAR, CA 92625-3124	65-1240422	501(C)(3)	10,000.	0.			DEVELOPMENT
ECOCENTER, INC.							
32701 ALIPAZ ST							ENVIRONMENT & ANIMAL
SAN JUAN CAPISTRANO, CA 92675-4110	80-0308638	501(C)(3)	135,000.	0.			WELFARE
ECO-FRIENDLY MOBILE FARM STAND							
PROJECT - 492 S ARLINGTON AVE -	85-3962110	501(C)(3)	16 500	0.			HUMAN SERVICES
ELMHURST, IL 60126-3919	03-3902110	D01(C)(3)	16,500.	0.			HOLIVIA SEVATORS
EDUCATIONAL FUND TO STOP GUN							
VIOLENCE - 805 15TH ST NW STE 410							
- WASHINGTON, DC 20005-6533	52-1114375	501(C)(3)	25,000.	0.			HUMAN SERVICES

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
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EISENHOWER MEDICAL CENTER 39000 BOB HOPE DR RANCHO MIRAGE, CA 92270-3221	95-6130458	501(C)(3)	207,435.	0.			HEALTH & WELLNESS	
EL SOL ACADEMY FOUNDATION 1010 N BROADWAY SANTA ANA, CA 92701-3408	81-0813424	501(C)(3)	10,000.	0.			EDUCATION	
ELEPHANT CLUB 110 E AVENIDA PALIZADA STE 301 SAN CLEMENTE, CA 92672-3956	81-3209656	501(C)(3)	815,000.	0.			ENVIRONMENT & ANIMAL WELFARE	
ELI HOME, INC. 1175 N EAST ST ANAHEIM, CA 92805-1429	33-0189254	501(C)(3)	40,000.	0.			HUMAN SERVICES	
ENDANGERED HABITATS LEAGUE, INC 8424 SANTA MONICA BLVD., #A-592 LOS ANGELES, CA 90069-4267	95-4455451	501(C)(3)	40,000.	0.			ENVIRONMENT & ANIMAL WELFARE	
ENDANGERED SPECIES COALITION PO BOX 65195 WASHINGTON, DC 20035-5195	52-2235210	501(C)(3)	65,000.	0.			ENVIRONMENT & ANIMAL WELFARE	
ENGLISH SHEPHERD CLUB, INC. 630 HOLCOMB CT BOGART, GA 30622	52-1561831	501(C)(3)	10,000.	0.		1	ENVIRONMENT & ANIMAL WELFARE	
ENVIRONMENTAL NATURE CENTER 1601 E 16TH ST NEWPORT BEACH, CA 92663-5976	23-7182423	501(C)(3)	29,500.	0.			ENVIRONMENT & ANIMAL WELFARE	
ESOPHAGEAL CANCER ACTION NETWORK, INC PO BOX 243 - STEVENSON, MD 21153-0243	77-0710311	501(C)(3)	15,000.	0.			HEALTH & WELLNESS	

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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ESPERANZA COMMUNITY HOUSING							
CORPORATION - 3655 S GRAND AVE STE							
280 - LOS ANGELES, CA 90007-4377	95-4230345	501(C)(3)	45,000.	0.			HUMAN SERVICES
- '			, ,				
EVANGELISM EXPLOSION INTERNATIONAL							
PO BOX 753							RELIGION, SPIRITUAL
ARDEN, NC 28704-0753	23-7068456	501(C)(3)	10,000.	0.			DEVELOPMENT
EVERY GENERATION MINISTRIES, INC.							
PO BOX 891179				_			RELIGION, SPIRITUAL
TEMECULA, CA 92589-1179	84-1253004	501(C)(3)	7,165.	0.			DEVELOPMENT
EVEDY MAN MINICEPTES INC							
EVERY MAN MINISTRIES, INC. 23312 MADERO STE H							RELIGION, SPIRITUAL
MISSION VIEJO, CA 92691-2732	33-0962080	501(C)(3)	50,000.	0.			DEVELOPMENT
MIDDION VIEGO, CA 72071 2732	33 0302000	501(0/(3/	30,000.	<u> </u>			DEVELOTMENT
FACES							
2601 E CHAPMAN AVE STE 114							
FULLERTON, CA 92831-3737	33-0560054	501(C)(3)	30,000.	0.			HUMAN SERVICES
FAMILIES FORWARD							
8 THOMAS							
IRVINE, CA 92618-2763	33-0086043	501(C)(3)	29,500.	0.			HUMAN SERVICES
FAMILY ASSISTANCE MINISTRIES							
1030 CALLE NEGOCIO	22 0064050	501/61/21	60.000	•			
SAN CLEMENTE, CA 92673-6203	33-0864870	DUI(C)(3)	60,000.	0.			HUMAN SERVICES
FAMILY EDUCATION SERVICES							
FOUNDATION NORTH AMERICA, INC 2788 BELLMORE AVE - BELLMORE, NY							
11710-4312	47-5488861	501(C)(3)	10,000.	0.			EDUCATION
	1, 3400001		10,000.	<u> </u>			
FAMILY HOPE							
PO BOX 94077							
PASADENA, CA 91109-4077	95-4451243	501(C)(3)	35,000.	0.			HUMAN SERVICES

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(b) EIN	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
FAMILY PROMISE OF ORANGE COUNTY,							
INC PO BOX 6225 - ORANGE, CA							
92863-6225	27-0660182	501(C)(3)	28,000.	0.			HUMAN SERVICES
52003 0223	27 0000102	501(0)(3)	20,000.	••			HOMEN BERVICES
FAMILYLIFE							
PO BOX 7111							RELIGION, SPIRITUAL
LITTLE ROCK, AR 72223-7111	20-5340940	501(C)(3)	10,000.	0.			DEVELOPMENT
	20 0010310	001(0)(0)	20,000.	-			
FEDERATION OF NEIGHBORHOOD							
CENTERS, INC 1901 S 9TH ST STE							
, 212 - PHILADELPHIA, PA 19148-2386	23-1630073	501(C)(3)	75,000.	0.			HUMAN SERVICES
·			·				
FELLOWSHIP FOUNDATION, INC.							
PO BOX 23813							RELIGION, SPIRITUAL
WASHINGTON, DC 20026-3813	53-0204604	501(C)(3)	9,000.	0.			DEVELOPMENT
FELLOWSHIP OF CHRISTIAN ATHLETES							
8701 LEEDS RD							RELIGION, SPIRITUAL
KANSAS CITY, MO 64129-1626	44-0610626	501(C)(3)	22,500.	0.			DEVELOPMENT
FESTIVAL OF ARTS OF LAGUNA BEACH							
650 LAGUNA CANYON RD							
LAGUNA BEACH, CA 92651-1899	95-1964772	501(C)(3)	7,780.	0.			ARTS & CULTURE
FIELDSTONE LEADERSHIP NETWORK							
14 CORPORATE PLAZA DR STE 200	22 24 22 25	504 (5) (0)	10.000				COMMUNITY IMPROVEMENT
NEWPORT BEACH, CA 92660-7928	33-0103025	501(C)(3)	10,000.	0.			DEVELOPMENT
EINCA INTERNATIONAL INC							
FINCA INTERNATIONAL, INC. PO BOX 98048							COMMINITARY TWODOGENERAL
	12 2240100	E01/G\/3\	10 000	0.			COMMUNITY IMPROVEMENT
WASHINGTON, DC 20090-8048	13-3240109	DUI(C)(3)	10,000.	0.			DEVELOPMENT
FIRST CHRISTIAN CHURCH OF							
HUNTINGTON BEACH - 1207 MAIN ST -							RELIGION, SPIRITUAL
IZU, FEITH DI		l	1			1	TELLICION, DITRITORI

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
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FISK UNIVERSITY								
1000 17TH AVE N								
NASHVILLE, TN 37208-3045	62-0202000	501(C)(3)	7,500.	0.			EDUCATION	
MISHVIIIII, IN 37200 3043	02 0202000	501(0)(3)	7,300.	••			LEGERITON	
FISTULA FOUNDATION								
1922 THE ALAMEDA STE 302								
SAN JOSE, CA 95126-1461	77-0547201	501(C)(3)	10,000.	0.			 HEALTH & WELLNESS	
FIVE ACRES BOYS & GIRLS AID			,					
SOCIETY LOS ANGELES COUNTY - 760								
MOUNTAIN VIEW ST - ALTADENA, CA								
91001-4925	95-1647810	501(C)(3)	15,000.	0.			HUMAN SERVICES	
FLORENCE CRITTENTON SERVICES OF ORANGE COUNTY, INC PO BOX 9 - FULLERTON, CA 92836-0009	95-2492427	501(C)(3)	11,078.	0.			HEALTH & WELLNESS	
FOOD AND WATER WATCH								
1616 P ST NW STE 300							ENVIRONMENT & ANIMAL	
WASHINGTON, DC 20036-1408	32-0160439	501(C)(3)	20,000.	0.			WELFARE	
FOOD FORWARD, INC. 7412 FULTON AVE STE 3 NORTH HOLLYWOOD, CA 91605-4155	90-0678872	501(C)(3)	60,000.	0.			HUMAN SERVICES	
FOOD ON FOOT								
7119 W SUNSET BLVD # 290	31-1581053	E01/G\/3\	35,000.	0.			HUMAN SERVICES	
LOS ANGELES, CA 90046-4411	31-1301033	501(0)(3)	33,000.	0.			HOMAN SERVICES	
FOODBANK OF SANTA BARBARA COUNTY,								
INC 1525 STATE ST STE 100 -								
SANTA BARBARA, CA 93101-6510	77-0169214	501(C)(3)	6,000.	0.			HUMAN SERVICES	
·			<u> </u>					
FOODBANK OF SOUTHERN CALIFORNIA								
1444 SAN FRANCISCO AVE								
LONG BEACH, CA 90813-1434	95-3557056	501(C)(3)	35,000.	0.			HUMAN SERVICES	

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FOOTHILL FAMILY SERVICE							
2500 E FOOTHILL BLVD STE 300							
PASADENA, CA 91107-7102	95-1690990	501(C)(3)	10,000.	0.			HUMAN SERVICES
	70 203033		10,000.	•			
FOUNDATION CHAPTER OF THETA CHI							
FRATERNITY, INC PO BOX 503 -							
CARMEL, IN 46082-0503	21-4014559	501(C)(3)	20,000.	0.			EDUCATION
FOUNDATION FOR AFRICAN MEDICINE &							
EDUCATION - 4553 CRIMSONWOOD DR -							
REDDING, CA 96001-3769	22-3883033	501(C)(3)	46,083.	0.			HUMAN SERVICES
HOUNDARTON FOR MED OF GREATER							
FOUNDATION FOR UCP OF GREATER							
SACRAMENTO - 4350 AUBURN BLVD -	26-3279530	E01/G)/3)	7 500	0.			HEALTH & WELLNESS
SACRAMENTO, CA 95841-4107	20-32/9330	501(C)(3)	7,500.	0.			HEALIN & WELLINESS
FOUNDATION FOR WOMEN WARRIORS							
2100 PALOMAR AIRPORT RD STE 214-17							
CARLSBAD, CA 92011	20-5523954	501(C)(3)	30,000.	0.			HUMAN SERVICES
			, -	-			
FOUNDATION FOR WOMEN'S CANCER							
230 W MONROE ST STE 710							
CHICAGO, IL 60606-4702	23-7067756	501(C)(3)	9,000.	0.			HEALTH & WELLNESS
FOUNDATIONS AT FAIRPLEX							
1101 W MCKINLEY AVE							
POMONA, CA 91768-1650	42-1637932	501(C)(3)	19,117.	0.			EDUCATION
HOLINDAMIONG OF EDEEDON							
FOUNDATIONS OF FREEDOM							COMMINITALY IMPROVEMENTS
4120 DOUGLAS BLVD STE 306 - 231	85-2893542	501 (C) (3)	200 000	0.			COMMUNITY IMPROVEMENT & DEVELOPMENT
GRANITE BAY, CA 95746 FREDERICK DOUGLASS PROJECT FOR	03-2033342	DOT(C)(3)	200,000.	· ·			DE A RUOLMENT
JUSTICE, INC 5636 CONNECTICUT							
AVE NW UNIT 6376 - WASHINGTON, DC							
20015-7508	84-3166690	501(C)(3)	50,000.	0.			HUMAN SERVICES

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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FREEDOM 4 U							
336 TEJON PL							
PALOS VERDES ESTATES, CA	00 0540456	504 (5) (0)	10.00				
90274-1204	82-0542176	501(C)(3)	10,000.	0.			HUMAN SERVICES
FRESH LIFELINES FOR YOUTH, INC.							
MILPITAS, CA 95035-4106	52-2234595	501(C)(3)	200,000.	0.			HUMAN SERVICES
FRIENDS OF CABRILLO MARINE AQUARIUM - 3720 STEPHEN M WHITE DR - SAN PEDRO, CA 90731-7012	33-0585381	501(C)(3)	10,000.	0.			ENVIRONMENT & ANIMAL WELFARE
FRIENDS OF FULLERTON COLLEGE FOUNDATION - 321 E CHAPMAN AVE, BLDG 100 - FULLERTON, CA 92832	20-4162060	501(C)(3)	50,000.	0.			EDUCATION
BIDG 100 FULLERION, CA 52052	20 4102000	501(0/(3/	30,000.	<u> </u>			EDUCATION
FRIENDS OF HARBORS, BEACHES AND PARKS, INC PO BOX 9256 -							ENVIRONMENT & ANIMAL
NEWPORT BEACH, CA 92658-9256	33-0776377	501(C)(3)	57,500.	0.			WELFARE
FRIENDS OF THE EARTH 1101 15TH ST NW FL 11 WASHINGTON, DC 20005-5002	23-7420660	501(C)(3)	25,000.	0.			ENVIRONMENT & ANIMAL WELFARE
FRIENDS OF THE SEA LIONS, INC. 20612 LAGUNA CANYON RD	05 2600006	E01 (G) (2)	20.000				ENVIRONMENT & ANIMAL
LAGUNA BEACH, CA 92651-1137	95-3680896	501(C)(3)	38,000.	0.			WELFARE
FRIENDSHIP ADULT DAY CARE CENTER, INC 89 EUCALYPTUS LN - SANTA BARBARA, CA 93108-2901	95-3398938	501(C)(3)	15,000.	0.			HUMAN SERVICES
DIMBIRIT, CA 33100 2301	73 3370930	501(6)(5)	15,000.	<u> </u>			HOMMA DERVICED
FRIENDSHIP SHELTER, INC. PO BOX 4252 LAGUNA BEACH, CA 92652-4252	33-0219404	501(C)(3)	128,043.	0.			HUMAN SERVICES
MIGORII DENCII, CA 72032 4232	1 33 0213404	501(0/(3/	120,043.	<u> </u>		l	TOTAL DERVICED

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FRISTERS										
17815 SKY PARK CIR STE H										
IRVINE, CA 92614-6110	80-0280166	501(C)(3)	18,000.	0.			HUMAN SERVICES			
FULLERTON INTERFAITH EMERGENCY SERVICES - PO BOX 6326 -										
FULLERTON, CA 92834-6326	33-0147739	501(C)(3)	59,000.	0.			HUMAN SERVICES			
FULLERTON UNION HIGH SCHOOL 201 E CHAPMAN AVE FULLERTON, CA 92832-1948	95-6001410	SCHOOL	17,500.	0.			EDUCATION			
			,							
FUTURE LEADERS OF AMERICA FOUNDATION, INC 320 W OHIO ST STE 4W - CHICAGO, IL 60654-7816	20-5095136	501(C)(3)	34,238.	0.			EDUCATION			
FWDUS EDUCATION FUND, INC. PO BOX 34506										
WASHINGTON, DC 20043-4506	82-0962378	501(C)(3)	100,000.	0.			EDUCATION			
GANNA WALSKA LOTUSLAND 695 ASHLEY RD SANTA BARBARA, CA 93108-1059	23-7082550	501(C)(3)	20,000.	0.			ENVIRONMENT & ANIMAL WELFARE			
GARDEN CONSERVANCY, INC. PO BOX 608							ENVIRONMENT & ANIMAL			
GARRISON, NY 10524-0608	13-3570145	501(C)(3)	35,000.	0.			WELFARE			
GBL SPORTS, INC. 4313 MOUNT VERNON DR VIEW PARK, CA 90043-1005	20-2150365	501(C)(3)	10,000.	0.			COMMUNITY IMPROVEMENT & DEVELOPMENT			
GEORGETOWN UNIVERSITY 37TH AND O ST NW WASHINGTON, DC 20057-0001	53-0196603	501(C)(3)	275,000.	0.			EDUCATION			
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Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	r age
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GET INSPIRED							
6192 SANTA RITA AVE							ENVIRONMENT & ANIMAL
GARDEN GROVE, CA 92845-1228	01-0927185	501(C)(3)	12,000.	0.			WELFARE
GIRLS INCORPORATED OF ORANGE COUNTY - 1801 E EDINGER AVE STE			4- 444				
255A - SANTA ANA, CA 92705	95-1810150	501(C)(3)	67,000.	0.			HUMAN SERVICES
GLENNWOOD HOUSING FOUNDATION, INC. 668 N COAST HWY #1345 LAGUNA BEACH, CA 92651-1513	26-4381844	501(C)(3)	53,890.	0.			HUMAN SERVICES
GLOBAL G.L.O.W. 2321 E 4TH ST STE C PMB 616							
SANTA ANA, CA 92705-3862	45-2738854	501(C)(3)	10,000.	0.			 HUMAN SERVICES
GLOBAL MISSION PO BOX 80222							
RANCHO SANTA MARGARITA, CA 92688-0222	20-4897897	501(C)(3)	10,000.	0.			RELIGION, SPIRITUAL DEVELOPMENT
GLOBAL OPERATIONS AND DEVELOPMENT 8332 COMMONWEALTH AVE BUENA PARK, CA 90621-2526	95-3464287		25,000.	0.			HUMAN SERVICES
GLOBAL PARTNERS FOR DEVELOPMENT 320 PROFESSIONAL CENTER DR STE 120 ROHNERT PARK, CA 94928-2167	94-2537375	501(C)(3)	60,000.	0.			COMMUNITY IMPROVEMENT & DEVELOPMENT
GOIN' NATIVE THERAPEUTIC GARDENS 31661 LOS RIOS ST SAN JUAN CAPISTRANO, CA 92675-3116	46-3782999	501(C)(3)	10,000.	0.			ENVIRONMENT & ANIMAL WELFARE
GOODWILL INDUSTRIES OF ORANGE COUNTY - 410 N FAIRVIEW ST - SANTA ANA, CA 92703-3412	95-1644018	501(C)(3)	230,851.	0.			COMMUNITY IMPROVEMENT & DEVELOPMENT

	4.5-15.1	() 150			(6) 5.4 11 1 6		(1) 5
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE COMMUNITY CHURCH OF CYPRESS							
5100 CERRITOS AVE							RELIGION, SPIRITUAL
CYPRESS, CA 90630-4467	95-3664130	501(C)(3)	5,992.	0.			DEVELOPMENT
·							
GRACE FELLOWSHIP CHURCH OF COSTA							
MESA - 3170 RED HILL AVE - COSTA							RELIGION, SPIRITUAL
MESA, CA 92626-3402	95-3681154	501(C)(3)	40,000.	0.			DEVELOPMENT
GDAGE LUMBURDAN GGUOOL							
GRACE LUTHERAN SCHOOL 5172 MCFADDEN AVE							
HUNTINGTON BEACH, CA 92649-1203	95-2501566	501(C)(3)	20,000.	0.			EDUCATION
HOWITNGTON BEACH, CA 72047 1203	33 2301300	501(0)(3)	20,000.	<u> </u>			EDUCATION
GRACEWORKS HOPE NETWORK FOR							
CHILDREN INTERNATIONAL - PO BOX							
1239 - ANAHEIM, CA 92815-1239	87-0809901	501(C)(3)	11,200.	0.			HUMAN SERVICES
·							
GRANDMA'S HOUSE OF HOPE							
206 N STATE COLLEGE BLVD							
ANAHEIM, CA 92806-2911	26-0391438	501(C)(3)	210,000.	0.			HUMAN SERVICES
anniann viiv on niva noimhnaidh							
GREATER NEW ORLEANS FOUNDATION							
PO BOX 57749	72-0408921	E01/G\/3\	50,000.	,			UIIMAN GEDUTGEG
NEW ORLEANS, LA 70157-7749	72-0408921	501(C)(3)	30,000.	0.			HUMAN SERVICES
GREATER SANTA ANA VITALITY							
FOUNDATION - 1631 W SUNFLOWER AVE							COMMUNITY IMPROVEMENT 8
STE C35 - SANTA ANA, CA 92704-7460	33-0899801	501(C)(3)	6,280.	0.			DEVELOPMENT
·							
GREEN CORPS, INC.							
1543 WAZEE ST STE 300							ENVIRONMENT & ANIMAL
DENVER, CO 80202-1465	23-2687791	501(C)(3)	40,000.	0.			WELFARE
GREEN FOOTHILLS FOUNDATION							
3921 E BAYSHORE RD	04 6101054	E01/G\/2\	F0.000	_			ENVIRONMENT & ANIMAL
PALO ALTO, CA 94303-4326	94-6121854	DOT(C)(3)	50,000.	0.			WELFARE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENBELT ALLIANCE PEOPLE FOR OPEN							
SPACE - 312 SUTTER ST STE 402 -							ENVIRONMENT & ANIMAL
SAN FRANCISCO, CA 94108-4317	94-1676747	501(C)(3)	50,000.	0.			WELFARE
CROWERS EIDSE INC							
GROWERS FIRST, INC. PO BOX 4227							COMMUNITY IMPROVEMENT &
LAGUNA BEACH, CA 92652-4227	38-3674832	501 (C) (3)	7,500.	0.			DEVELOPMENT
GROWTH OPPORTUNITIES THROUGH	30 3074032	301(0)(3)	7,300.	٠.			DEVELOTMENT
ATHLETICS, LEARNING & SERVICE -							
1170 N LA PALMA PARK WAY -							
ANAHEIM, CA 92801-2414	95-4457394	501(C)(3)	20,000.	0.			HUMAN SERVICES
·							
GUADALUPE CENTER, INC.							
509 HOPE CIR							
IMMOKALEE, FL 34142-4258	59-2617151	501(C)(3)	150,000.	0.			EDUCATION
GUIDE DOGS FOR THE BLIND, INC.							
PO BOX 151200	04 4406405	504 (5) (0)	654.000	•			ENVIRONMENT & ANIMAL
SAN RAFAEL, CA 94915-1200	94-1196195	501(C)(3)	654,932.	0.			WELFARE
HABITAT FOR HUMANITY OF ORANGE							
COUNTY, INC 2200 RITCHEY ST -							
SANTA ANA, CA 92705-5308	33-0311059	501(C)(3)	46,500.	0.			HUMAN SERVICES
•							
HABITAT FOR HUMANITY, COASTAL							
FAIRFIELD COUNTY - 1542 BARNUM							
AVE BRIDGEPORT, CT 06610-3238	22-2597077	501(C)(3)	25,000.	0.			HUMAN SERVICES
HANDS TOGETHER A CENTER FOR							
CHILDREN - 201 E CIVIC CENTER DR -							
SANTA ANA, CA 92701-4112	33-0857087	501(C)(3)	30,000.	0.			HUMAN SERVICES
HADDOD DAY ENDOUMENT GODDODATTON							
HARBOR DAY ENDOWMENT CORPORATION							
3443 PACIFIC VIEW DR	33_0350015	501/C\/3\	300,000.	0.			EDUCATION
CORONA DEL MAR, CA 92625-1111	33-0358815	Por(C)(3)	1 300,000.	0.			EDOCULTON

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARBOR DAY SCHOOL							
DEVELOPMENT OFFICE 3443 PACIFIC							
VIEW DR - CORONA DEL MAR, CA							
92625-1196	95-2285957	501(C)(3)	55,000.	0.			EDUCATION
HARBOR INTERFAITH SERVICES, INC.							
670 W 9TH ST							
SAN PEDRO, CA 90731-3108	33-0031099	501(C)(3)	50,000.	0.			HUMAN SERVICES
HART COMMUNITY HOMES, INC.							
208 N LEMON ST							
FULLERTON, CA 92832-2029	33-0660277	501(C)(3)	23,000.	0.			HUMAN SERVICES
HAVEN HILLS, INC.							
PO BOX 260							
CANOGA PARK, CA 91305-0260	95-3196247	501(C)(3)	20,000.	0.			HUMAN SERVICES
HAWAII COMMUNITY FOUNDATION							
827 FORT STREET MALL		504 (5) (0)					COMMUNITY IMPROVEMENT
HONOLULU, HI 96813-4317	99-0261283	501(C)(3)	215,000.	0.			DEVELOPMENT
HAWAIIAN ISLANDS LAND TRUST							
126 QUEEN ST STE 306							ENVIRONMENT & ANIMAL
HONOLULU, HI 96813-4415	99-0353223	501(C)(3)	1,000,000.	0.			WELFARE
HEARTBEAT AT 22							
PO BOX 1816							
PALM DESERT, CA 92261-1816	45-4384613	501 (C) (3)	10,000.	0.			HUMAN SERVICES
IMM DECENT, CA 32201-1010	42 4204013	501(0)(3)	10,000.	0.			TOTAL DERVICES
HEARTS THERAPEUTIC EQUESTRIAN							
CENTER - PO BOX 30662 - SANTA							
BARBARA, CA 93130-0662	77-0460907	501(C)(3)	5,500.	0.			HUMAN SERVICES
UDI DING HAND WODI DUITE							
HELPING HAND WORLDWIDE							
31121 HOLLY DR	FF 046466 1	501 (7) (2)		_			
LAGUNA BEACH, CA 92651-6938	75-3164621	P01(C)(3)	35,000.	0.			HUMAN SERVICES

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELPING OTHERS PREPARE FOR							
ETERNITY - 11022 ACACIA PKWY STE C							
- GARDEN GROVE, CA 92840-5108	33-0784384	501(C)(3)	35,500.	0.			HUMAN SERVICES
HELPLINE YOUTH COUNSELING, INC.							
14181 TELEGRAPH RD							
WHITTIER, CA 90604-2554	23-7113824	501(C)(3)	35,000.	0.			HUMAN SERVICES
HERITAGE FOUNDATION							
214 MASSACHUSETTS AVE NE BSMT							COMMUNITY IMPROVEMENT &
WASHINGTON, DC 20002-4999	23-7327730	501(C)(3)	27,000.	0.			DEVELOPMENT
			,				
HIGH SCHOOL INC. ACADEMIES							
FOUNDATION - 2995 AIRWAY AVE UNIT							
B - COSTA MESA, CA 92626-6021	45-3003419	501(C)(3)	351,750.	0.			EDUCATION
HILLS FOR EVERYONE							
HILLS FOR EVERYONE PO BOX 9835							ENVIRONMENT & ANIMAL
BREA, CA 92822-1835	95-3786751	501(C)(3)	30,000.	0.			WELFARE
2.2, 0 32022 2000	70 0700702			•			
HILLSDALE COLLEGE							
33 E COLLEGE ST							
HILLSDALE, MI 49242-1298	38-1374230	501(C)(3)	62,000.	0.			EDUCATION
HISPANIC 100 FOUNDATION							
PO BOX 194							COMMUNITY IMPROVEMENT &
SAN CLEMENTE, CA 92674-0194	46-1962620	501(C)(3)	15,000.	0.			DEVELOPMENT
-			, , ,				
HISPANIC UNITY OF FLORIDA, INC.							
5840 JOHNSON ST							
HOLLYWOOD, FL 33021-5636	59-2230272	501(C)(3)	147,125.	0.			EDUCATION
HOAG HOSPITAL FOUNDATION							
330 PLACENTIA AVE STE 100							
NEWPORT BEACH, CA 92663-3315	95-3222343	501(C)(3)	1,764,550.	0.			HEALTH & WELLNESS

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HOLLYWOOD COMMUNITY HOUSING							
CORPORATION - 5020 SANTA MONICA							
BLVD - LOS ANGELES, CA 90029-2412	95-4198215	501(C)(3)	70,000.	0.			HUMAN SERVICES
	75 4170213	501(0)(3)	70,000.	•			HORMAN BERVICES
HOMEBOY INDUSTRIES							
130 BRUNO ST							
LOS ANGELES, CA 90012-1815	95-4800735	501(C)(3)	50,000.	0.			HUMAN SERVICES
	70 1000700	001(0)(0)		•			
HOMELESS INTERVENTION SERVICES OF							
ORANGE COUNTY - PO BOX 1293 -							
PLACENTIA, CA 92871-1293	84-2790299	501(C)(3)	75,450.	0.			HUMAN SERVICES
· · · · · · · · · · · · · · · · · · ·			, -				
HOMEWORD							
PO BOX 1600							
SAN JUAN CAPISTRANO, CA 92693-1600	33-0072984	501(C)(3)	70,000.	0.			HUMAN SERVICES
,			,				
HOPE CENTER FOR THE ARTS							
295 E YALE LOOP							
IRVINE, CA 92604-4642	95-3330221	501(C)(3)	13,000.	0.			ARTS & CULTURE
HOPE INTERNATIONAL							
227 GRANITE RUN DR STE 250							
LANCASTER, PA 17601-6826	23-2836648	501(C)(3)	17,500.	0.			HUMAN SERVICES
HOPEWELL FUND							
1828 L ST NW STE 300D							COMMUNITY IMPROVEMENT
WASHINGTON, DC 20036-5109	47-3681860	501(C)(3)	500,000.	0.			DEVELOPMENT
HORSE NATION, INC.							
18381 GOLDENWEST ST							
HUNTINGTON BEACH, CA 92648-1107	46-3753339	501(C)(3)	10,000.	0.			HUMAN SERVICES
HOTCHKISS SCHOOL							
11 INTERLAKEN RD							
LAKEVILLE, CT 06039-2141	06-0647018	501(C)(3)	7,500.	0.			EDUCATION

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T ago
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSE OF RUTH, INC.							
PO BOX 459							
CLAREMONT, CA 91711-0459	95-3276033	501(C)(3)	30,000.	0.			HUMAN SERVICES
HOUSING WORKS							
1277 WILCOX AVE							
LOS ANGELES, CA 90038-1435	03-0522656	501(C)(3)	25,000.	0.			HUMAN SERVICES
HUBBS-SEAWORLD RESEARCH INSTITUTE							
2595 INGRAHAM ST							ENVIRONMENT & ANIMAL
SAN DIEGO, CA 92109-7902	95-2304740	501 (C) (3)	25,000.	0.			WELFARE
	33 2304740	301(0)(3)	23,000.	<u> </u>			WEBLANCE
HUMAN OPTIONS, INC.							
PO BOX 53745							
IRVINE, CA 92619-3745	95-3667817	501(C)(3)	506,500.	0.			HUMAN SERVICES
			,				
HUNTINGTON BEACH TREE SOCIETY,							
INC PO BOX 1269 - SUNSET BEACH,							ENVIRONMENT & ANIMAL
CA 90742-1269	33-0815267	501(C)(3)	10,000.	0.			WELFARE
HUNTINGTON BEACH WETLANDS							
CONSERVANCY - PO BOX 5903 -	22 0145660	E01/G\/2\	F0 000				ENVIRONMENT & ANIMAL
HUNTINGTON BEACH, CA 92615-5903	33-0145660	501(C)(3)	50,000.	0.			WELFARE
I LIKE GIVING							
5550 TECH CENTER DR STE 303							COMMUNITY IMPROVEMENT &
COLORADO SPRINGS, CO 80919-2308	32-0348113	501(C)(3)	10,000.	0.			DEVELOPMENT
I-5 FREEDOM NETWORK							
160 AVENIDA GRANADA							COMMUNITY IMPROVEMENT &
SAN CLEMENTE, CA 92672-4051	47-4898095	501(C)(3)	17,000.	0.			DEVELOPMENT
ILLUMINATION FOUNDATION							
1091 N BATAVIA ST							
ORANGE, CA 92867-5548	71-1047686	501(C)(3)	251,813.	0.			HUMAN SERVICES

Part II Continuation of Grants and Other A				·			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMPACT GIVING							
668 N COAST HWY # 1139							COMMUNITY IMPROVEMENT &
LAGUNA BEACH, CA 92651-1513	90-0423363	501(C)(3)	7,500.	0.			DEVELOPMENT
IMPROVE YOUR TOMORROW, INC.							
3780 ROSIN CT STE 240							
SACRAMENTO, CA 95834-1644	46-2981774	501(C)(3)	45,000.	0.			HUMAN SERVICES
INSTITUTE FOR PUBLIC AFFAIRS							
2040 N MILWAUKEE AVE							COMMUNITY IMPROVEMENT &
CHICAGO, IL 60647-4002	94-2889692	501(C)(3)	10,000.	0.			DEVELOPMENT
INTER-CITY VOLUNTEERS							
16061 DOMINICA CIRCLE							
HUNTINGTON BEACH, CA 92649-2068	95-4428107	501(C)(3)	19,117.	0.			EDUCATION
INTERNATIONAL BIRD RESCUE							
4369 CORDELIA RD							ENVIRONMENT & ANIMAL
FAIRFIELD, CA 94534-4201	94-1739027	501(C)(3)	10,000.	0.			WELFARE
INTERNATIONAL COUNCIL OF SHOPPING			,				
CENTERS FOUNDATION, INC 1251							
AVENUE OF THE AMERICAS FL 45 - NEW							
YORK, NY 10020-1104	13-3525440	501(C)(3)	25,000.	0.			EDUCATION
INTERNATIONAL EDUCATION AND							
WELFARE SOCIETY - 950 S COAST DR							
STE 202 - COSTA MESA, CA							COMMUNITY IMPROVEMENT &
92626-7832	33-0716944	501(C)(3)	12,000.	0.			DEVELOPMENT
TAMBEDNAMIONAL MEDICAL CODDS							
INTERNATIONAL MEDICAL CORPS							
12400 WILSHIRE BLVD STE 1500	95-3949646	501/C)/3)	30,000.	0.			UPAIMU C WEITNESS
LOS ANGELES, CA 90025-1030 INTERNATIONAL OCEAN FILM FESTIVAL,	33-3343040	DOT(C)(3)	30,000.	0.			HEALTH & WELLNESS
INC 1007 GENERAL KENNEDY AVE							
STE 205 - SAN FRANCISCO, CA							ENVIRONMENT & ANIMAL
94129-1610	36-4568001	501(C)(3)	10,000.	0.			WELFARE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL RELIEF TEAMS							
4560 ALVARADO CANYON RD STE 1H							
SAN DIEGO, CA 92120-4309	33-0412751	501(C)(3)	20,000.	0.			HUMAN SERVICES
,			,				
INTERNATIONAL RESCUE COMMITTEE,							
INC 221 S 400 W PO BOX 3988 -							
SALT LAKE CITY, UT 84110-3988	13-5660870	501(C)(3)	150,000.	0.			HUMAN SERVICES
INTERNATIONAL WILDERNESS							
LEADERSHIP FOUNDATION, INC 717							
POPLAR AVE - BOULDER, CO							ENVIRONMENT & ANIMAL
80304-1066	23-7389749	501(C)(3)	50,000.	0.			WELFARE
THERE GOVERNMENT A ROUNDERD TANK							
INTERSCHOLASTIC EQUESTRIAN							
ASSOCIATION, INC PO BOX 809 - CHAGRIN FALLS, OH 44022-0809	20-5381112	E01/G)/3)	20,000.	0.			HUMAN SERVICES
CHAGKIN FALLS, ON 44022-0009	20-3301112	501(0)(3)	20,000.	0.			HOMAN SERVICES
INTERVAL HOUSE							
PO BOX 3356							
SEAL BEACH, CA 90740-2356	95-3389113	501(C)(3)	10,000.	0.			HUMAN SERVICES
				-			
INTERVARSITY CHRISTIAN							
FELLOWSHIP-USA - PO BOX 7895 -							RELIGION, SPIRITUAL
MADISON, WI 53707-7895	36-2171714	501(C)(3)	20,000.	0.			DEVELOPMENT
IRVINE BARCLAY THEATRE OPERATING							
CO 4199 CAMPUS DR STE 275 -							
IRVINE, CA 92612-4689	33-0157868	501(C)(3)	50,000.	0.			ARTS & CULTURE
IRVINE VALLEY COLLEGE FOUNDATION							
5500 IRVINE CENTER DR	77 0030046	E01/G\/2\	36.000	_			THINAN GERMANA
IRVINE, CA 92618-0301	77-0239916	DUT(C)(3)	36,990.	0.			HUMAN SERVICES
J.F. SHEA THERAPEUTIC RIDING							
CENTER, INC 26284 OSO RD - SAN							
JUAN CAPISTRANO, CA 92675-1629	95-3351363	501(C)(3)	138,500.	0.			HUMAN SERVICES

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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JAMES WILSON INSTITUTE							
722 12TH ST NW FL 4							COMMUNITY IMPROVEMENT &
WASHINGTON, DC 20005-3966	41-1970028	501(C)(3)	50,000.	0.			DEVELOPMENT
JANE GOODALL INSTITUTE FOR	41 1370020	301(0)(3)	30,000.	· ·			PHVHHOIMHNI
WILDLIFE RESEARCH - 1595 SPRING							
HILL RD STE 550 - VIENNA, VA							ENVIRONMENT & ANIMAL
22182-4100	94-2474731	501(C)(3)	35,000.	0.			WELFARE
JDRF INTERNATIONAL							
3504 HIGHWAY 153 # 19							
GREENVILLE, SC 29611-7553	23-1907729	501(C)(3)	25,000.	0.			HEALTH & WELLNESS
JEWISH FAMILY & CHILDREN'S SERVICE							
OF LONG BEACH - 3801 E WILLOW ST -							
LONG BEACH, CA 90815-1734	95-2273033	501(C)(3)	30,000.	0.			HUMAN SERVICES
TOWNER COMMING OF LOG							
JEWISH FAMILY SERVICE OF LOS							
ANGELES - 330 N FAIRFAX AVE - LOS ANGELES, CA 90036-2109	95-1691013	501/0\/3\	30,000.	0.			HUMAN SERVICES
ANGELES, CA 90030-2109	93-1091013	501(0)(3)	30,000.	0.			HOMAN SERVICES
JEWISH FREE LOAN ASSOCIATION							
6505 WILSHIRE BLVD STE 715							
LOS ANGELES, CA 90048-4958	95-1691014	501(C)(3)	50,000.	0.			HUMAN SERVICES
,			, -	-			
JON POTTER MINISTRIES, INC.							
PO BOX 590092							RELIGION, SPIRITUAL
BIRMINGHAM, AL 35259-0092	73-1672028	501(C)(3)	10,000.	0.			DEVELOPMENT
JONI AND FRIENDS							
PO BOX 3333							RELIGION, SPIRITUAL
AGORA HILLS, CA 91376-3333	95-3402002	501(C)(3)	17,000.	0.			DEVELOPMENT
JOYA SCHOLARS							
PO BOX 1457							
FULLERTON, CA 92836-8457	30-0560345	501(C)(3)	25,000.	0.			EDUCATION

(-) Name and address of	(L) EIN	(-) IDO 1'	(-1) A	(-) A	(C) Madle and a C	(a) Description of	(1) D
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KBC MINISTRIES, INC.							
16010 UNIVERSITY OAK STE 104							
SAN ANTONIO, TX 78249-4040	26-2122825	501/0\/3\	10,000.	0.			HUMAN SERVICES
DAN ANIONIO, IX 70245 4040	20 2122025	501(0)(3)	10,000.	0.			HOMAN SERVICES
KCRW FOUNDATION, INC.							
1900 PICO BLVD							
SANTA MONICA, CA 90405-1628	95-3750631	501(C)(3)	10,000.	0.			ARTS & CULTURE
<u> </u>	33 3730031	501(0)(3)	10,000.	•			INTO A COLICIL
KENTUCKY STATE TREASURER							
500 MERO ST, 218 NC							COMMUNITY IMPROVEMENT
FRANKFORT, KY 40601	APPLIED FOR	501(C)(3)	10,000.	0.			DEVELOPMENT
,			,				
KHERUT							
5753 E SANTA ANA CANYON RD # G-625							
ANAHEIM, CA 92807	83-2816420	501(C)(3)	65,500.	0.			HUMAN SERVICES
·							
KIDS ALIVE INTERNATIONAL, INC.							
PO BOX 2117							
VALPARAISO, IN 46384-2117	31-1140515	501(C)(3)	7,500.	0.			HUMAN SERVICES
KIDSINGERS							
3947 E LA PALMA AVE							
ANAHEIM, CA 92807-1714	33-0634602	501(C)(3)	8,500.	0.			ARTS & CULTURE
KIDWORKS COMMUNITY DEVELOPMENT							
CORPORATION - 1902 W CHESTNUT AVE							
- SANTA ANA, CA 92703-4304	74-3081569	501(C)(3)	251,000.	0.			HUMAN SERVICES
KINDRED COMMUNITY CHURCH							
8712 E SANTA ANA CANYON RD							RELIGION, SPIRITUAL
ANAHEIM, CA 92808-1600	03-0498285	501(C)(3)	20,000.	0.			DEVELOPMENT
WINGDON GIVIGES INC							
KINGDOM CAUSES, INC.							
4508 ATLANTIC AVE STE 292	FF 1160.0.	501/61/21	05.000	_			
LONG BEACH, CA 90807-1520	57-1162424	DOT(C)(3)	25,000.	0.			HUMAN SERVICES

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
KITCHEN FOOD VENTURES, INC.									
3605 LONG BEACH BLVD STE 203									
LONG BEACH, CA 90807-6030	75-3265518	501(C)(3)	25,000.	0.			HUMAN SERVICES		
KOREAN COMMUNITY SERVICES, INC.									
451 W LINCOLN AVE STE 100									
ANAHEIM, CA 92805-2912	95-3245254	501(C)(3)	40,000.	0.			HEALTH & WELLNESS		
KURE IT, INC.									
2201 DUPONT DR STE 700									
IRVINE, CA 92612-7521	26-4343040	501(C)(3)	27,500.	0.			HEALTH & WELLNESS		
LA FAMILY HOUSING CORP 7843 LANKERSHIM BLVD									
NORTH HOLLYWOOD, CA 91605-2523	95-3920560	501(C)(3)	20,000.	0.			HUMAN SERVICES		
MONTH HODDINGOD, CH 31000 2020	33 3320300	301(0)(3)	20,000.	•			HOIMIN BERNIELD		
LAGUNA ART MUSEUM									
307 CLIFF DR									
LAGUNA BEACH, CA 92651-1696	33-0717157	501(C)(3)	269,248.	0.			ARTS & CULTURE		
LAGUNA BEACH COMMUNITY CLINIC									
362 3RD ST									
LAGUNA BEACH, CA 92651-2307	95-2637633	501(C)(3)	179,543.	0.			HUMAN SERVICES		
LAGINA DELGU EDUGAMION FOUNDAMION									
LAGUNA BEACH EDUCATION FOUNDATION 733 SAINT ANNS DR									
LAGUNA BEACH, CA 92651-2578	95-3565451	501(C)(3)	10,000.	0.			EDUCATION		
,		,							
LAGUNA BEACH HIGH SCHOOL									
SCHOLARSHIP FOUNDATION - PO BOX									
1569 - LAGUNA BEACH, CA 92652-1569	46-1524681	501(C)(3)	11,413.	0.			EDUCATION		
LAGUNA BEACH POLICE AND COMMUNITY									
FOUNDATION - 505 FOREST AVE -							COMMUNITY IMPROVEMENT &		
LAGUNA BEACH, CA 92651-2332	83-3307572	501(C)(3)	13,320.	0.			DEVELOPMENT		

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LAGUNA BEACH SENIORS, INC. 380 3RD ST LAGUNA BEACH, CA 92651-2307	95-2983350	501(C)(3)	38,915.	0.			HUMAN SERVICES		
LAGUNA CANYON FOUNDATION PO BOX 4895 LAGUNA BEACH, CA 92652-4895	33-0441816	501(C)(3)	129,550.	0.			ENVIRONMENT & ANIMAL WELFARE		
LAGUNA COLLEGE OF ART AND DESIGN 2222 LAGUNA CANYON RD LAGUNA BEACH, CA 92651-1136	95-2415066	501(C)(3)	40,759.	0.			ARTS & CULTURE		
LAGUNA FOOD PANTRY 20652 LAGUNA CANYON RD STE B LAGUNA BEACH, CA 92651-1137	33-0593551	501(C)(3)	100,949.	0.			HUMAN SERVICES		
LAGUNA PLAYHOUSE PO BOX 1747 LAGUNA BEACH, CA 92652-1747	95-1509841	501(C)(3)	62,159.	0.			HUMAN SERVICES		
LAND OF THE FREE FOUNDATION 13191 CROSSROADS PKWY N FL 6 CITY OF INDUSTRY, CA 91746-3421	26-0710805	501(C)(3)	25,000.	0.			HUMAN SERVICES		
LANNA FOUNDATION 1099 E CHAMPLAIN DR STE A PMB 79 FRESNO, CA 93720-5030	27-2842024	501(C)(3)	22,000.	0.			COMMUNITY IMPROVEMENT & DEVELOPMENT		
LAS FAMILIAS DEL PUEBLO 1400 S BROADWAY LOS ANGELES, CA 90015-3029	95-3660735	501(C)(3)	30,000.	0.			HUMAN SERVICES		
LATINO HEALTH ACCESS PO BOX 1739 SANTA ANA, CA 92702-1739	33-0562943	501(C)(3)	45,000.	0.			HEALTH & WELLNESS		

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
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LAURA'S HOUSE									
33 JOURNEY STE 150									
ALISO VIEJO, CA 92656-5364	33-0621826	501(C)(3)	215,000.	0.			HUMAN SERVICES		
LAUREL HOUSE, INC. 1 HOPE DR									
TUSTIN, CA 92782-0221	33-0098433	501(C)(3)	10,000.	0.			HUMAN SERVICES		
LEADERSHIP INSTITUTE 1101 N HIGHLAND ST ARLINGTON, VA 22201-2807	51-0235174	501(C)(3)	7,000.	0.			EDUCATION		
			.,						
LEARN TO BE FOUNDATION									
1268 N LAKEVIEW AVE STE 201									
ANAHEIM, CA 92807-1831	26-1919770	501(C)(3)	105,000.	0.			EDUCATION		
LEGACY CONNECTIONS 1001 ROSE BOWL DR							COMMUNITY IMPROVEMENT &		
PASADENA, CA 91103-2898	01-0972999	501(C)(3)	56,200.	0.			DEVELOPMENT		
LESTONNAC FREE CLINIC 1215 E CHAPMAN AVE ORANGE, CA 92866-2237	95-3499011	501(C)(3)	75,000.	0.			HUMAN SERVICES		
LEUKEMIA & LYMPHOMA SOCIETY, INC. PO BOX 102488									
PASADENA, CA 91189-0118	13-5644916	501(C)(3)	5,425.	0.			HEALTH & WELLNESS		
LIFE COLLEGE 28012 CAMINO LA RONDA	46 2252026	E01(G)(2)	10.000	0			EDVIGATION.		
SAN JUAN CAPISTRANO, CA 92675-3826	46-3352026	DOT(C)(3)	10,000.	0.			EDUCATION		
LIGHT IN THE DARKNESS 488 DONAVISTA CT	87-3509095	E01/G)/2)	207 020				HIMAN CEDUTCEC		
HENDERSON, NV 89052-2646	01-3509095	DOT(C)(2)	387,830.	0.		1	HUMAN SERVICES		

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIGHT OF HOPE SUPPORT CENTER, INC.							
21176 CENTRE POINTE PKWY STE 300							
SANTA CLARITA, CA 91350-5803	27-3165158	501 (C) (3)	12,500.	0.			HUMAN SERVICES
EMIT CHARTIN, CA 91330 3003	27 3103130	301(0)(3)	12,500.	· ·			HOMMY BERVICES
LINKS PLAYERS INTERNATIONAL, INC.							
755 N PEACH AVE STE E11							RELIGION, SPIRITUAL
CLOVIS, CA 93611-7258	73-1258934	501(C)(3)	25,500.	0.			DEVELOPMENT
	70 1200501		20,000.	· ·			
LIONS TIGERS AND BEARS							
24402 MARTIN WAY							ENVIRONMENT & ANIMAL
ALPINE, CA 91901-2513	33-0938499	501(C)(3)	20,000.	0.			WELFARE
,		(.) (.)					
LITERACY PROJECT FOUNDATION							
111 VIA LIDO SOUD							
NEWPORT BEACH, CA 92663-4654	33-0395322	501(C)(3)	15,000.	0.			EDUCATION
LIVING FREE NON-PROFIT ANIMAL			,				
SANCTUARY - 54250 KEEN CAMP RD PO							
BOX 5 - MOUNTAIN CENTER, CA							ENVIRONMENT & ANIMAL
92561-0005	95-3628770	501(C)(3)	51,500.	0.			WELFARE
			,				
LOCA, INC.							
PO BOX 430							
LAGUNA BEACH, CA 92652-0430	33-0564640	501(C)(3)	11,000.	0.			ARTS & CULTURE
LONG BEACH COMMUNITY FOUNDATION							
400 OCEANGATE STE 800							COMMUNITY IMPROVEMENT &
LONG BEACH, CA 90802-4388	20-5054010	501(C)(3)	10,000.	0.			DEVELOPMENT
LOS ALAMITOS YOUTH CENTER, INC.							
PO BOX 3147 10909 OAK ST							
LOS ALAMITOS, CA 90720-2315	95-2142369	501(C)(3)	9,300.	0.			HUMAN SERVICES
LOS ANGELES ARBORETUM FOUNDATION,							
INC 301 N BALDWIN AVE -							ENVIRONMENT & ANIMAL
ARCADIA, CA 91007-2697	95-1582650	501(C)(3)	10,000.	0.			WELFARE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
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LOS ANGELES CENTER FOR LAW &									
JUSTICE - 5301 WHITTIER BLVD FL 4									
- LOS ANGELES, CA 90022-4043	95-2690540	501(C)(3)	20,000.	0.			HUMAN SERVICES		
LOS ANGELES HOUSE OF RUTH									
605 N CUMMINGS ST									
LOS ANGELES, CA 90033-1727	95-3411454	501(C)(3)	40,000.	0.			HUMAN SERVICES		
LOS ANGELES LGBT CENTER									
AIDS/LIFECYCLE DEPT. 9383									
LOS ANGELES, CA 90084-9383	95-3567895	501(C)(3)	5,500.	0.			HEALTH & WELLNESS		
·									
LOS ANGELES MISSION, INC.									
303 E 5TH ST									
LOS ANGELES, CA 90013-1505	95-3134049	501(C)(3)	12,500.	0.			HUMAN SERVICES		
LOS CERRITOS WETLANDS LAND TRUST									
PO BOX 30165							ENVIRONMENT & ANIMAL		
LONG BEACH, CA 90853-0165	33-0974992	501(C)(3)	30,000.	0.			WELFARE		
			1						
LOW INCOME INVESTMENT FUND									
49 STEVENSON ST STE 300									
SAN FRANCISCO, CA 94105-2950	94-2952578	501(C)(3)	90,000.	0.			HUMAN SERVICES		
I MGG GOMMINITMY DEVIAL ODMINI									
LTSC COMMUNITY DEVELOPMENT CORPORATION - 231 E 3RD ST STE									
G106 - LOS ANGELES, CA 90013-1493	95-4444102	501(C)(3)	15,000.	0.			HUMAN SERVICES		
	33 1111102	301(0)(3)	13,000.	•			HOIMAN BERNIEDS		
LUENA FOUNDATION									
23 KERLEY CT									
WALNUT CREEK, CA 94598-4865	83-3302256	501(C)(3)	90,000.	0.			HUMAN SERVICES		
LUDUG DEGELDAY ALLEMAN TYS									
LUPUS RESEARCH ALLIANCE, INC. 757 3RD AVE FL 20									
NEW YORK, NY 10017-2046	58-2492929	501(C)(3)	100,000.	0.			HEALTH & WELLNESS		
	1 30 2432323	551(5)(5)	1 100,000.	L	l .	1	1		

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MACALESTER COLLEGE									
1600 GRAND AVENUE									
ST. PAUL, MN 55105-1899	41-0693962	501(C)(3)	37,676.	0.			EDUCATION		
MAINE ORGANIC FARMERS AND									
GARDENERS ASSOCIATION - PO BOX 170				_			ENVIRONMENT & ANIMAL		
- UNITY, ME 04988-0170	01-6048322	501(C)(3)	50,000.	0.			WELFARE		
MAKE-A-WISH FOUNDATION OF ORANGE									
COUNTY - 3230 EL CAMINO REAL STE									
100 - IRVINE, CA 92602-1389	33-0036556	501(C)(3)	10,000.	0.			HUMAN SERVICES		
MARINERS CHRISTIAN SCHOOL									
300 FISCHER AVE									
COSTA MESA, CA 92626-4523	33-0225468	501(C)(3)	112,933.	0.			EDUCATION		
Wan Taran a garan au									
MARINERS CHURCH									
5001 NEWPORT COAST DR	95-2419940	E01/G)/3)	39 000	_			RELIGION, SPIRITUAL		
IRVINE, CA 92603-0164	95-2419940	501(C)(3)	38,000.	0.			DEVELOPMENT		
MARIPOSA WOMEN AND FAMILY CENTER									
687 N CLINTON ST									
ORANGE, CA 92867-7227	95-3626580	501(C)(3)	22,500.	0.			HEALTH & WELLNESS		
			·						
MARY'S SHELTER									
18221 E 17TH ST									
SANTA ANA, CA 92705-2676	33-0203768	501(C)(3)	47,443.	0.			HUMAN SERVICES		
WIED DIT WAS GOVERN									
MATER DEI HIGH SCHOOL									
1202 W EDINGER AVE	05 1640102	E01/G\/3\	0 222	_			EDUCATION		
SANTA ANA, CA 92707-2126	95-1648193	DOT(C)(2)	8,333.	0.			EDUCATION		
MAX'S LOVE PROJECT, INC.									
805 W LA VETA AVE STE 205									
ORANGE, CA 92868-3929	45-3792057	501(C)(3)	30,000.	0.			HEALTH & WELLNESS		

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MAYO CLINIC								
200 1ST ST SW								
ROCHESTER, MN 55905-0002	41-6011702	501(C)(3)	200,000.	0.			HEALTH & WELLNESS	
MELANONA DEGENDALI ALLIANGE								
MELANOMA RESEARCH ALLIANCE								
FOUNDATION - 730 15TH ST NW 4TH FL - WASHINGTON, DC 20005	26-1636099	501 (C) (3)	10,000.	0.			HEALTH & WELLNESS	
- WASHINGTON, DC 20003	20-1030099	501(0)(3)	10,000.	0.			HEADIN & WEDDNESS	
MERCY HOUSE LIVING CENTERS								
PO BOX 1905								
SANTA ANA, CA 92702-1905	33-0315864	501(C)(3)	123,145.	0.			HUMAN SERVICES	
			•					
MESSIAH LUTHERAN CHURCH								
4861 LIVERPOOL ST							RELIGION, SPIRITUAL	
YORBA LINDA, CA 92886-3617	95-3248123	501(C)(3)	40,500.	0.			DEVELOPMENT	
METROPOLITAN EQUESTRIAN TEAM, INC.								
1460 BROADWAY FL 6								
NEW YORK, NY 10036-7306	80-0627656	501(C)(3)	25,000.	0.			HUMAN SERVICES	
MIDNIGHT MISSION								
601 S SAN PEDRO ST	05 1601003	501/61/21	20.000					
LOS ANGELES, CA 90014-2415	95-1691293	501(C)(3)	32,000.	0.			HUMAN SERVICES	
MIDPENINSULA REGIONAL OPEN SPACE								
DISTRICT - 330 DISTEL CIR - LOS							ENVIRONMENT & ANIMAL	
ALTOS, CA 94022-1404	94-2231873	GOVERNMENTAL UNI	25,000.	0.			WELFARE	
	71 2202070		20,000.	•				
MIGRAMAR								
PO BOX 370							ENVIRONMENT & ANIMAL	
FOREST KNOLLS, CA 94933-0370	82-2737816	501(C)(3)	25,000.	0.			WELFARE	
·			,					
MIND RESEARCH INSTITUTE								
5281 CALIFORNIA AVE STE 300								
IRVINE, CA 92617-3219	33-0798804	501(C)(3)	18,000.	0.			EDUCATION	

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MIRACLES FOR KIDS								
17848 SKY PARK CIR STE C								
IRVINE, CA 92614-6135	91-2160616	501(C)(3)	40,000.	0.			HUMAN SERVICES	
	71 1100010	001(0)(0)	20,000.	•				
MISSION HOSPITAL REGIONAL MEDICAL CENTER - 27700 MEDICAL CENTER RD -								
MISSION VIEJO, CA 92691-6426	95-1643360	501(C)(3)	45,000.	0.			HEALTH & WELLNESS	
MISSION PRESERVATION FOUNDATION 26801 ORTEGA HWY SAN JUAN CAPISTRANO, CA 92675-2601	33-0833283	501(C)(3)	28,000.	0.			ARTS & CULTURE	
zini comi cinizzinano, cin zicio i con	00 0000200	001(0)(0)	20,000.					
MISSOULA ART MUSEUM								
335 N PATTEE ST								
MISSOULA, MT 59802-4520	81-0496898	501(C)(3)	110,000.	0.			ARTS & CULTURE	
MOMS ACROSS AMERICA 149 WEAVER BLVD # 107							ENVIRONMENT & ANIMAL	
WEAVERVILLE, NC 28787-8345	30-0891447	501(C)(3)	10,000.	0.			WELFARE	
MOMS ORANGE COUNTY 1128 W SANTA ANA BLVD SANTA ANA, CA 92703-3833	33-0518078	501(C)(3)	30,000.	0.			HUMAN SERVICES	
MONTEREY BAY AQUARIUM FOUNDATION 886 CANNERY ROW							ENVIRONMENT & ANIMAL	
MONTEREY, CA 93940-1023	94-2487469	501(C)(3)	250,000.	0.			WELFARE	
MOONRIDGE FOUNDATION 13217 JAMBOREE RD STE 158								
TUSTIN, CA 92782-9158	61-1747676	501(C)(3)	10,000.	0.			HUMAN SERVICES	
MOREHEAD STATE UNIVERSITY FOUNDATION, INC 150 UNIVERSITY BLVD PO BOX 1887 - MOREHEAD, KY								
40351-1684	31-1003236	501(C)(3)	10,000.	0.			EDUCATION	
	I	1	, ,		1	1		

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUCZENMUALED CULTMUDAL CENMED							
MUCKENTHALER CULTURAL CENTER FOUNDATION - 1201 W MALVERN AVE -							
FULLERTON, CA 92833-2429	95-6136238	501(C)(3)	13,488.	0.			HUMAN SERVICES
	73 0130230	501(0/(3/	13,400.	· ·			HOMAN BERVICES
MULTIPLIER							
548 MARKET ST PMB 81178							ENVIRONMENT & ANIMAL
SAN FRANCISCO, CA 94104-5401	91-2166435	501(C)(3)	50,000.	0.			WELFARE
NARROW GATE FOUNDATION							
24528 VALLEY ST							
NEWHALL, CA 91321-2625	37-1496649	501(C)(3)	600,000.	0.			HUMAN SERVICES
			,				
NATIONAL ALOPECIA AREATA							
FOUNDATION - 65 MITCHELL BLVD STE							
200B - SAN RAFAEL, CA 94903-2000	94-2780249	501(C)(3)	10,000.	0.			HEALTH & WELLNESS
NATIONAL AUDUBON SOCIETY, INC.							
220 MONTGOMERY ST STE 1000							ENVIRONMENT & ANIMAL
SAN FRANCISCO, CA 94104-3443	13-1624102	501(C)(3)	120,000.	0.			WELFARE
NATIONAL BRAIN TUMOR SOCIETY, INC.							
55 CHAPEL ST STE 006							
NEWTON, MA 02458	04-3068130	501(C)(3)	15,000.	0.			HEALTH & WELLNESS
NATIONAL CHARITY LEAGUE, INC.							
NEWPORT CHAPTER - 540 W 19TH ST -							COMMUNITY IMPROVEMENT &
COSTA MESA, CA 92627-2748	96-6055016	501(C)(3)	26,907.	0.			DEVELOPMENT
NATIONAL COLLEGE RESOURCES							
FOUNDATION - 750 N DIAMOND BAR							
BLVD STE 208 - DIAMOND BAR, CA							
91765-1023	86-1120719	501(C)(3)	10,000.	0.			EDUCATION
NATIONAL FOOTBALL FOUNDATION &							
COLLEGE HALL OF FAME, INC 433							
LAS COLINAS BLVD E STE 1130 -							
IRVING, TX 75039-6288	22-1508812	501(C)(3)	10,000.	0.			ARTS & CULTURE

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL OUTDOOR LEADERSHIP SCHOOL							
284 LINCOLN ST							ENVIRONMENT & ANIMAL
LANDER, WY 82520-2848	83-0204184	501(C)(3)	10,000.	0.			WELFARE
EMBER, WI 02320 2040	03 0204104	301(0)(3)	10,000.	· ·			WILLIAM I
NATIONAL PARKS CONSERVATION							
ASSOCIATION - 777 6TH ST NW STE							 ENVIRONMENT & ANIMAL
700 - WASHINGTON, DC 20001-4835	53-0225165	501(C)(3)	47,000.	0.			WELFARE
,							
NATIONAL PUBLIC RADIO, INC.							
PO BOX 791490							 ENVIRONMENT & ANIMAL
BALTIMORE, MD 21279-1490	52-0907625	501(C)(3)	105,000.	0.			 WELFARE
			,				
NATIONAL SERVICE COMMITTEE							
PO BOX 628							RELIGION, SPIRITUAL
LOCUST GROVE, VA 22508-0628	35-1345952	501(C)(3)	7,500.	0.			DEVELOPMENT
NATIONAL WILDLIFE REFUGE							
ASSOCIATION - 1001 CONNECTICUT AVE							
NW STE 905 - WASHINGTON, DC							ENVIRONMENT & ANIMAL
20036-5575	23-7447365	501(C)(3)	55,000.	0.			WELFARE
NATIONAL WILDLIFE REHABILITATORS							
ASSOCIATION - 8400 NORMANDALE LAKE							
BLVD STE 920 - BLOOMINGTON, MN							ENVIRONMENT & ANIMAL
55437-3843	37-1143442	501(C)(3)	10,000.	0.			WELFARE
NATURAL RESOURCES DEFENSE COUNCIL,							
INC 40 W 20TH ST FL 11 - NEW							ENVIRONMENT & ANIMAL
YORK, NY 10011-4217	13-2654926	501(C)(3)	60,000.	0.			WELFARE
NATURE CONSERVANCY							
NATURE CONSERVANCY OF CALIFORNIA							
830 S ST - SACRAMENTO, CA							ENVIRONMENT & ANIMAL
95811-7023	53-0242652	501(C)(3)	1,167,000.	0.			WELFARE
NEW BEGINNINGS COUNSELING CENTER							
324 E CARRILLO ST STE C							
SANTA BARBARA, CA 93101-7439	77-0556795	501(C)(3)	12,500.	0.			HUMAN SERVICES

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW CITY KIDS							
936 ALPINE AVE NW							
GRAND RAPIDS, MI 49504-4434	22-3529691	501(C)(3)	10,000.	0.			EDUCATION
NEW DED 2012 TO NOVE TWO							
NEW DIRECTIONS FOR WOMEN, INC.							
2607 WILLO LN	95-3107635	E01/G)/2)	40,000.	0.			HUMAN SERVICES
COSTA MESA, CA 92627-4645	95-310/635	501(C)(3)	40,000.	0.			HUMAN SERVICES
NEW DIRECTIONS, INC.							
PO BOX 25536 11420 SANTA MONICA BLV							
LOS ANGELES, CA 90025	95-4242745	501(C)(3)	40,000.	0.			HUMAN SERVICES
NEW SCHOOL FOR CHILD DEVELOPMENT							
13130 BURBANK BLVD	05 2205122	E01/G)/3)	25 000	0.			HEALENI C MELLANDOC
SHERMAN OAKS, CA 91401-6037	95-3295132	501(C)(3)	25,000.	0.			HEALTH & WELLNESS
NEW VENTURE FUND							
1201 CONNECTICUT AVE NW STE 300							ENVIRONMENT & ANIMAL
WASHINGTON, DC 20036-2656	20-5806345	501(C)(3)	1,300,000.	0.			WELFARE
NEW VISTA SCHOOL							
23092 MILL CREEK DR							
LAGUNA HILLS, CA 92653-1200	95-2984938	501(C)(3)	75,000.	0.			EDUCATION
NEWPORT BAY NATURALISTS AND							
FRIENDS - PO BOX 10804 - NEWPORT							ENVIRONMENT & ANIMAL
BEACH, CA 92658-5008	33-0545786	501(C)(3)	75,000.	0.			WELFARE
			75,500.	•			· · · · · · · · · · · · · · · · · · ·
NEWPORT BEACH POLICE FOUNDATION							
2549 EASTBLUFF DR 358							COMMUNITY IMPROVEMENT &
NEWPORT BEACH, CA 92660-3500	46-3322480	501(C)(3)	6,200.	0.			DEVELOPMENT
NEWPORT BEACH PUBLIC LIBRARY							
FOUNDATION - 1000 AVOCADO AVE -	22 0502010	E01/G\/3\	22 502	_			EDUGA ETON
NEWPORT BEACH, CA 92660-7915	33-0593010	DOT(C)(2)	33,500.	0.			EDUCATION

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEWPORT HARBOR EDUCATIONAL FOUNDATION - 600 IRVINE AVE - NEWPORT BEACH, CA 92663-5412	33-0676878	501(C)(3)	330,000.	0.			EDUCATION
NEWPORT HARBOR FOUNDATION 4040 MACARTHUR BLVD STE 240 NEWPORT BEACH, CA 92660-2517	84-2302934	501(C)(3)	7,000.	0.			COMMUNITY IMPROVEMENT & DEVELOPMENT
NEWPORT HARBOR SAILING FOUNDATION 1048 IRVINE AVE # 820 NEWPORT BEACH, CA 92660-4602	33-0759152	501(C)(3)	12,500.	0.			COMMUNITY IMPROVEMENT & DEVELOPMENT
NEWPORT-MESA SCHOOLS FOUNDATION PO BOX 1368 NEWPORT BEACH, CA 92659-0368	95-3545875	501(C)(3)	15,000.	0.			EDUCATION
NORTH AMERICAN MARITIME MINISTRY ASSOCIATION - 123 HAVEN ST PO BOX 160 - READING, MA 01867	23-7407534	501(C)(3)	280,835.	0.			EDUCATION
NORTHERN CHUMASH TRIBAL COUNCIL, INC PO BOX 6533 - LOS OSOS, CA 93412-6533	84-1709436	501(C)(3)	25,000.	0.			ENVIRONMENT & ANIMAL WELFARE
NORTHRISE UNIVERSITY INITIATIVE PO BOX 4441 SCOTTSDALE, AZ 85261-4441	95-4749034	501(C)(3)	7,000.	0.			EDUCATION
NOTRE DAME HIGH SCHOOL 13645 RIVERSIDE DRIVE SHERMAN OAKS, CA 91423	95-1716808	501(C)(3)	10,000.	0.			EDUCATION
NRA FREEDOM ACTION FOUNDATION 11250 WAPLES MILL RD FAIRFAX, VA 22030-7550	26-1277941	501(C)(3)	25,000.	0.			COMMUNITY IMPROVEMENT & DEVELOPMENT

(a) Name and address of	/b) [[N]	(a) IDC continu	(d) Amount of	(a) Amount of	(f) Mothod of	(m) Description of	(h) Durage of great
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAKLAND MUSEUM OF CALIFORNIA							
1000 OAK ST							
OAKLAND, CA 94607-4820	45-3138892	501(C)(3)	550,000.	0.			ARTS & CULTURE
OC ASIAN & PACIFIC ISLANDER	13 3130032	301(0)(3)	330,000.	••			
COMMUNITY ALLIANCE, INC 12912							
BROOKHURST ST STE 410 - GARDEN							COMMUNITY IMPROVEMENT &
GROVE, CA 92840-4871	91-2047245	501(C)(3)	20,000.	0.			DEVELOPMENT
0.0012, 0.11 3.2010 10.11	31 201,213	301(0)(3)	20,000.	••			
OCCIDENTAL ARTS AND ECOLOGY CENTER							
15290 COLEMAN VALLEY RD							ENVIRONMENT & ANIMAL
OCCIDENTAL, CA 95465-9301	68-0359676	501(C)(3)	100,000.	0.			WELFARE
OCCIDENTAL COLLEGE							
OFFICE OF INSTITUTIONAL							
ADVANCEMENT 1600 CAMPUS RD - LOS							
ANGELES, CA 90041-3	95-1667177	501(C)(3)	55,000.	0.			EDUCATION
·			,				
OCEAN DEFENDERS ALLIANCE							
19744 BEACH BLVD # 446							ENVIRONMENT & ANIMAL
HUNTINGTON BEACH, CA 92648-2988	32-0065856	501(C)(3)	50,000.	0.			WELFARE
OCEAN INSTITUTE							
24200 DANA POINT HARBOR DR							
DANA POINT, CA 92629-2723	33-0203488	501(C)(3)	25,000.	0.			EDUCATION
OCEAN LAB							
1278 GLENNEYRE ST # 126							ENVIRONMENT & ANIMAL
LAGUNA BEACH, CA 92651-3103	82-2789502	501(C)(3)	10,000.	0.			WELFARE
OCEANA, INC.							
1025 CONNECTICUT AVE NW STE 200							ENVIRONMENT & ANIMAL
WASHINGTON, DC 20036-5425	51-0401308	501(C)(3)	292,000.	0.			WELFARE
OGDANIA GOGILEMY DVDDDITTOVA							
OCEANIC SOCIETY EXPEDITIONS							
PO BOX 844	04 2405552	501/91/21	50.000	_			ENVIRONMENT & ANIMAL
ROSS, CA 94957-0844	94-3105570	DOT(C)(3)	50,000.	0.			WELFARE

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	Tugo
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY FOUNDATION							
PO BOX 710811							
COLUMBUS, OH 43271-0811	31-1145986	501(C)(3)	30,000.	0.			EDUCATION
OLAF WIEGHORST MUSEUM FOUNDATION							
PO BOX 951	33-0799944	E01/G\/2\	10,000.	0.			ARTS & CULTURE
EL CAJON, CA 92022-0951	33-0733344	501(C)(3)	10,000.	0.			ARIS & COLIURE
OLIVE CREST							
17800 WOODRUFF AVE STE F							
BELLFLOWER, CA 90706-7080	95-2877102	501(C)(3)	70,000.	0.			HUMAN SERVICES
ONCE UPON A ROOM, INC.							
4926 OAKWOOD AVE							
LA CANADA, CA 91011-2542	46-4978692	501(C)(3)	25,000.	0.			HUMAN SERVICES
ONEOC							
1901 E 4TH ST STE 100	05 2021700	E01/G\/3\	415 500	_			COMMUNITY IMPROVEMENT &
SANTA ANA, CA 92705-3918	95-2021700	501(C)(3)	415,500.	0.			DEVELOPMENT
OPERATION HOPE, INC.							
191 PEACHTREE ST NE STE 3840							
ATLANTA, GA 30303-1754	95-4378084	501(C)(3)	15,000.	0.			HUMAN SERVICES
			,				
OPERATION UNDERGROUND RAILROAD,							
INC 1950 W CORPORATE WAY -							
ANAHEIM, CA 92801-5373	46-3614979	501(C)(3)	10,000.	0.			HUMAN SERVICES
ORANGE CATHOLIC FOUNDATION							
13280 CHAPMAN AVE STE 430	22 002455	E01/61/21		_			RELIGION, SPIRITUAL
GARDEN GROVE, CA 92840-4414	33-0934571	501(C)(3)	47,108.	0.			DEVELOPMENT
ORANGE COAST COLLEGE FOUNDATION							
2701 FAIRVIEW RD PO BOX 5005							
COSTA MESA, CA 92628-5005	33-0071349	501(C)(3)	530,000.	0.			EDUCATION

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORANGE COUNTY ADULT ACHIEVEMENT							
CENTER - 225 W CARL KARCHER WAY -							
ANAHEIM, CA 92801-2499	95-1863666	501(C)(3)	10,000.	0.			HUMAN SERVICES
	33 1003000	301(0)(3)	10,000.	•			HOIMIN BERNICES
ORANGE COUNTY BAR FOUNDATION							
1605 E 17TH ST							
SANTA ANA, CA 92705-8529	23-7068923	501(C)(3)	20,000.	0.			HUMAN SERVICES
,		(. , (. ,					
ORANGE COUNTY COASTKEEPER							
3151 AIRWAY AVE STE F110							ENVIRONMENT & ANIMAL
COSTA MESA, CA 92626-4621	33-0847892	501(C)(3)	90,000.	0.			WELFARE
ORANGE COUNTY COMMUNITY HOUSING			·				
CORPORATION - 501 N GOLDEN CIRCLE							
DR STE 200 - SANTA ANA, CA							
92705-3913	95-3221290	501(C)(3)	50,000.	0.			HUMAN SERVICES
ORANGE COUNTY CONGREGATION							
COMMUNITY ORGANIZATION - 310 W							
BROADWAY AVE - ANAHEIM, CA							
92805-3838	95-3196836	501(C)(3)	45,000.	0.			HUMAN SERVICES
ORANGE COUNTY EDUCATION AND							
RESEARCH INSTITUTE - 2 PARK PLZ							
STE 100 - IRVINE, CA 92614-5904	95-3851959	501(C)(3)	10,000.	0.			EDUCATION
ORANGE COUNTY FAMILY JUSTICE							
CENTER FOUNDATION - 150 W VERMONT							
AVE - ANAHEIM, CA 92805-4615	20-4088652	501(C)(3)	12,000.	0.			HUMAN SERVICES
ORANGE COUNTY HUMAN RELATIONS							
COUNCIL - 1801 E EDINGER AVE STE							
115 - SANTA ANA, CA 92705-4776	33-0438086	501(C)(3)	158,500.	0.			HUMAN SERVICES
ORANGE COUNTY MUSEUM OF ART							
SOUTH COAST PLAZA VILLAGE 1661 W							
SUNFLOWER AVE - SANTA ANA, CA							
92704	95-1660847	501(C)(3)	55,100.	0.			ARTS & CULTURE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	rago
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORANGE COUNTY RESCUE MISSION, INC.							
1 HOPE DR							
TUSTIN, CA 92782-0221	95-2479552	501(C)(3)	252,399.	0.			EDUCATION
ORANGE COUNTY SHERIFF'S ADVISORY							
COUNCIL - PO BOX 28 - SANTA ANA,							COMMUNITY IMPROVEMENT &
CA 92702-0028	95-3498487	501(C)(3)	7,500.	0.			DEVELOPMENT
ORANGE COUNTY'S UNITED WAY							
18012 MITCHELL S							
IRVINE, CA 92614-6008	33-0047994	501/C\/3\	131,000.	0.			HUMAN SERVICES
TRVINE, CA 92014-0000	33-0047334	501(0)(3)	131,000.	0.			HOMAN SERVICES
ORANGE UNIFIED SCHOOL DISTRICT							
1401 N HANDY ST							
ORANGE, CA 92867-4434	APPLIED FOR	501(C)(3)	50,000.	0.			 EDUCATION
•			, -	-			
ORANGEWOOD FOUNDATION							
1575 E 17TH ST							
SANTA ANA, CA 92705-8506	95-3616628	501(C)(3)	103,000.	0.			HUMAN SERVICES
ODEGON GOAGE ACHARTIM ING							
OREGON COAST AQUARIUM, INC. 2820 SE FERRY SLIP RD							ENVIRONMENT & ANIMAL
NEWPORT, OR 97365-5259	93-0877807	501(C)(3)	50,000.	0.			WELFARE
MEWFORT, OR 97303 3239	33 0077007	501(0/(3/	30,000.	<u> </u>			WEDFARE
ORGANIZATION FOR PSYCHOEDUCATIONAL							
TUTORING, INC 205 WILARD WAY -							
ITHICA, NY 14850-3833	47-1605315	501(C)(3)	25,000.	0.			 HUMAN SERVICES
·			,				
OUR CHILDREN'S TRUST							
PO BOX 5181							ENVIRONMENT & ANIMAL
EUGENE, OR 97405-0181	27-3094382	501(C)(3)	10,000.	0.			WELFARE
OUR FATHER'S TABLE							
PO BOX 493	46 4776046	E01/Q\/2\	17.000	_			HIMAN GERVICES
SAN JUAN CAPISTRANO, CA 92693-0493	46-4776046	bot(c)(3)	17,000.	0.			HUMAN SERVICES

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR LADY QUEEN OF ANGELS CHURCH							
2046 MAR VISTA DR							RELIGION, SPIRITUAL
NEWPORT BEACH, CA 92660-4595	95-2848353	501(C)(3)	20,000.	0.			DEVELOPMENT
OUTDOOR OUTREACH							
5275 MARKET ST STE 21							ENVIRONMENT & ANIMAL
SAN DIEGO, CA 92114-2217	33-0860449	501(C)(3)	20,000.	0.			WELFARE
OXFAM-AMERICA, INC.							
226 CAUSEWAY ST FL 5							
BOSTON, MA 02114-2206	23-7069110	501(C)(3)	50,000.	0.			HUMAN SERVICES
PACIFIC AUTISM CENTER FOR							
EDUCATION - 1880 PRUNERIDGE AVE -	77 0250050	E01/Q\/2\	7 000	0			IIIMAN GEDUTGEG
SANTA CLARA, CA 95050-6514	77-0259858	501(0)(3)	7,000.	0.			HUMAN SERVICES
PACIFIC CHORALE							
3303 HARBOR BLVD STE E5							
COSTA MESA, CA 92626-1520	95-2585505	501(C)(3)	9,000.	0.			ARTS & CULTURE
PACIFIC ENVIRONMENT AND RESOURCES							
CENTER - 473 PINE ST FL 3 - SAN							ENVIRONMENT & ANIMAL
FRANCISCO, CA 94104-2853	94-2628924	501(C)(3)	30,000.	0.			WELFARE
PACIFIC JUSTICE INSTITUTE PO BOX 276600							COMMINITALY IMPROVEMENTS
SACRAMENTO, CA 95827-6600	91-1823641	501 (C) (3)	17,000.	0.			COMMUNITY IMPROVEMENT & DEVELOPMENT
DICHEMENTO, CH 33027 0000	31 1023041	301(0)(3)	17,000.				DEVELOT MENT
PACIFIC RESEARCH INSTITUTE FOR							
PUBLIC POLICY - PO BOX 60485 -							COMMUNITY IMPROVEMENT &
PASADENA, CA 91116-6485	94-2528433	501(C)(3)	60,000.	0.			DEVELOPMENT
PACIFIC SYMPHONY							
17620 FITCH STE 100							
IRVINE, CA 92614-6081	95-3635496	501(C)(3)	104,000.	0.			ARTS & CULTURE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
PALESTINE CHILDRENS RELIEF FUND PO BOX 1926 KENT, OH 44240-0035	93-1057665	501(C)(3)	427,000.	0.			HEALTH & WELLNESS	
PALM SPRINGS ART MUSEUM 101 MUSEUM DR PALM SPRINGS, CA 92262-5659	95-1809576		10,000.	0.			ARTS & CULTURE	
PARENTIS HEALTH FOUNDATION 24012 CALLE DE LA PLATA STE 400 LAGUNA HILLS, CA 92653-7623	81-1188544		28,000.	0.			EDUCATION	
PARKS CALIFORNIA 400 CAPITOL MALL FL 9 SACRAMENTO, CA 95814-4430	83-1523594	501(C)(3)	500,000.	0.			ENVIRONMENT & ANIMAL WELFARE	
PARTNERS IN HEALTH PO BOX 996 FREDERICK, MD 21705-9942	04-3567502	501(C)(3)	10,000.	0.			HEALTH & WELLNESS	
PARTNERSHIP FOR COMMUNITY ACTION 722 ISLETA BLVD SW ALBUQUERQUE, NM 87105	31-1815692	501(C)(3)	75,000.	0.			EDUCATION	
PARTNERSHIP FOR LOS ANGELES SCHOOLS - 1055 WILSHIRE BLVD STE 1850 - LOS ANGELES, CA 90017-5604	26-1759681	501(C)(3)	7,000.	0.			EDUCATION	
PASTORAL LEADERSHIP INSTITUTE PO BOX 972 WHEATON, IL 60187-0972	43-1806114	501(C)(3)	20,000.	0.			RELIGION, SPIRITUAL DEVELOPMENT	
PATHWAYS TO INDEPENDENCE PO BOX 43 LOS ALAMITOS, CA 90720-0043	33-0148082	501(C)(3)	50,000.	0.			HUMAN SERVICES	

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEDIATRIC CANCER RESEARCH FOUNDATION - 17932 SKY PARK CIR							
STE E - IRVINE, CA 92614-4435	95-3772528	501(C)(3)	105,500.	0.			HEALTH & WELLNESS
PEF-US PO BOX 841							
KATY, TX 77492-0841	47-3730217	501(C)(3)	15,000.	0.			EDUCATION
PEGASUS SCHOOL 19692 LEXINGTON LN HUNTINGTON BEACH, CA 92646-3763	33-0162184	501(C)(3)	172,000.	0.			EDUCATION
PENINSULA HUMANE SOCIETY & SPCA 1450 ROLLINS RD BURLINGAME, CA 94010-2307	94-1243665		10,000.	0.			ENVIRONMENT & ANIMAL WELFARE
PENINSULA OPEN SPACE TRUST 222 HIGH ST	04 2202007	E01 (G) (2)	50.000				ENVIRONMENT & ANIMAL
PALO ALTO, CA 94301-1040	94-2392007	501(C)(3)	50,000.	0.			WELFARE
PEOPLE ASSISTING THE HOMELESS 340 N MADISON AVE LOS ANGELES, CA 90004-3504	95-3950196	501/(2)/(3)	100,000.	0.			HUMAN SERVICES
PEOPLE FOR IRVINE COMMUNITY HEALTH ATTN: FINANCE DEPARTMENT PO BOX 104	33 3330130	501(0)(3)	100,000.				HOMAN BERNICHS
SANTA ANA, CA 92711-0473	33-0063532	501(C)(3)	155,000.	0.			HUMAN SERVICES
PEOPLE FOR THE AMERICAN WAY FOUNDATION - 1101 15TH ST NW STE 600 - WASHINGTON, DC 20005-5023	13-3065716	501(C)(3)	50,000.	0.		1	COMMUNITY IMPROVEMENT & DEVELOPMENT
PEPPERDINE UNIVERSITY 24255 PACIFIC COAST HWY OFC MALIBU, CA 90263-4999	95-1644037	501(C)(3)	27,500.	0.			HUMAN SERVICES

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PESTICIDE ACTION NETWORK NORTH AMERICA REGIONAL CENTER - 2029							
UNIVERSITY AVE STE 200 - BERKELEY,							ENVIRONMENT & ANIMAL
CA 94704-1015	94-2949686	501(C)(3)	50,000.	0.			WELFARE
PET PROJECT FOUNDATION, INC.							
PO BOX 5678							ENVIRONMENT & ANIMAL
SAN CLEMENTE, CA 92674-5678	33-0030634	501(C)(3)	8,000.	0.			WELFARE
PETSMART CHARITIES, INC.							
19601 N 27TH AVE							ENVIRONMENT & ANIMAL
PHOENIX, AZ 85027-4008	93-1140967	501(C)(3)	189,598.	0.			WELFARE
PHILHARMONIC SOCIETY OF ORANGE							
COUNTY - 1124 MAIN ST STE B -							
IRVINE, CA 92614-6733	95-1805452	501(C)(3)	8,200.	0.			ARTS & CULTURE
· · · · · · · · · · · · · · · · · · ·			,				
PHOENIX HOUSE ORANGE COUNTY, INC.							
1207 E FRUIT ST							
SANTA ANA, CA 92701-4296	22-2268070	501(C)(3)	30,000.	0.			HUMAN SERVICES
PHYSICIANS FOR SOCIAL							
RESPONSIBILITY - 617 S OLIVE ST							
STE 1100 - LOS ANGELES, CA							ENVIRONMENT & ANIMAL
90014-1633	95-3956136	501(C)(3)	100,000.	0.			WELFARE
PIERS PARK SAILING CENTER							
95 MARGINAL ST							
BOSTON, MA 02128-2742	04-3411388	501(C)(3)	10,000.	0.			EDUCATION
PIMA PAWS FOR LIFE							
2555 W ZINNIA AVE							ENVIRONMENT & ANIMAL
TUCSON, AZ 85705-1928	46-3039870	501(C)(3)	10,000.	0.			WELFARE
DIMOG EQUINDARION							
PIMCO FOUNDATION 650 NEWPORT CENTER DR							COMMUNITY IMPROVEMENT &
NEWPORT BEACH, CA 92660-6310	33-0891470	501 (C) (3)	9,168,426.	0.			DEVELOPMENT
THE SET PHICH, CH 72000 0310	1 33 30714/0	201(0)(3)	7,100,420.	٠.			P1.11101111111

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANES OF FAME AIR MUSEUM							
14998 CAL AERO DR							
CHINO, CA 91710-9056	95-6092771	501(C)(3)	10,000.	0.			ARTS & CULTURE
,			,				
PLANNED PARENTHOOD ASSOCIATION OF							
UTAH - 654 S 900 E - SALT LAKE							
CITY, UT 84102-3430	87-0288909	501(C)(3)	80,000.	0.			HEALTH & WELLNESS
PLANNED PARENTHOOD FEDERATION OF							
AMERICA, INC PO BOX 97166 -	13-1644147	E01/G\/3\	12 000	0.			HEALTH & WELLNESS
WASHINGTON, DC 20090-7166	13-1044147	501(C)(3)	13,000.	0.			HEALIN & WELLINESS
PLANNED PARENTHOOD LOS ANGELES							
400 W 30TH ST							
LOS ANGELES, CA 90007-3320	95-2408623	501(C)(3)	50,000.	0.			HUMAN SERVICES
,			,				
PLANNED PARENTHOOD MAR MONTE, INC.							
1691 THE ALAMEDA							
SAN JOSE, CA 95126-2203	94-1583439	501(C)(3)	30,000.	0.			HEALTH & WELLNESS
PLANNED PARENTHOOD-ORANGE & SAN							
BERNARDINO COUNTIES, INC 801 E							
KATELLA AVE - ANAHEIM, CA							
92805-6614	95-6152773	501(C)(3)	104,000.	0.			HUMAN SERVICES
DOMANA GOLLEGE							
POMONA COLLEGE							
550 N COLLEGE AVE	95-1664112	E01/G)/2)	77 251	0.			EDUCATION
CLAREMONT, CA 91711-4434	95-1004112	501(C)(3)	77,351.	0.			EDUCATION
POMONA COMMUNITY HEALTH CENTER							
1450 E HOLT AVE							
POMONA, CA 91767-5822	22-3914738	501(C)(3)	50,000.	0.			HEALTH & WELLNESS
•			,				
POMONA VALLEY HOSPITAL MEDICAL							
CENTER FOUNDATION - 1798 N GAREY							
AVE - POMONA, CA 91767-2918	95-3403287	501(C)(3)	57,351.	0.			HEALTH & WELLNESS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	r ago
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PORT OF LOS ANGELES HIGH SCHOOL							
250 W 5TH ST							
SAN PEDRO, CA 90731-3304	16-1649277	SCHOOL	10,000.	0.			EDUCATION
,							
POTLATCH FUND							
815 1ST AVE PMB 308							COMMUNITY IMPROVEMENT &
SEATTLE, WA 98104-1404	73-1712905	501(C)(3)	10,000.	0.			DEVELOPMENT
PRAGER UNIVERSITY FOUNDATION							
15021 VENTURA BLVD STE 552				_			
SHERMAN OAKS, CA 91403-2442	27-1763901	501(C)(3)	8,000.	0.			EDUCATION
PRECIOUS KIDS CENTER							
23002 ALICIA PKWY							
	20-0674027	501/0\/3\	50,000.	0.			HUMAN SERVICES
MISSION VIEJO, CA 92692-1636	20-06/402/	501(C)(3)	30,000.	0.			HUMAN SERVICES
PRECIOUS LAMB PRESCHOOL, INC.							
2005 PALO VERDE AVENUE PMB 301							
LONG BEACH, CA 90815	95-4772800	501(C)(3)	10,000.	0.			EDUCATION
PREMIERE CHRISTIAN EDUCATION			1 22,222				
GROUP, INC 32032 DEL OBISPO ST							
- SAN JUAN CAPISTRANO, CA							
92675-3434	20-8398507	501(C)(3)	100,000.	0.			EDUCATION
PRENTICE SCHOOL							
18341 LASSEN DR							
SANTA ANA, CA 92705-2012	33-0120257	501(C)(3)	51,500.	0.			EDUCATION
PRESCOTT COLLEGE, INC.							
220 GROVE AVE							ENVIRONMENT & ANIMAL
PRESCOTT, AZ 86301-2990	86-0294012	501(C)(3)	40,000.	0.			WELFARE
PRIORITY CENTER ENDING							
GENERATIONAL CYCLE OF TRAUMA -							
1940 E DEERE AVE STE 100 - SANTA							
ANA, CA 92705-5718	33-0013237	501(C)(3)	75,000.	0.			HUMAN SERVICES

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRIORITY LIVING, INC.							
17291 IRVINE BLVD STE 345							RELIGION, SPIRITUAL
TUSTIN, CA 92780-2969	33-0141608	501(C)(3)	7,500.	0.			DEVELOPMENT
	33 3212333		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
PROJECT ACCESS, INC.							
2100 W ORANGEWOOD AVE STE 230							
ORANGE, CA 92868-1987	33-0834635	501(C)(3)	7,500.	0.			HUMAN SERVICES
PROJECT CUDDLE, INC.							
2973 HARBOR BLVD # 326							
COSTA MESA, CA 92626-3912	33-0486176	501(C)(3)	20,000.	0.			HUMAN SERVICES
PROJECT HOPE - PEOPLE-TO-PEOPLE							
HEALTH FOUNDATION - PO BOX 5029 -							
HAGERSTOWN, MD 21741-5029	53-0242962	501(C)(3)	10,000.	0.			HEALTH & WELLNESS
DROIDER HODE ALLIANCE							
PROJECT HOPE ALLIANCE							
1954 PLACENTIA AVE STE 202	75-3099628	E01/G\/2\	7 442	0.			HUMAN SERVICES
COSTA MESA, CA 92627-5321	75-3099020	301(C)(3)	7,443.	0.			HUMAN SERVICES
PROTECT OUR WINTERS							
4676 BROADWAY ST							ENVIRONMENT & ANIMAL
BOULDER, CO 80304-2219	20-8474909	501(C)(3)	15,000.	0.			WELFARE
· · · · · · · · · · · · · · · · · · ·			, , , , ,				
PROYECTO PASTORAL							
135 N MISSION RD							
LOS ANGELES, CA 90033-2101	95-3213958	501(C)(3)	20,000.	0.			HUMAN SERVICES
PRX, INC.							
PO BOX 382234							ENVIRONMENT & ANIMAL
CAMBRIDGE, MA 02238-2234	26-3347402	501(C)(3)	50,000.	0.			WELFARE
PSEADS							
PO BOX 612							
SAN ANSELMO, CA 94979-0612	47-2416189	501(C)(3)	10,000.	0.			EDUCATION

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PUBLIC EMPLOYEES FOR ENVIRONMENTAL							
RESPONSIBILITY, INC 962 WAYNE							
AVE STE 610 - SILVER SPRING, MD							ENVIRONMENT & ANIMAL
20910-4453	93-1102740	501(C)(3)	25,000.	0.			WELFARE
PUBLIC LAW CENTER							
601 W CIVIC CENTER DR							COMMUNITY IMPROVEMENT &
SANTA ANA, CA 92701-4002	95-3709253	501(C)(3)	65,000.	0.			DEVELOPMENT
			12,222				
PUBLIC MEDIA GROUP OF SOUTHERN							
CALIFORNIA - 3080 BRISTOL ST STE							ENVIRONMENT & ANIMAL
400 - COSTA MESA, CA 92626-7335	95-2211661	501(C)(3)	164,000.	0.			WELFARE
PULMONARY FIBROSIS FOUNDATION							
230 E OHIO ST STE 500							
CHICAGO, IL 60611-3270	84-1558631	501(C)(3)	50,000.	0.			HEALTH & WELLNESS
DUDE CAME							
PURE GAME							
22372 WOODBLUFF RD	26-4083785	E01/G\/3\	50,000.	0.			HUMAN SERVICES
LAKE FOREST, CA 92630-2354	20-4003763	501(C)(3)	30,000.	0.			HUMAN SERVICES
RAINBOW SERVICES, LTD.							
453 W 7TH ST							
SAN PEDRO, CA 90731-3207	95-3855705	501(C)(3)	40,000.	0.			HUMAN SERVICES
RANCHO ALAMITOS HIGH SCHOOL PTSO							
11351 DALE ST							
GARDEN GROVE, CA 92841-1598	20-5985262	501(C)(3)	7,500.	0.			EDUCATION
RAZOM, INC.							
140 2ND AVE STE 305							COMMUNITY IMPROVEMENT &
NEW YORK, NY 10003	46-4604398	501(C)(3)	15,000.	0.			DEVELOPMENT
READING PARTNERS							
75 BROAD ST FL 15 STE B							
NEW YORK, NY 10004-2749	77-0568469	501 (C) (3)	40,000.	0.			EDUCATION
10KK, NI 10004-2/49	11-0300403	DOT (C) (3)	40,000.	U .			PDOCKLION

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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REALIZE IMPACT							
271 WINSLOW WAY E UNIT 11548							
BAINBRIDGE ISLAND, WA 98110-0106	46-3594732	501(C)(3)	25,500.	0.			HUMAN SERVICES
RESOURCES LEGACY FUND							
555 CAPITOL MALL STE 1095							ENVIRONMENT & ANIMAL
SACRAMENTO, CA 95814-4608	95-4703838	501(C)(3)	250,000.	0.			WELFARE
RHODE ISLAND SCHOOL OF DESIGN	70 1700000	001(0)(0)	200,000.	•			
OFFICE OF INSTITUTIONAL ENGAGEMENT							
2 COLLEGE ST - PROVIDENCE, RI							
02903-2717	05-0258956	501(C)(3)	20,000.	0.			EDUCATION
RIEKES CENTER FOR HUMAN							
ENHANCEMENT - 3455 EDISON WAY -							
MENLO PARK, CA 94025-1813	94-3224127	501(C)(3)	102,500.	0.			HUMAN SERVICES
ROBYNE'S NEST							
7602 TALBERT AVE STE F							
HUNTINGTON BEACH, CA 92648-1301	47-3837497	501(C)(3)	10,000.	0.			HUMAN SERVICES
ROCKEFELLER PHILANTHROPY ADVISORS,							
INC 6 W 48TH ST FL 10 - NEW	40 0645500	504 (5) (0)					ENVIRONMENT & ANIMAL
YORK, NY 10036-1802	13-3615533	501(C)(3)	500,000.	0.			WELFARE
ROCKY MOUNTAIN INSTITUTE							
2490 JUNCTION PL STE 200							ENVIRONMENT & ANIMAL
BOULDER, CO 80301-2167	74-2244146	501(C)(3)	25,000.	0.			WELFARE
Boolbin, co occur 2107	71 2211110	301(0)(3)	23,000.	•			THE THE
RODALE INSTITUTE							
611 SIEGFRIEDALE RD							ENVIRONMENT & ANIMAL
KUTZTOWN, PA 19530-9749	23-7206884	501(C)(3)	15,000.	0.			WELFARE
ROMAN CATHOLIC DIOCESE OF			,				
PITTSBURGH FOUNDATION - 111 BLVD							
OF THE ALLIES - PITTSBURGH, PA							RELIGION, SPIRITUAL
15222-1618	25-6275892	501(C)(3)	35,000.	0.			DEVELOPMENT

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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RONALD MCDONALD HOUSE OF SOUTHERN							
CALIFORNIA - 1250 LYMAN PL - LOS							
ANGELES, CA 90029-1905	95-3167869	501(C)(3)	12,500.	0.			HUMAN SERVICES
	70 0107005	001(0)(0)	12,000.	•			
ROOSTERS FOUNDATION OF ORANGE							
COUNTY - 2222 MICHELSON DR # 300 -							COMMUNITY IMPROVEMENT &
IRVINE, CA 92612-1332	33-0764177	501(C)(3)	10,000.	0.			DEVELOPMENT
ROOT & REBOUND							
1730 FRANKLIN ST STE 300							
OAKLAND, CA 94612-3417	46-3876220	501(C)(3)	50,000.	0.			HUMAN SERVICES
ROSARY ACADEMY							
1340 N ACACIA AVE							
FULLERTON, CA 92831-1202	95-2419408	501(C)(3)	8,500.	0.			EDUCATION
RUTGERS, THE STATE UNIVERSITY OF							
NEW JERSEY - 33 KNIGHTSBRIDGE RD							
FL 2 EAST WING - PISCATAWAY, NJ	22 6001096	E01/Q\/2\	25 000	0			придавтом
08854-3925	22-6001086	501(0)(3)	25,000.	0.			EDUCATION
RWJ UNIVERSITY HOSPITAL FOUNDATION							
PO BOX 156							
NEW BRUNSWICK, NJ 08903-0156	22-2378007	501(C)(3)	7,500.	0.			HEALTH & WELLNESS
			1,222				
SADDLEBACK CHURCH							
1 SADDLEBACK PKWY							RELIGION, SPIRITUAL
LAKE FOREST, CA 92630-8700	95-3689195	501(C)(3)	25,000.	0.			DEVELOPMENT
SADDLEBACK COLLEGE FOUNDATION							
28000 MARGUERITE PARKWAY STUDENT							
SERVICES CENTER, RM 223 - MISSION							
VIEJO, CA	33-0390547	501(C)(3)	350,000.	0.			EDUCATION
SADDLEBACK HIGH SCHOOL							
2802 S FLOWER ST							
SANTA ANA, CA 92707-3935	95-6002823	schoor	36,000.	0.			EDUCATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SAGE HILL SCHOOL 20402 NEWPORT COAST DR NEWPORT BEACH, CA 92657-0300	33-0729698	501(C)(3)	29,000.	0.			EDUCATION		
SAIL FUTURE, INC. 2900 68TH AVE S ST PETERSBURG, FL 33712-5525	46-3271817	501(C)(3)	750,000.	0.			EDUCATION		
SALEM LUTHERAN SCHOOL 6500 E SANTIAGO CANYON RD ORANGE, CA 92869-1533	95-2623485	501(C)(3)	29,727.	0.			EDUCATION		
SALLY'S FUND, INC. PO BOX 1626 LAGUNA BEACH, CA 92652-1626	33-0172731	501(C)(3)	30,000.	0.			HUMAN SERVICES		
SALVATION ARMY ORANGE COUNTY DEVELOPMENT DEPARTMENT 10200 PIONEER RD - TUSTIN, CA 92782-141	94-1156347	501(C)(3)	99,000.	0.			HUMAN SERVICES		
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607-3000	58-1437002	501(C)(3)	62,000.	0.			HUMAN SERVICES		
SAMUELI ACADEMY 1901 N FAIRVIEW ST SANTA ANA, CA 92706-2205	45-3866750	501(C)(3)	10,000.	0.			EDUCATION		
SAN FRANCISCO SYMPHONY DAVIES SYMPHONY HALL 201 VAN NESS A SAN FRANCISCO, CA 94102-4585	94-1156284	501(C)(3)	10,000.	0.			ARTS & CULTURE		
SAN FRANCISCO ZOOLOGICAL SOCIETY 1 ZOO RD SAN FRANCISCO, CA 94132-1098	94-1429538	501(C)(3)	10,000.	0.			ENVIRONMENT & ANIMAL WELFARE		

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SAN MATEO COUNTY PARKS AND RECREATION FOUNDATION - 1701 COYOTE POINT DR - SAN MATEO, CA 94401-1001	94-3306697	501(C)(3)	50,000.	0.			ENVIRONMENT & ANIMAL WELFARE			
SANTA ANA COLLEGE FOUNDATION 1530 W 17TH ST SANTA ANA, CA 92706-3398	95-6209198	501(C)(3)	167,000.	0.			EDUCATION			
SANTA BARBARA MEALS ON WHEELS, INC PO BOX 6099 - SANTA BARBARA, CA 93160-6099	51-0139577	501(C)(3)	6,000.	0.			HUMAN SERVICES			
SANTA BARBARA MUSEUM OF NATURAL HISTORY - 2559 PUESTA DEL SOL - SANTA BARBARA, CA 93105-2936	95-1643378	501(C)(3)	10,000.	0.			ENVIRONMENT & ANIMAL WELFARE			
SANTA BARBARA RESCUE MISSION 535 E YANONALI ST SANTA BARBARA, CA 93103-3254	95-6134271	501(C)(3)	11,000.	0.			HUMAN SERVICES			
SANTA CATALINA ISLAND CONSERVANCY PO BOX 2739 AVALON, CA 90704-2739	23-7228407	501(C)(3)	45,000.	0.			ENVIRONMENT & ANIMAL WELFARE			
SARVODAYA USA CORPORATION 525 N ARMISTEAD ST APT 203 ALEXANDRIA, VA 22312-2894	13-3358148	501(C)(3)	25,000.	0.			COMMUNITY IMPROVEMENT & DEVELOPMENT			
SAVE THE BAY 300 FRANK H OGAWA PLZ STE 10 OAKLAND, CA 94612-2042	94-6078420	501(C)(3)	100,000.	0.			ENVIRONMENT & ANIMAL WELFARE			
SAVE THE CHILDREN FEDERATION, INC. 501 KINGS HWY E STE 400 FAIRFIELD, CT 06825-4861	06-0726487	501(C)(3)	35,000.	0.			HUMAN SERVICES			

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SAVIOR'S ROAD, INC.									
1067 N MALLARD ST									
ORANGE, CA 92867-7500	46-2207768	501(C)(3)	10,000.	0.			HUMAN SERVICES		
			,						
SCHOLARS' HOPE FOUNDATION									
P.O. BOX 3897									
HUNTINGTON BEACH, CA 92605-3897	33-0905269	501(C)(3)	146,399.	0.			EDUCATION		
advolandavin aventaa taa									
SCHOLARSHIP AMERICA, INC.									
PO BOX 772514		504 (5) (0)	054.400				L		
DETROIT, MI 48277-2514	04-2296967	501(C)(3)	254,190.	0.			EDUCATION		
SEA & SAGE AUDUBON SOCIETY									
PO BOX 5447							ENVIRONMENT & ANIMAL		
IRVINE, CA 92616-5447	23-7003681	501/0\/3\	53,000.	0.			WELFARE		
IRVINE, CA 92010-3447	23-7003001	501(0)(3)	33,000.	0.			WELLAKE		
SEA OTTER SAVVY									
1961 MAIN ST # 199							ENVIRONMENT & ANIMAL		
WATSONVILLE, CA 95076-3027	85-0961529	501 (C) (3)	10,000.	0.			WELFARE		
MIIBONVIIIII, CII 33070 3027	03 0301323	301(0)(3)	10,000.	· ·			WI I I I I I I I I I I I I I I I I I I		
SEACOLOGY									
1623 SOLANO AVE							ENVIRONMENT & ANIMAL		
BERKELEY, CA 94707-2108	87-0495235	501(C)(3)	50,000.	0.			WELFARE		
,			,						
SEAFARERS AND INTERNATIONAL HOUSE,									
INC 123 E 15TH ST - NEW YORK,									
NY 10003-3557	13-5562413	501(C)(3)	20,000.	0.			HUMAN SERVICES		
			·						
SEARCH MINISTRIES, INC.									
PO BOX 165029							RELIGION, SPIRITUAL		
FORT WORTH, TX 76161-5029	75-1627393	501(C)(3)	25,500.	0.			DEVELOPMENT		
SECOND HARVEST FOOD BANK OF ORANGE									
COUNTY, INC 8014 MARINE WAY -									
IRVINE, CA 92618-2235	32-0362611	501(C)(3)	111,881.	0.			HUMAN SERVICES		

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	Tu,
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SEGERSTROM CENTER FOR THE ARTS							
600 TOWN CENTER DR							
COSTA MESA, CA 92626-1916	23-7287150	501(C)(3)	160,159.	0.			ARTS & CULTURE
SEMPER FI & AMERICA'S FUND							
825 COLLEGE BLVD STE 102 PMB 609							
OCEANSIDE, CA 92057-6263	26-0086305	501(C)(3)	17,000.	0.			HUMAN SERVICES
SENECA FAMILY OF AGENCIES							
1801 PARK COURT PL BLDG H							
SANTA ANA, CA 92701-5028	94-2971761	501(C)(3)	22,000.	0.			HUMAN SERVICES
SER - JOBS FOR PROGRESS, INC. SAN							
JOAQUIN VALLEY - 255 N FULTON ST							
STE 106 - FRESNO, CA 93701-1600	94-2188609	501(C)(3)	75,000.	0.			HUMAN SERVICES
SERVE THE PEOPLE, INC.							
1206 E 17TH ST STE 101							
SANTA ANA, CA 92701-2641	27-0421556	501(C)(3)	100,000.	0.			HEALTH & WELLNESS
GERMANA WARE MORE							
SERVING KIDS HOPE 6851 LAFAYETTE DR							
HUNTINGTON BEACH, CA 92647-4047	47-1518476	501/C\/3\	117,500.	0.			HEALTH & WELLNESS
HONTINGTON BEACH, CA 92047-4047	47-1310470	501(0)(3)	117,300.	0.			HEADIN & WEDDNESS
SERVING PEOPLE IN NEED, INC.							
151 KALMUS DR STE H2							
COSTA MESA, CA 92626-5969	33-0329687	501(C)(3)	81,000.	0.			HUMAN SERVICES
SHARE OUR SELVES CORPORATION							
1550 SUPERIOR AVE							
COSTA MESA, CA 92627-3653	95-3222316	501(C)(3)	166,500.	0.			HEALTH & WELLNESS
SHELTER PARTNERSHIP, INC.							
520 S GRAND AVE STE 695	05 2076014	E01/G)/2)	20.000	_			THINAN GERMAGES
LOS ANGELES, CA 90071-2660	95-3976214	DOT(C)(3)	20,000.	0.			HUMAN SERVICES

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SHELTER PROVIDERS OF ORANGE COUNTY, INC 17821 17TH ST STE 120 - TUSTIN, CA 92780-2138	33-0568079	501(C)(3)	17,500.	0.			HUMAN SERVICES	
SHELTER TO SOLDIER, INC. 2665 4TH AVE SAN DIEGO, CA 92103-6514	46-0906020	501(C)(3)	60,000.	0.			HUMAN SERVICES	
SHELTERBOX USA, INC. PO BOX 5055 SANTA BARBARA, CA 93150-5055	20-0471604	501(C)(3)	12,500.	0.			HUMAN SERVICES	
SHRINERS HOSPITALS FOR CHILDREN ATTN: DEVELOPMENT OFFICE 909 S FAIR OAKS AVE - PASADENA, CA 91105-2625	36-2193608	501(C)(3)	190,135.	0.			HEALTH & WELLNESS	
SISTERS OF SAINT JOSEPH OF ORANGE 480 S BATAVIA ST ORANGE, CA 92868-3998	95-1643383	501(C)(3)	30,000.	0.			HUMAN SERVICES	
SOCIAL & ENVIRONMENTAL ENTREPRENEURS - 23564 CALABASAS RD STE 201 - CALABASAS, CA 91302-1338	95-4116679	501(C)(3)	150,000.	0.			COMMUNITY IMPROVEMENT & DEVELOPMENT	
SOCIAL GOOD FUND, INC. PO BOX 5473 RICHMOND, CA 94805-0473	46-1323531	501(C)(3)	10,000.	0.			HUMAN SERVICES	
SOCIETY FOR MARINE MAMMALOGY RESEARCH INSTITUTE - 290 SUMMER ST - YARMOUTH PORT, MA 02675-1734	94-2842655	501(C)(3)	30,000.	0.			ENVIRONMENT & ANIMAL WELFARE	
SOCIETY OF ENVIRONMENTAL JOURNALISTS, INC 1629 K ST NW STE 300 - WASHINGTON, DC 20006-1631	52-0194031	501(C)(3)	25,000.	0.			ENVIRONMENT & ANIMAL WELFARE	

Part II Continuation of Grants and Other				(,	<u> </u>	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIETY OF ST. VINCENT DE PAUL							
325 ARGONNE CIR							RELIGION, SPIRITUAL
SANTA BARBARA, CA 93105-2729	27-1254359	501(C)(3)	10,000.	0.			DEVELOPMENT
SOMEONE CARES SOUP KITCHEN							
PO BOX 11267							
COSTA MESA, CA 92627-1267	33-0279080	501(C)(3)	10,000.	0.			HUMAN SERVICES
SOROPTIMIST INTERNATIONAL OF POWAY	33 0273000	301(0)(3)	10,000.	<u> </u>			HOMEN BERVICES
HATS AND HEELS 12463 RANCHO							
BERNARDO RD # 257 - SAN DIEGO, CA							COMMUNITY IMPROVEMENT &
92128-2143	23-7122002	501(C)(3)	20,000.	0.			DEVELOPMENT
			,				
SOUND EXPERIENCE							
PO BOX 1390							
PORT TOWNSEND, WA 98296	91-6170893	501(C)(3)	10,000.	0.			EDUCATION
SOUTH ASIAN HELPLINE AND REFERRAL							
AGENCY - 17100 PIONEER BLVD STE							
260 - ARTESIA, CA 90701-2715	26-0736033	501(C)(3)	10,000.	0.			HUMAN SERVICES
GOLUMN GOLGE DEDEDEDON ING							
SOUTH COAST REPERTORY, INC. PO BOX 2197							
	95-6122708	501/C\/3\	48,000.	0.			ARTS & CULTURE
COSTA MESA, CA 92628-2197	33-0122700	501(0)(3)	40,000.	0.			ARIS & COLIURE
SOUTH COAST SAILING TEAM							
32862 STAYSAIL DR							
DANA POINT, CA 92629-1224	33-0052559	501(C)(3)	8,200.	0.			HUMAN SERVICES
·			, , , , , , , , , , , , , , , , , , ,				
SOUTH COUNTY CROSSCULTURAL COUNCIL							
PO BOX 520							
LAGUNA BEACH, CA 92652-0520	33-0753877	501(C)(3)	15,000.	0.			HUMAN SERVICES
SOUTH COUNTY OUTREACH							
7 WHATNEY STE B							
IRVINE, CA 92618-2849	33-0330233	501(C)(3)	46,235.	0.			HUMAN SERVICES

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN CALIFORNIA HOSPICE							
FOUNDATION - 3200 PARK CENTER DR							
STE 1250 - COSTA MESA, CA							
92626-7227	04-3720198	501(C)(3)	10,000.	0.			HEALTH & WELLNESS
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAYMOND AVE							ENVIRONMENT & ANIMAL
PASADENA, CA 91105-2636	95-4765734	501(C)(3)	37,000.	0.			WELFARE
SOUTHERN POVERTY LAW CENTER, INC. 400 WASHINGTON AVE MONTGOMERY, AL 36104-4344	63-0598743	501(c)(3)	39,000.	0.			COMMUNITY IMPROVEMENT & DEVELOPMENT
SPIRIT YOUTH SPORTS, INC. 27758 SANTA MARGARITA PKWY # 303 MISSION VIEJO, CA 92691-6709	20-1707223	501(c)(3)	7,500.	0.			HUMAN SERVICES
SPUR COMMUNITY FOUNDATION, INC. PO BOX 6184 KETCHUM, ID 83340-6184	81-2375057	501(C)(3)	155,000.	0.			COMMUNITY IMPROVEMENT & DEVELOPMENT
ST. ANDREW'S PRESBYTERIAN CHURCH 600 SAINT ANDREWS RD NEWPORT BEACH, CA 92663-5325	95-1969024	501(c)(3)	21,200.	0.			RELIGION, SPIRITUAL DEVELOPMENT
ST. CATHERINE OF SIENA CHURCH 1042 TEMPLE TER LAGUNA BEACH, CA 92651-2946	95-2825442	501(C)(3)	13,000.	0.			RELIGION, SPIRITUAL DEVELOPMENT
ST. CATHERINE'S ACADEMY 215 N HARBOR BLVD ANAHEIM, CA 92805-2561	95-1855672	501(C)(3)	58,000.	0.			EDUCATION
ST. IRENAEUS CHURCH & SCHOOL 5201 EVERGREEN AVE CYPRESS, CA 90630-2951	95-6080784		10,000.	0.			RELIGION, SPIRITUAL DEVELOPMENT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ST. JAMES THE GREAT EPISCOPAL CHURCH - 3209 VIA LIDO - NEWPORT BEACH, CA 92663-3973	31-1629166	501(C)(3)	48,000.	0.			RELIGION, SPIRITUAL DEVELOPMENT		
ST. JOHN'S LUTHERAN CHURCH 154 S SHAFFER ST ORANGE, CA 92866-1690	95-1661067	501(C)(3)	60,000.	0.			RELIGION, SPIRITUAL DEVELOPMENT		
ST. JOSEPH CENTER 204 HAMPTON DR VENICE, CA 90291-8633	95-3874381	501(C)(3)	25,000.	0.			HUMAN SERVICES		
ST. JOSEPH HOSPITAL OF ORANGE 1100 W STEWART DR ORANGE, CA 92868-3891	95-1643359	501(C)(3)	190,394.	0.			HEALTH & WELLNESS		
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC 501 SAINT JUDE PL - MEMPHIS, TN 38105-1905	62-0646012	501(C)(3)	12,000.	0.			HEALTH & WELLNESS		
ST. JUDE HOSPITAL, INC. 100 W VALENCIA MESA DR STE 205 FULLERTON, CA 92835-3765	95-1643325	501(C)(3)	198,598.	0.			HUMAN SERVICES		
ST. KILIAN CATHOLIC CHURCH 26872 ESTANCIERO DR MISSION VIEJO, CA 92691-5501	95-2659054	501(C)(3)	72,500.	0.			RELIGION, SPIRITUAL DEVELOPMENT		
ST. MARGARET OF SCOTLAND EPISCOPAL SCHOOL - 31641 LA NOVIA AVE - SAN JUAN CAPISTRANO, CA 92675-2752	95-3408913	501(C)(3)	14,100.	0.			EDUCATION		
ST. MARK PRESBYTERIAN CHURCH 2200 SAN JOAQUIN HILLS RD NEWPORT BEACH, CA 92660-6520	95-2237753	501(C)(3)	105,000.	0.			RELIGION, SPIRITUAL DEVELOPMENT		

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ST. MICHAEL'S ABBEY FOUNDATION 27977 SILVERADO CANYON RD SILVERADO, CA 92676-9623	27-0422871	501(C)(3)	430,333.	0.			RELIGION, SPIRITUAL DEVELOPMENT	
ST. THOMAS MORE CATHOLIC CHURCH 51 MARKET PL IRVINE, CA 92602-1601	APPLIED FOR	CHURCH	315,997.	0.			RELIGION, SPIRITUAL DEVELOPMENT	
STAND 1329 N STATE ST STE 302 BELLINGHAM, WA 98225-4754	94-3331587	501(C)(3)	250,000.	0.			ENVIRONMENT & ANIMAL WELFARE	
STANDING STONE MINISTRIES PO BOX 11028 NEWPORT BEACH, CA 92658-5016	45-5319818	501(C)(3)	20,000.	0.			RELIGION, SPIRITUAL DEVELOPMENT	
STANDUP FOR KIDS PO BOX 14398 IRVINE, CA 92623-4398	33-0414855	501(C)(3)	17,000.	0.			HUMAN SERVICES	
STANFORD PROFESSIONALS IN REAL ESTATE, INC PO BOX 1821 - LOS ALTOS, CA 94023-1821	37-1578711	501(C)(3)	15,000.	0.			COMMUNITY IMPROVEMENT & DEVELOPMENT	
STANFORD UNIVERSITY HOOVER INSTITUTION 434 GALVEZ MALL STANFORD, CA 94305-6003	94-1156365	501(C)(3)	110,000.	0.			EDUCATION	
STARS AND STRIPES CHILDREN'S FOUNDATION - PO BOX 7572 - LAGUNA NIGUEL, CA 92607	27-1163869	501(C)(3)	15,000.	0.			HUMAN SERVICES	
STATE UNIVERSITY OF IOWA FOUNDATION - PO BOX 4550 - IOWA CITY, IA 52244	42-0796760	501(C)(3)	25,000.	0.			EDUCATION	

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEP UP ON SECOND STREET, INC.							
DEVELOPMENT DEPARTMENT 11693 SAN							
VICENTE BLVD # 902 - LOS ANGELES,							
CA 90049-	95-4109386	501(C)(3)	15,000.	0.			HUMAN SERVICES
STORY OF STUFF PROJECT							
1442 WALNUT ST STE 272							ENVIRONMENT & ANIMAL
BERKELEY, CA 94709-1405	46-4334785	501(C)(3)	7,500.	0.			WELFARE
STUDENT CONSERVATION ASSOCIATION,							
INC 689 RIVER RD - CHARLESTOWN,							ENVIRONMENT & ANIMAL
NH 03603-4171	91-0880684	501(C)(3)	65,000.	0.			WELFARE
CII CACA ENDING DOMECHIO VIOLENCE							
SU CASA - ENDING DOMESTIC VIOLENCE							
3750 E ANAHEIM ST STE 100	05 2405175	E01/G)/2)	25 000	0			HIMAN GERVICES
LONG BEACH, CA 90804-4016	95-3495175	501(C)(3)	25,000.	0.			HUMAN SERVICES
SUNSHINE RESCUE MISSION							
PO BOX 426							
FLAGSTAFF, AZ 86002-0426	86-0264747	501(C)(3)	10,000.	0.			HUMAN SERVICES
SUPPORT THE ENLISTED PROJECT, INC.							
PO BOX 26747							
SAN DIEGO, CA 92196-0747	20-3051279	501(C)(3)	45,000.	0.			HUMAN SERVICES
SURF AND TURF THERAPY							
31441 AVENIDA DE LA VIS							
SAN JUAN CAPISTRANO, CA 92675-2401	84-2094103	501(C)(3)	10,000.	0.			HUMAN SERVICES
SURFRIDER FOUNDATION							
							ENVITONMENT C ANTWAT
PO BOX 73550	05 2041000	E01/G\/3\	03.750	_			ENVIRONMENT & ANIMAL
SAN CLEMENTE, CA 92673-0119	95-3941826	DUI(C)(3)	83,750.	0.			WELFARE
SUSAN G. KOMEN BREAST CANCER							
FOUNDATION, INC 13770 NOEL RD							
UNIT 801889 - DALLAS, TX	75 1005000	E01/G\/2\	25.000	_			
75380-0147	75-1835298	DOT(C)(3)	85,900.	0.			HEALTH & WELLNESS

Part II Continuation of Grants and Other	Assistance to Doi		and Domestic do	Verillients (Och		T	I
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSTAINABLE HEALTHCARE INITIATIVES							
NOW EMPOWERING HUMANITY - 1131 E							
MAIN ST STE 204 - TUSTIN, CA							
92780-4441	27-0340672	501(C)(3)	10,000.	0.			HEALTH & WELLNESS
TABLE 4 TEN, INC. 1 TIMBERLAND							
ALISO VIEJO, CA 92656-2108	85-2326827	501(C)(3)	10,000.	0.			EDUCATION
TALLER SAN JOSE HOPE BUILDERS PO BOX 685							
SANTA ANA, CA 92702-0685	59-3816355	501(C)(3)	470,500.	0.			HUMAN SERVICES
TARAHUMARA MINISTRIES 3423 NASHVILLE AVE EL PASO, TX 79930-4537	83-3200892	501(C)(3)	10,000.	0.			RELIGION, SPIRITUAL DEVELOPMENT
TARA'S CHANCE 219 CLAIRE AVE							
FULLERTON, CA 92835-3516	46-0941505	501(C)(3)	40,000.	0.			HUMAN SERVICES
TARIO KHAMISA FOUNDATION, INC. 9948 HIBERT ST STE 103							
SAN DIEGO, CA 92131-1033	33-0688465	501(C)(3)	50,000.	0.			HUMAN SERVICES
TEAM KIDS, INC. 5011 HEMLOCK							
IRVINE, CA 92612-2811	75-3152594	501(C)(3)	50,000.	0.			HUMAN SERVICES
TEAM RUBICON, INC. 5230 PACIFIC CONCOURSE DR STE 200 LOS ANGELES, CA 90045-6285	27-1720480	501(C)(3)	25,000.	0.			HUMAN SERVICES
TEEN LEADERSHIP FOUNDATION	27-1720400	501(0)(3)	23,000.	0.			HOPEN SERVICES
PO BOX 7342 NEWPORT BEACH, CA 92658-7342	20-8707656	501(C)(3)	7,443.	0.			HUMAN SERVICES

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TEMPLE BAT YAHM 1011 CAMELBACK ST NEWPORT BEACH, CA 92660-3297	95-2875578	501(C)(3)	7,000.	0.			RELIGION, SPIRITUAL DEVELOPMENT		
TESTIMONIAL COMMUNITY LOVE CENTER 5721 S WESTERN AVE LOS ANGELES, CA 90062-2714	95-4376926	501(C)(3)	55,000.	0.			HUMAN SERVICES		
TEXAS CHRISTIAN UNIVERSITY OFFICE OF UNIVERSITY ADVANCEMENT TCU BOX 297044 - FORT WORTH, TX 76129-0001	75-0827465	501(C)(3)	20,000.	0.			EDUCATION		
THINK TOGETHER 2101 E 4TH ST STE 200B SANTA ANA, CA 92705-3822	33-0781751	501(C)(3)	52,500.	0.			EDUCATION		
THOMAS HOUSE TEMPORARY SHELTER PO BOX 2737 GARDEN GROVE, CA 92842-2737	33-0204757	501(C)(3)	117,500.	0.			HUMAN SERVICES		
THURGOOD MARSHALL COLLEGE FUND 901 F ST NW STE 700 WASHINGTON, DC 20004-1436	41-1750692	501(C)(3)	7,500.	0.			EDUCATION		
TIBET FUND 241 E 32ND ST NEW YORK, NY 10016-6305	13-3115145	501(C)(3)	40,000.	0.			COMMUNITY IMPROVEMENT & DEVELOPMENT		
TIDES CENTER PO BOX 889385 LOS ANGELES, CA 90088-9385	94-3213100	501(C)(3)	290,000.	0.			ENVIRONMENT & ANIMAL WELFARE		
TIDES FOUNDATION PO BOX 889389 LOS ANGELES, CA 90088-9389	51-0198509	501(C)(3)	100,000.	0.			COMMUNITY IMPROVEMENT & DEVELOPMENT		

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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TILLY'S LIFE CENTER							
17 PASTEUR							
IRVINE, CA 92618-3804	45-5468732	501(C)(3)	9,000.	0.			HUMAN SERVICES
TIPPING POINT COMMUNITY							
220 MONTGOMERY ST STE 850							
SAN FRANCISCO, CA 94104-3452	20-2121739	501(C)(3)	400,000.	0.			HUMAN SERVICES
TIYYA FOUNDATION, INC.							
505 N TUSTIN AVE STE 280							
SANTA ANA, CA 92705-3775	27-3128801	501(C)(3)	20,000.	0.			HUMAN SERVICES
TOMORROW'S LEADERSHIP							
COLLABORATIVE CHARTER SCHOOL -							
1130 E WALNUT AVE - ORANGE, CA							
92867-6952	82-4368055	501(C)(3)	755,000.	0.			EDUCATION
TOP OF THE PINES, INC.							THE CONTROL OF THE CONTROL
PO BOX 535	84-1601734	E01/G)/3)	10.000	0.			ENVIRONMENT & ANIMAL WELFARE
RIDGWAY, CO 81432-0535	84-1601/34	501(C)(3)	10,000.	٠.			WELFARE
TORRANCE MEMORIAL MEDICAL CENTER							
HEALTH CARE FDN - 3330 LOMITA BLVD							
- TORRANCE, CA 90505-5002	95-3528452	501(C)(3)	16,100.	0.			HEALTH & WELLNESS
		(-,(-,					
TREASURE ISLAND SAILING CENTER							
FOUNDATION - 698 CALIFORNIA AVE #							
112 - SAN FRANCISCO, CA 94130-1705	31-1625735	501(C)(3)	10,000.	0.			EDUCATION
,			,				
TRINITY FELLOWSHIP INTERNATIONAL							
12740 GATEWAY PARK RD APT 133							RELIGION, SPIRITUAL
POWAY, CA 92064-2076	99-0342244	501(C)(3)	16,000.	0.			DEVELOPMENT
TRINITY UNITED METHODIST CHURCH							
PO BOX 2942							RELIGION, SPIRITUAL
POMONA, CA 91769-2942	95-1681759	CHURCH	19,117.	0.			DEVELOPMENT

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TROUT UNLIMITED, INC.							
1777 N KENT ST STE 100							ENVIRONMENT & ANIMAL
ARLINGTON, VA 22209-2110	38-1612715	501(C)(3)	55,000.	0.			WELFARE
·			,				
TRUST FOR PUBLIC LAND							
101 MONTGOMERY ST STE 900							ENVIRONMENT & ANIMAL
SAN FRANCISCO, CA 94104-4148	23-7222333	501(C)(3)	35,000.	0.			WELFARE
TRUSTEES OF BOSTON COLLEGE							
OFFICE OF UNIVERSITY ADVANCEMENT							
140 COMMONWEALTH AVE - CHESTNUT							
HILL, MA 02	04-2103545	501(C)(3)	250,000.	0.			EDUCATION
TRUTH FOR LIFE							
PO BOX 398000							RELIGION, SPIRITUAL
CLEVELAND, OH 44139-9000	34-1787585	501(C)(3)	10,000.	0.			DEVELOPMENT
TURNING POINT CENTER FOR FAMILIES							
3151 AIRWAY AVE STE F206A							
COSTA MESA, CA 92626-4632	33-0672326	501(C)(3)	50,000.	0.			HUMAN SERVICES
UC REGENTS BERKELEY							
UNIVERSITY OF CALIFORNIA							
BERKELEY, CA 94720-6000	94-6002123	501(C)(3)	25,000.	0.			EDUCATION
UC REGENTS IRVINE							
OFFICE OF RESEARCH ADMINISTRATION							
160 ALDRICH HALL - IRVINE, CA							
92697-7600	95-2226406	501(C)(3)	235,000.	0.			EDUCATION
UC REGENTS SANTA BARBARA							
4219 CHEADLE HALL UNIVERSITY OF							
CALIFORNIA - SANTA BARBARA, CA							ENVIRONMENT & ANIMAL
93106-2013	95-6006145	501(C)(3)	35,000.	0.			WELFARE
UC REGENTS SANTA CRUZ							
UNIVERSITY OF CALIFORNIA, SANTA							
CRUZ 1156 HIGH ST - SANTA CRUZ, CA							
95064-107	94-1539563	501(C)(3)	150,000.	0.			EDUCATION

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	rugo
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UC SAN DIEGO FOUNDATION							
9500 GILMAN DR #0940							ENVIRONMENT & ANIMAL
LA JOLLA, CA 92093-0940	95-2872494	501(C)(3)	25,000.	0.			WELFARE
UNIDOS SOUTH OC, INC.							
PO BOX 1874							COMMUNITY IMPROVEMENT &
SAN JUAN CAPISTRANO, CA 92693-1874	82-3510252	501(C)(3)	10,000.	0.			DEVELOPMENT
INTON DECCHE MICCION							
UNION RESCUE MISSION 545 S SAN PEDRO ST							
LOS ANGELES, CA 90013-2101	95-1709293	501(C)(3)	50,000.	0.			HUMAN SERVICES
UNION STATION HOMELESS SERVICES							
825 E ORANGE GROVE BLVD							
PASADENA, CA 91104-4554	95-3958741	501(C)(3)	25,000.	0.			HUMAN SERVICES
UNIQUELY ABLED PROJECT							
4804 LAUREL CANYON BLVD STE 804				_			
VALLEY VILLAGE, CA 91607-3717	81-3868351	501(C)(3)	7,000.	0.			HUMAN SERVICES
UNITED STATES ASSOCIATION FOR							
UNHCR - 1310 L ST NW STE 450 -							
WASHINGTON, DC 20005	52-1662800	501(C)(3)	20,000.	0.			HUMAN SERVICES
minimum, 20 2000	02 2002000		20,000.	-			22111222
UNITED STATES ENERGY FOUNDATION							
301 BATTERY ST FL 5							ENVIRONMENT & ANIMAL
SAN FRANCISCO, CA 94111-3237	83-1740146	501(C)(3)	1,750,000.	0.			WELFARE
UNITED STATES FUND FOR UNICEF							
125 MAIDEN LN FL 11							COMMUNITY IMPROVEMENT &
NEW YORK, NY 10038-4713	13-1760110	501(C)(3)	68,000.	0.			DEVELOPMENT
INTER MAY OF NORWING MAY THE							
UNITED WAY OF NORTHERN NEW JERSEY, INC PO BOX 6835 - BRIDGEWATER,							
NJ 08807-0835	22-1487247	501(C)(3)	6,000.	0.			HUMAN SERVICES
140 00001 0000		DOT(C)(J)	1 0,000.	٠.			HOPMIN DERVICES

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY, INC.							
1150 S OLIVE ST STE T500							
LOS ANGELES, CA 90015-2482	95-2274801	501(C)(3)	7,500.	0.			HUMAN SERVICES
UNITY MIDDLE COLLEGE HIGH SCHOOL							
1937 W CHAPMAN AVE STE 110	47-5042958	E01/Q\/2\	12 500	0.			EDUCATION
ORANGE, CA 92868-2632 UNIVERSITY OF CALIFORNIA IRVINE	47-5042956	501(0)(3)	12,500.	0.			EDUCATION
FOUNDATION - UNIVERSITY							
ADVANCEMENT 100 THEORY STE 250 -							
IRVINE, CA 92617-3083	95-2540117	501(C)(3)	2,083,500.	0.			HEALTH & WELLNESS
UNIVERSITY OF CALIFORNIA SAN							
FRANCISCO FOUNDATION - PO BOX							
45339 - SAN FRANCISCO, CA							
94145-0339	94-2829914	501(C)(3)	40,000.	0.			EDUCATION
UNIVERSITY OF MINNESOTA FOUNDATION							
PO BOX 860266							
MINNEAPOLIS, MN 55486-0266	41-6042488	501(C)(3)	22,000.	0.			EDUCATION
UNIVERSITY OF MONTANA FOUNDATION							
PO BOX 7159	01 0262000	E01/G)/2)	500 000	_			EDITO ET ON
MISSOULA, MT 59807-7159 UNIVERSITY OF NORTHERN IOWA	81-0362989	501(C)(3)	500,000.	0.			EDUCATION
FOUNDATION - UNI FOUNDATION							
FINANCIAL SERVICES 121 COMMONS -							
CEDAR FALLS, IA 50614-0239	42-6058591	501(C)(3)	10,000.	0.			EDUCATION
UNIVERSITY OF SAN DIEGO							
5998 ALCALA PARK FRNT							ENVIRONMENT & ANIMAL
SAN DIEGO, CA 92110-2492	95-2544535	501(C)(3)	25,000.	0.			WELFARE
UNIVERSITY OF SOUTHERN CALIFORNIA							
1150 S OLIVE ST FL 25							
LOS ANGELES, CA 90015-2797	95-1642394	501(C)(3)	332,500.	0.			EDUCATION

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	ı
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF UTAH							
301 S WAKARA WAY							
SALT LAKE CITY, UT 84108-1214	87-6000525	501(C)(3)	70,000.	0.			EDUCATION
			,,,,,,,,,				
UNIVERSITY OF WASHINGTON							
FOUNDATION - UW TOWER, BOX 359505							
- SEATTLE, WA 98195-0001	94-3079432	501(C)(3)	45,833.	0.			EDUCATION
UNIVERSITY SYNAGOGUE							
3400 MICHELSON DR							RELIGION, SPIRITUAL
IRVINE, CA 92612-1618	33-0254944	501(C)(3)	100,000.	0.			DEVELOPMENT
UPWARD BOUND HOUSE							
1104 WASHINGTON AVE							
SANTA MONICA, CA 90403-4119	95-4288926	501(C)(3)	30,000.	0.			HUMAN SERVICES
UPWELL TURTLES							
99 PACIFIC ST STE 375E	02 1200225	E01/G\/3\	E4E 000	0			ENVIRONMENT & ANIMAL
MONTEREY, CA 93940-2496	82-1309235	501(C)(3)	545,000.	0.			WELFARE
URBAN YOUTH WORKERS INSTITUTE							
2321 E 4TH ST STE C607							RELIGION, SPIRITUAL
SANTA ANA, CA 92705-3861	31-1524740	501(C)(3)	35,000.	0.			DEVELOPMENT
-,			1 , , , , , , , ,				
US INSTITUTE AGAINST HUMAN							
TRAFFICKING, INC PO BOX 272463							
- TAMPA, FL 33688-2463	81-2909861	501(C)(3)	388,000.	0.			HUMAN SERVICES
US SAILING CENTER MARTIN COUNTY							
1955 NE INDIAN RIVER DR							
JENSEN BEACH, FL 34957-5820	65-0377617	501(C)(3)	10,000.	0.			EDUCATION
UTAH OPEN LANDS CONSERVATION							
ASSOCIATION, INC 1488 S MAIN ST							ENVIRONMENT & ANIMAL
- SALT LAKE CITY, UT 84115-5338	87-0480542	501(C)(3)	120,000.	0.			WELFARE

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(b) LIN	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
UTAH RIVERS COUNCIL, INC.							
1270 E 8600 S STE 16							ENVIRONMENT & ANIMAL
SANDY, UT 84094-1222	87-0538450	501(C)(3)	50,000.	0.			WELFARE
UTAH SYMPHONY & OPERA							
123 W SOUTH TEMPLE							
SALT LAKE CITY, UT 84101-1403	51-0145980	501(C)(3)	20,000.	0.			ARTS & CULTURE
VANDERBILT UNIVERSITY			, -				
VU STATION B 357727 2301							
VANDERBILT PLACE - NASHVILLE, TN							
37203-9700	62-0476822	501(C)(3)	25,000.	0.			EDUCATION
VANGUARD UNIVERSITY OF SOUTHERN			·				
CALIFORNIA - OFFICE OF ADVANCEMENT							
55 FAIR DR - COSTA MESA, CA							
92626-6520	95-6002998	501(C)(3)	6,250.	0.			EDUCATION
VASSAR COLLEGE							
OFFICE OF ADVANCEMENT 161 COLLEGE							
AVE # 725 - POUGHKEEPSIE, NY							
12603-2804	14-1338587	501(C)(3)	12,000.	0.			EDUCATION
VENICE COMMUNITY HOUSING							
CORPORATION - 200 LINCOLN BLVD -							
VENICE, CA 90291-2810	95-4200761	501(C)(3)	60,000.	0.			HUMAN SERVICES
			·				
VETERANS LEGAL INSTITUTE							
1231 WARNER AVE							
TUSTIN, CA 92780-6432	47-1608069	501(C)(3)	37,910.	0.			HUMAN SERVICES
VICEORY ROVE CAMP THE							
VICTORY BOYS CAMP, INC. 18375 VENTURA BLVD STE 428							
	95-1798973	501(0)(3)	10,000.	0.			DIIMAN CEDUTCEC
TARZANA, CA 91356-4218	33-1/303/3	DOT(C)(2)	10,000.	0.			HUMAN SERVICES
VIETNAMESE BUDDHISM STUDY TEMPLE							
IN AMERICA - 10510 CHAPMAN AVE STE							RELIGION, SPIRITUAL
400 - GARDEN GROVE, CA 92840-3131	33-0849091	501(C)(3)	20,000.	0.			DEVELOPMENT

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	Tuge
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLA CENTER, INC.							
910 FRENCH ST							
SANTA ANA, CA 92701-3720	95-2312323	501(C)(3)	25,000.	0.			HUMAN SERVICES
VIOLENCE POLICY CENTER							
1025 CONNECTICUT AVE NW STE 1210							
WASHINGTON, DC 20036-5421	52-1571442	501(C)(3)	50,000.	0.			HUMAN SERVICES
VITAL LINK EDUCATION-BUSINESS							
CONSORTIUM - PO BOX 12064 - COSTA							
MESA, CA 92627	33-0632256	501(C)(3)	10,000.	0.			EDUCATION
,							
VOICE OF REFUGEES, INC.							
622 N GILBERT ST # 200							
ANAHEIM, CA 92801-3747	26-4475822	501(C)(3)	17,500.	0.			HUMAN SERVICES
VOICES OF ORANGE COUNTY.ORG							
PO BOX 10020							COMMUNITY IMPROVEMENT &
SANTA ANA, CA 92711-0020	27-0550219	501(C)(3)	10,000.	0.			DEVELOPMENT
VOTO LATINO, INC.							
PO BOX 35608							COMMUNITY IMPROVEMENT &
WASHINGTON, DC 20033-5608	20-1350252	501(C)(3)	155,000.	0.			DEVELOPMENT
,							
WARRIOR-SCHOLAR PROJECT							
1012 14TH ST NW STE 1200							
WASHINGTON, DC 20005-3408	45-2745669	501(C)(3)	26,760.	0.			HUMAN SERVICES
WASATCH COMMUNITY GARDENS							
824 S 400 W STE B127							ENVIRONMENT & ANIMAL
SALT LAKE CITY, UT 84101-4804	74-2550359	501(C)(3)	30,000.	0.			WELFARE
MAYMAKED C							
WAYMAKERS 1221 E DYER RD STE 120							
	05_3167966	501/C\/3\	27 500	0.			UIIMAN CEDVICEC
SANTA ANA, CA 92705-5634	95-3167866	DOT(C)(3)	27,500.	<u> </u>			HUMAN SERVICES

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	rug
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEBB INSTITUTE							
298 CRESCENT BEACH ROAD							
GLEN COVE, NY 11542-1398	11-1630912	501(C)(3)	22,849.	0.			EDUCATION
WEINGART CENTER ASSOCIATION, INC.							
566 S SAN PEDRO ST							
LOS ANGELES, CA 90013-2102	95-6054617	501(C)(3)	50,000.	0.			HUMAN SERVICES
WELLS OF LIFE, INC.							
200 SPECTRUM CENTER DR STE 300							
IRVINE, CA 92618-5004	45-1496631	501(C)(3)	7,500.	0.			HUMAN SERVICES
WESTERN MANDARIN IMMERSION CHARTER							
SCHOOL - 4782 KAREN ANN LN -	02 5267002	E01/G)/3)	140 000	0			EDUCATION
IRVINE, CA 92604-2439	82-5267902	501(C)(3)	140,000.	0.			EDUCATION
WESTERN YOUTH SERVICES							
23461 S POINTE DR STE 220							
LAGUNA HILLS, CA 92653-1523	95-3407054	501(C)(3)	30,000.	0.			HUMAN SERVICES
,			,				
WESTMONT COLLEGE							
955 LA PAZ RD							
SANTA BARBARA, CA 93108-1099	95-1684793	501(C)(3)	6,000.	0.			EDUCATION
WETLANDS AND WILDLIFE CARE CENTER							
21900 PACIFIC COAST HIGHWAY							ENVIRONMENT & ANIMAL
HUNTINGTON BEACH, CA 92646-7601	33-0969297	501(C)(3)	15,000.	0.			WELFARE
WUITHMIED COLLEGE							
WHITTIER COLLEGE 13406 E PHILADELPHIA ST PO BOX 634							
WHITTIER, CA 90608-0634	95-1644048	501(C)(3)	16,000.	0.			EDUCATION
MILITIER, CA 90000-0034	73-1044046	501(0)(3)	10,000.	0.			EDUCATION
WILDWOOD SCHOOL, INC.							
11811 W OLYMPIC BLVD							
LOS ANGELES, CA 90064-1114	95-2921998	501(C)(3)	15,000.	0.			EDUCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIAM J BRENNAN CENTER FOR							
JUSTICE, INC 120 BROADWAY STE							COMMUNITY IMPROVEMENT &
1750 - NEW YORK, NY 10271-0202	13-3839293	501(C)(3)	50,000.	0.			DEVELOPMENT
,,			,,,,,,,				
WINDWARD SPIRIT							
4340 VON KARMAN AVE STE 110							COMMUNITY IMPROVEMENT &
NEWPORT BEACH, CA 92660-1201	81-3709754	501(C)(3)	10,000.	0.			DEVELOPMENT
WISEPLACE							
1411 N BROADWAY							
SANTA ANA, CA 92706-3904	95-1684796	501(C)(3)	141,200.	0.			HUMAN SERVICES
WOMEN IN NEED, INC.							
1 STATE ST FL 18							
NEW YORK, NY 10004-1787	13-3164477	501(C)(3)	7,500.	0.			HUMAN SERVICES
WOMEN INVESTING IN SECURITY AND							
EDUCATION - 23705 BIRTCHER DR -							
LAKE FOREST, CA 92630-1772	33-0904048	501(C)(3)	20,000.	0.			HUMAN SERVICES
LAKE FOREST, CA 92030-1772	33-0304040	501(0/(3/	20,000.	0.			HOMAN SERVICES
WOMEN'S JOURNEY FOUNDATION							
3151 AIRWAY AVE STE K108							
COSTA MESA, CA 92626-4653	30-0751072	501(C)(3)	12,000.	0.			HUMAN SERVICES
,			,				
WOMEN'S TRANSITIONAL LIVING							
CENTER, INC PO BOX 916 -							
FULLERTON, CA 92836-0916	51-0201813	501(C)(3)	80,000.	0.			HUMAN SERVICES
WOMENSHELTER OF LONG BEACH							
PO BOX 17098							
LONG BEACH, CA 90807-7098	95-1644058	501(C)(3)	30,000.	0.			HUMAN SERVICES
WOOD RIVER LAND TRUST COMPANY							
119 E BULLION ST							ENVIRONMENT & ANIMAL
HAILEY, ID 83333-8770	82-0474191	501(C)(3)	10,000.	0.			WELFARE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OODEN FLOOR FOR YOUTH MOVEMENT							
1810 N MAIN ST							
SANTA ANA, CA 92706-2727	33-0299356	501(C)(3)	110,000.	0.			HUMAN SERVICES
WOODSIDE HIGH SCHOOL FOUNDATION							
PO BOX 620259							
WOODSIDE, CA 94062-0259	32-0232205	501(C)(3)	25,000.	0.			EDUCATION
WOODSIDE VILLAGE CHURCH							
3154 WOODSIDE RD							RELIGION, SPIRITUAL
WOODSIDE, CA 94062-2553	APPLIED FOR	501(C)(3)	25,000.	0.			DEVELOPMENT
WORKING WARDROBES FOR A NEW START							
2000 E MCFADDEN AVE STE 100 SANTA ANA, CA 92705-4706	33-0669145	E01/G\/3\	170,540.	0.			HUMAN SERVICES
SANTA ANA, CA 92703-4700	33-0009143	501(0)(3)	170,340.	0.			HOMAN SERVICES
WORLD CENTRAL KITCHEN, INC.							
200 MASSACHUSETTS AVE NW FL 7							
WASHINGTON, DC 20001-1429	27-3521132	501(C)(3)	42,500.	0.			HUMAN SERVICES
WORLD OGEN GOVER							
WORLD OCEAN SCHOOL 212 NORTHERN AVE STE 301A							
BOSTON, MA 02210-2088	02-0610358	501(C)(3)	10,000.	0.			EDUCATION
WORLD VISION, INC.							
PO BOX 9716							
FEDERAL WAY, WA 98063-9716	95-1922279	501(C)(3)	18,000.	0.			HUMAN SERVICES
WORLD WILDLIEF FIND TWO							
WORLD WILDLIFE FUND, INC. 1250 24TH ST NW PO BOX 97180							ENVIRONMENT & ANIMAL
WASHINGTON, DC 20090-7180	52-1693387	501(C)(3)	29,000.	0.			WELFARE
		·	,				
WUNDERGLO FOUNDATION							
10153 RIVERSIDE DR STE 732							
TOLUCA LAKE, CA 91602-2562	45-2823314	501(C)(3)	20,500.	0.			HEALTH & WELLNESS

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YCLIFFE BIBLE TRANSLATORS, INC.							
PO BOX 628200							RELIGION, SPIRITUAL
ORLANDO, FL 32862-8200	95-1831097	501(C)(3)	58,000.	0.			DEVELOPMENT
XERCES SOCIETY, INC.							
628 NE BROADWAY ST STE 200							ENVIRONMENT & ANIMAL
PORTLAND, OR 97232-1324	51-0175253	501(C)(3)	40,000.	0.			WELFARE
YMCA OF THE GREATER TWIN CITIES							
651 NICOLLET MALL STE 500				_			
MINNEAPOLIS, MN 55402-1609	45-2563299	501(C)(3)	37,676.	0.			EDUCATION
YOUNG AMERICANS							
1132 OLYMPIC DR.							
CORONA, CA 92881	33-0488250	501(C)(3)	6,000.	0.			ARTS & CULTURE
YOUR SAFE PLACE FOUNDATION							
8030 LA MESA BLVD # 23							COMMUNITY IMPROVEMENT &
LA MESA, CA 91942-0335	83-3629308	501(C)(3)	12,000.	0.			DEVELOPMENT
YOUTH EMPLOYMENT SERVICE OF THE							
HARBOR AREA, INC 114 E 19TH ST							
- COSTA MESA, CA 92627-2807	95-2704522	501(C)(3)	8,000.	0.			HUMAN SERVICES
•			,				
YWCA OF GLENDALE							
735 E LEXINGTON DR							
GLENDALE, CA 91206-3752	95-1644057	501(C)(3)	30,000.	0.			HUMAN SERVICES
ZOE ECONOMIC DEVIELORMENT							
ZOE ECONOMIC DEVELOPMENT							
CORPORATION - 10252 MILLS AVE - WHITTIER, CA 90604-1639	20-1631915	501(C)(3)	10,000.	0.			HUMAN SERVICES
	20 1031313		10,000.	0.			
ZOOLOGICAL SOCIETY OF SAN DIEGO							
PO BOX 120551							ENVIRONMENT & ANIMAL
SAN DIEGO, CA 92112-0551	95-1648219	501(C)(3)	105,000.	0.			WELFARE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ORANGE COUNTY SHARED SPACES								
FOUNDATION - 19200 VON KARMAN								
AVENUE, SUITE 700 - IRVINE, CA	06.0600061	501/61/21	25.000					
92612	26-2690961	501(C)(3)	25,000.	0.			GENERAL SUPPORT	
	-							
							0 - 11-1- 1 (5 000)	

3011eddle 1 (1 01111 990) 2021	OIHIOI(I I I	I COMPLIE TO	• 1		33 03 70 7 1 age					
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.										
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance					
STUDENT SCHOLARSHIP AWARDS	367	1,297,597.	0.							
SENTOR SANTAS FUND	350	29 747	0							

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

PART I, LINE 2:

GRANTS AWARDED THROUGH A COMPETITIVE GRANTS AWARD PROGRAM HAVE SIGNED GRANT

AGREEMENTS AND REPORTING REQUIREMENTS THE ORGANIZATION MUST COMPLY WITH TO

DOCUMENT THE RESULTS OF THE GRANT. THERE ARE NO REPORTING REQUIREMENTS FOR

DONOR ADVISED GRANTS THAT ARE NOT AWARDED THROUGH A COMPETITIVE PROCESS

HOWEVER MOST OF THOSE AWARDS ARE NOT RESTRICTED TO A SPECIFIC PROGRAM BUT

ARE UNRESTRICTED IN NATURE.

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

ORANGE COUNTY COMMUNITY FOUNDATION

 $Employer\ identification\ number \\ 33-0378778$

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	4-		~
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
-	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) SHELLEY HOSS	(i)	403,422.	40,000.	0.	32,225.	27,662.	503,309.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) TAMMY TUMBLING	(i)	254,908.	0.	0.	11,736.	14,683.	281,327.	0.	
EVP & COO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) TODD HANSON	(i)	230,363.	0.	0.	10,600.	11,831.	252,794.	0.	
VP ENGAGED PHILANTHROPY	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) TRACY BRANSON	(i)	212,668.	0.	0.	10,002.	22,221.	244,891.	0.	
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) CATHLEEN OTERO	(i)	174,196.	0.	0.	6,996.	17,336.	198,528.	0.	
SR. VICE PRESIDENT, DONOR & COMMUNIT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) GREG CRAVENS	(i)	140,604.	0.	0.	6,789.	21,697.	169,090.	0.	
CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) MARGITA BLATTNER	(i)	145,483.	0.	0.	6,876.	16,249.	168,608.	0.	
SR. DIRECTOR PHILANTHROPIC STRATEGY	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. PART I, LINE 7: THE ORGANIZATION PROVIDED A DISCRETIONARY BONUS TO ONE OFFICER IN 2021. THE AMOUNT WAS DETERMINED IN CONSULTATION WITH THE COMPENSATION COMMITTEE AND WAS APPROVED BY THE BOARD OF DIRECTORS.	Part III Supplemental Information
THE ORGANIZATION PROVIDED A DISCRETIONARY BONUS TO ONE OFFICER IN 2021. THE AMOUNT WAS DETERMINED IN CONSULTATION WITH THE COMPENSATION COMMITTEE AND	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
AMOUNT WAS DETERMINED IN CONSULTATION WITH THE COMPENSATION COMMITTEE AND	PART I, LINE 7:
	THE ORGANIZATION PROVIDED A DISCRETIONARY BONUS TO ONE OFFICER IN 2021. THE
WAS APPROVED BY THE BOARD OF DIRECTORS.	AMOUNT WAS DETERMINED IN CONSULTATION WITH THE COMPENSATION COMMITTEE AND
	WAS APPROVED BY THE BOARD OF DIRECTORS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

ORANGE COUNTY COMMUNITY FOUNDATION

Employer identification number 33-0378778

		Check if applicable	Number of contributions or items contributed	Noncash control amounts repo Form 990, Part V	rted on		(d) d of determ ontribution		:s
1	Art - Works of art				, g				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	448	51,679	254.	H/L AVG.	GIFT	DAT	
10	Securities - Closely held stock	X	3			APPRAISA			
11	Securities - Partnership, LLC, or			0,-10	,,,,,,,				
• •	trust interests	X	1	2.300	.000.	APPRAIS <i>A</i>	λT,		
12	Securities - Miscellaneous	X	3			MARKET V		ZSTT1	МАТ
13	Qualified conservation contribution -			- 337	,,,,,,				
	TRACT TO A								
14	Qualified conservation contribution - Other								
15	B 1 1 1 B 11 11 1	Х	2	1 468	000.	APPRAIS <i>A</i>	.Τ.		
16	Real estate - Residential Real estate - Commercial		_	1,100	,,000	111111111111111111111111111111111111111	1-11		
17									
17 18	Real estate - Other								
19	Collectibles								
19 20	Food inventory								
	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24 25	Archeological artifacts Other ► ((RECEIVABLES))	X	1	100	000	MARKET V	7	Z C T T	M A T
25				100	, 000.	MARKEI	ALUE	POITI	MAI
26	Other ()								
27	Other ()								
28	Other (L							
29	Number of Forms 8283 received by the organia	-	•					2	
	for which the organization completed Form 82	83, Part V, L	onee Acknowledg	ement	29			$\frac{2}{1}$	Τ
								Yes	No
30a	During the year, did the organization receive by	-			_				
	must hold for at least three years from the date		•	•					٠,,
	exempt purposes for the entire holding period'	?					30a	3	X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance					tions?	31	X	├
32a	Does the organization hire or use third parties contributions?		•				32a	a X	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	for which column	n (a) is ched	cked.			
	describe in Part II.			en colum	. (4) .5 01100	- · · · · · · · · · · · · · · · · · · ·			

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

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

ORANGE COUNTY COMMUNITY FOUNDATION

Employer identification number 33-0378778

FORM 990, PART I, LINE 1, MISSION:

WE INSPIRE A PASSION FOR LIFELONG PHILANTHROPY, FAITHFULLY STEWARD THE INTENTIONS OF OUR DONORS, AND CATALYZE SUSTAINABLE COMMUNITY IMPACT.

LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, PART III, IN EACH OF THESE INITIATIVES, OCCF IS THE TRUSTED COMMUNITY PROGRAMS. PARTNER WITH THE RELATIONSHIPS TO BOTH ASSEMBLE AND LEVERAGE FUNDING AND THE CAPACITY TO FACILITATE STRONGER PARTNERSHIP BETWEEN NONPROFITS TO ACHIEVE COLLECTIVE IMPACT. WITH A RELATIVELY MODEST INVESTMENT OF OUR DISCRETIONARY GRANT FUNDS, OCCF LEVERAGED THE CONTRIBUTIONS OF A BROAD ARRAY OF DONORS AND FUNDERS TO MAGNIFY OUR COLLECTIVE IMPACT. IN ADDITION, OCCF CONTINUES TO SUPPORT LOCAL NONPROFITS THOUGH OC NONPROFIT CENTRAL, A PUBLICLY AVAILABLE DATABASE OF OVER 600 NONPROFITS LOCATED IN OR SERVING ORANGE COUNTY.

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

A DRAFT OF THE TAX RETURN IS REVIEWED BY THE CHIEF FINANCIAL OFFICER AND
THE PRESIDENT & CEO. RECOMMENDED CHANGES ARE DISCUSSED WITH THE PAID
PREPARER AND REFLECTED ON THE RETURN. THE REVISED DRAFT IS EMAILED TO THE
AUDIT COMMITTEE FOR THEIR REVIEW AND COMMENTS RECEIVED ARE DISCUSSED WITH
THE PAID PREPARER AND REFLECTED ON THE RETURN AS DEEMED APPROPRIATE. THE
BOARD RECEIVES A COPY OF THE RETURN PRIOR TO FILING AND ANY COMMENTS
RECEIVED ARE REFLECTED ON THE RETURN AS DEEMED APPROPRIATE.

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

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

Schedule O (Form 990) 2021 Page 2

Name of the organization
ORANGE COUNTY COMMUNITY FOUNDATION

Employer identification number
33-0378778

ALL BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES ARE COVERED UNDER ORANGE
COUNTY COMMUNITY FOUNDATION'S CONFLICT OF INTEREST POLICY AND ANNUALLY
COMPLETE A CONFLICT OF INTEREST FORM. IN ADDITION, THE FIRST AGENDA ITEM
FOR ALL BOARD AND BOARD COMMITTEE MEETINGS IS A DECLARATION REGARDING ANY
POTENTIAL CONFLICT BASED ON THE AGENDA. ANY POTENTIAL CONFLICT IS DISCUSSED
AT THAT TIME. BOARD MEMBERS WITH A CONFLICT REGARDING GRANT APPROVALS ARE
NOT PERMITTED TO VOTE OR ACT ON A RELATED TOPIC THAT WOULD GIVE RISE TO A
CONFLICT. BOARD MEMBERS WITH A CONFLICT OTHER THAN GRANT APPROVALS ARE NOT
PRESENT DURING THE DISCUSSION OR VOTING ON THE TOPIC.

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

COMPENSATION APPROVAL FOR THE PRESIDENT & CEO INCLUDES THE FOLLOWING:

EVALUATIONS ARE COMPLETED BY EACH MEMBER OF THE BOARD; THE INDEPENDENT

COMPENSATION COMMITTEE REVIEWS THE RESULTS OF THE EVALUATIONS AND THE

COMPARABILITY DATA OBTAINED TO DETERMINE COMPENSATION. THE COMPENSATION

COMMITTEE THEN MAKES A RECOMMENDATION TO THE BOARD FOR APPROVAL. THE

APPROVAL IS DOCUMENTED IN THE BOARD MINUTES. THIS PROCESS WAS LAST

COMPLETED JUNE 15, 2022.

COMPENSATION FOR THE CFO IS REVIEWED IN DETAIL BY THE FINANCE SERVING AS

THE COMPENSATION COMMITTEE AND APPROVED BY THE BOARD. COMPARABLE DATA IS

OBTAINED AND THE APPROVAL PROCESS IS DOCUMENTED. THIS PROCESS WAS LAST

COMPLETED ON APRIL 13, 2022.

A COMPENSATION STUDY EVALUATING ALL POSITIONS BUT THE PRESIDENT AND CEO WAS

COMPLETED IN APRIL 2022. COMPARABILITY DATA IS REVIEWED FOR ALL POSITIONS

TO ENSURE COMPENSATION IS WITHIN AN ACCEPTABLE RANGE. IN ADDITION, ANNUAL

PERFORMANCE EVALUATIONS ARE COMPLETED FOR ALL EMPLOYEES.

Schedule O (Form 990) 2021	Page 2
Name of the organization ORANGE COUNTY COMMUNITY FOUNDATION	Employer identification number 33-0378778
FORM 990, PART VI, SECTION C, LINE 18:	
FORM 990 AND 990-T ARE AVAILABLE ON THE ORGANIZATION'S WEE	BSITE AND UPON
REQUEST. FORM 1023 IS AVAILABLE UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGA	ANIZATION'S
WEBSITE AND UPON REQUEST. THE GOVERNING DOCUMENTS AND CONF	FLICT OF INTEREST
POLICY ARE AVAILABLE UPON REQUEST, AND ARE EMAILED TO THE	REQUESTOR.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
K-1 PASSTHROUGH	138,710.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization				Employer identification number
	ORANGE COUNTY	COMMUNITY	FOUNDATION	33-0378778

(b)	(c)	(d)	(e)	(f)
Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
TO SUPPORT ORANGE COUNTY				ORANGE COUNTY SHARED
SHARED SPACES FOUNDATION	CALIFORNIA	644,458.	2,862,851.	SPACES FOUNDATION
	Primary activity TO SUPPORT ORANGE COUNTY	Primary activity Legal domicile (state or foreign country) TO SUPPORT ORANGE COUNTY	Primary activity Legal domicile (state or foreign country) TO SUPPORT ORANGE COUNTY TO SUPPORT ORANGE COUNTY	Primary activity Legal domicile (state or foreign country) To SUPPORT ORANGE COUNTY Legal domicile (state or foreign country) To SUPPORT ORANGE COUNTY

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
OCCF SUPPORTING ORGANIZATION - 26-0564840					ORANGE COUNTY		
19200 VON KARMAN AVENUE, SUITE 700	TO CARRY OUT THE PURPOSES				COMMUNITY		
IRVINE, CA 92612	OF OCCF.	CALIFORNIA	501 (C)(3)	LINE 12A, I	FOUNDATION	Х	İ
ORANGE COUNTY SHARED SPACES FOUNDATION -					ORANGE COUNTY		
26-2690961, 19200 VON KARMAN AVENUE, SUITE	TO DEVELOP MULTI-TENANT				COMMUNITY		
700, IRVINE, CA 92612	NONPROFIT CENTERS.	CALIFORNIA	501 (C)(3)	LINE 12A, I	FOUNDATION	X	

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

Schedule R (Form 990) 2021

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		,	ı	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
		l .					l				

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-	-								
-									
	-								

Page 3

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

Not	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Х				
	Gift, grant, or capital contribution to related organization(s)	1b	Х				
	Gift, grant, or capital contribution from related organization(s)	1c	Х				
	Loans or loan guarantees to or for related organization(s)	1d	X				
	Loans or loan guarantees by related organization(s)	1e		Х			
f	Dividends from related organization(s)	1f		X			
g	Sale of assets to related organization(s)	1g		X			
	Purchase of assets from related organization(s)	1h		X			
i	Exchange of assets with related organization(s)	1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X			
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X			
	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		X			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х			
	Sharing of paid employees with related organization(s)	10	X				
р	Reimbursement paid to related organization(s) for expenses	1p		X			
q	Reimbursement paid by related organization(s) for expenses	1q		X			
r	Other transfer of cash or property to related organization(s)	1r		X			
s	Other transfer of cash or property from related organization(s)	1s		X			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.						

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ORANGE COUNTY SHARED SPACES FOUNDATION	A	648.	CASH
(2) ORANGE COUNTY SHARED SPACES FOUNDATION	D	11,884.	CASH
(3) ORANGE COUNTY SHARED SPACES FOUNDATION	В	25,000.	CASH
(4) OCCF SUPPORTING ORGANIZATION	С	391,470.	CASH
<u>(5)</u>			
<u>(6)</u>			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?		Gener mana partn Yes	(kal or Perceiging owne	k) entage ership
	-										
	_							Ochodolo			

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print ORANGE COUNTY COMMUNITY FOUNDATION 33-0378778 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 19200 VON KARMAN AVENUE, SUITE 700 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions IRVINE, CA 92612 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 Form 990-T (trust other than above) 06 12 Form 990-T (corporation) SHELLEY HOSS, PRESIDENT AND CEO The books are in the care of ► 19200 VON KARMAN AVENUE, SUITE 700 - IRVINE, CA 92612 Telephone No. ▶ 949-553-4202 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ JUN $\hspace{0.5cm}$ 30 , $\hspace{0.5cm}$ 2022 ► X tax year beginning JUL 1, 2021 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

123841 01-12-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

EXTENDED TO MAY 15, 2023 Form 990-T **Exempt Organization Business Income Tax Return** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2021 or other tax year beginning JUL~1, 2021 and ending JUN~30, 2022► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Open to Public Inspection for 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). X Check box if Name of organization (Check box if name changed and see instructions.) address changed. **B** Exempt under section Print ORANGE COUNTY COMMUNITY FOUNDATION 33-0378778 EGroup exemption number (see instructions) X 501(c)(3 Number, street, and room or suite no. If a P.O. box, see instructions. Type 220(e) 19200 VON KARMAN AVENUE, SUITE 700 408(e) 408A]530(a) City or town, state or province, country, and ZIP or foreign postal code]529(a) [IRVINE, CA 92612 529A Check box if 472,269,104. C Book value of all assets at end of year an amended return. Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust Claim credit from Form 8941 Check if filing only to Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. The books are in care of > SHELLEY HOSS, PRESIDENT AND CEO Telephone number ► 949-553-4202 **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 1 2 Reserved 2 3 3 Add lines 1 and 2 0. Charitable contributions (see instructions for limitation rules) 4 4 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 0. Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 7 Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 **Trusts.** Section 199A deduction. See instructions 9 1,000. 10 Total deductions. Add lines 8 and 9 10

Tax on noncompliant facility income. See instructions

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,

Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on

Tax rate schedule or

Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)

Alternative minimum tax (trusts only)

Form **990-T** (2021)

11

1

<u>2</u> 3

4

5

6

11

3

4

5

6

LHA

enter zero

Part I, line 11 from:

Proxy tax. See instructions

Tax Computation

Other tax amounts. See instructions

Schedule D (Form 1041)

Part	III Tax and Payments		<u>'</u>	age z
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b				
C	General business credit. Attach Form 3800 (see instructions) 1b 1c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	_		0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 886			
	Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under			
	section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2020 overpayment credited to 2021 6a			
b	2021 estimated tax payments. Check if section 643(g) election applies 6b			
С	Tax deposited with Form 8868 6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d			
е	Backup withholding (see instructions) 6e			
f	Credit for small employer health insurance premiums (attach Form 8941) 6f			
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶ 6g			
7	Total payments. Add lines 6a through 6g			
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ Refunde			
11 Part		d ▶ 11		
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other auth		Yes	No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to	•	103	140
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign cou			
	here ▶ SEE STATEMENT 2	,	Х	
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			Х
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year > \$_			
4	Enter available pre-2018 NOL carryovers here ▶ \$173,687. Do not include any post-2017 NO	OL carryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported o	•		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce	се		
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instruction			
	Business Activity Code Available post-2017 I		_	
	`	1,187,587.		
	\$			77
6a	Did the organization change its method of accounting? (see instructions)			<u> </u>
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No.			
Part	explain in Part V Supplemental Information			
	e the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.			
Provide	e the explanation required by Part IV, line ob. Also, provide any other additional information. See instructions.			
	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 tr	ue,	
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	May the IRS discuss th		iala
Here	PRESIDENT AND CEO	the preparer shown be		1111
	Signature of officer Date Title	instructions)? X	/es	No
	Print/Type preparer's name Preparer's signature Date Check	if PTIN		
Paid	self- emp			
Prepa	arer PATRICIA J. MAYER	P00188		
Use C	Only Firm's name ► MOSS ADAMS LLP Firm's E	IN ► 91-018	3931	8
	4747 EXECUTIVE DR SUITE 1300	050 605 6		
	<u> </u>	10. 858-627-1		
123711 0	01-31-22	Form	990-T (2021)

FORM 990-T	PRE-201	NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/18	550,039.	376,352.	173,687.	173,687.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	173,687.	173,687.
FORM 990-T		FOREIGN COUNTRY		STATEMENT 2

NAME OF COUNTRY

CAYMAN ISLANDS BERMUDA

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

C Unrelated business activity code (see instructions) ▶ 523000	
Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales b Less returns and allowances c Cost of goods sold (Part III, line 8) Gross profit. Subtract line 2 from line 1c 4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) c Capital loss deduction for trusts f Capital loss de	
1a Gross receipts or sales b Less returns and allowances c Balance 2 Cost of goods sold (Part III, line 8) 2 3 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions 4a 606,668. b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b c Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 5 TATEMENT 3 5 -745,378. 6 Rent income (Part IV) 6 7 Unrelated debt-financed income (Part V) 7	
b Less returns and allowances c Balance 2 Cost of goods sold (Part III, line 8) 3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3 6 Rent income (Part IV) 7 Unrelated debt-financed income (Part V) 7	
2 Cost of goods sold (Part III, line 8) 3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3 5 -745,378745, 6 Rent income (Part IV) 7 Unrelated debt-financed income (Part V)	
3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3 6 Rent income (Part IV) 7 Unrelated debt-financed income (Part V)	
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3 6 Rent income (Part IV) 7 Unrelated debt-financed income (Part V)	
1120)). See instructions b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3 6 Rent income (Part IV) 7 Unrelated debt-financed income (Part V) 4a 606,668. 606,668. 606,668. 607	
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3 5 -745,378745, Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7	
c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3 Rent income (Part IV) Unrelated debt-financed income (Part V) 7	<u> 568.</u>
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3 5 -745,378745,378. 6 Rent income (Part IV) 6 7 Unrelated debt-financed income (Part V) 7	
statement) STATEMENT 3 5 -745,378. -745, 6 Rent income (Part IV) 6 -745,378. -745,378. 7 Unrelated debt-financed income (Part V) 7 -745,378. -745,378.	
6 Rent income (Part IV) 6 7 Unrelated debt-financed income (Part V) 7	
7 Unrelated debt-financed income (Part V) 7	<u> 378.</u>
9 Interest annuities revelties and rents from a controlled	
o interest, annulues, royalies, and rents norma controlled	
organization (Part VI)	
9 Investment income of section 501(c)(7), (9), or (17)	
organizations (Part VII)	
10 Exploited exempt activity income (Part VIII)	
11 Advertising income (Part IX)	
12 Other income (see instructions; attach statement) 12	
13 Total. Combine lines 3 through 12 -138, 710138,	710.
Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income	
1 Compensation of officers, directors, and trustees (Part X)	
2 Salaries and wages	
3 Repairs and maintenance	
4 Bad debts 4	
5 Interest (attach statement). See instructions 5	
	<u> 115.</u>
7 Depreciation (attach Form 4562). See instructions 7	
8 Less depreciation claimed in Part III and elsewhere on return 8a 8b	
9 Depletion 9	
10 Contributions to deferred compensation plans 10	
11 Employee benefit programs 11	
12 Excess exempt expenses (Part VIII) 12	
13 Excess readership costs (Part IX) 13	
	300.
	215.
Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,	
column (C)	
17 Deduction for net operating loss. See instructions 17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16 18 -162, 19 HA For Paperwork Reduction Act Notice, see instructions.	

123741 01-28-22

Pac	ıe	2

Part	III Cost of Goods Sold Enter me	thod of inventory valuation	n •		Page Z
1		and of inventory valuation	., -	1	
2	Purchases			_	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and	d Personal Property	/ Leased with Rea	al Property)	
1	Description of property (property street address, city,	state, ZIP code). Check if	a dual-use. See instruc	ctions.	
	Α				
	В				
	c				_
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				_
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				_
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
					_
3	Total rents received or accrued. Add line 2c columns A	A through D. Enter here a	nd on Part I, line 6, col	umn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
					•
5	Total deductions. Add line 4 columns A through D. E	nter here and on Part I, lir	ne 6, column (B)	>	0.
Part					
1	Description of debt-financed property (street address,	city, state, ZIP code). Che	eck if a dual-use. See ir	nstructions.	
	A				
	B				
	C				
	D	Α Ι		0	
•	Out to the second for the second seco	Α	В	С	D
2	Gross income from or allocable to debt-financed				
•	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
_	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part	I, line 7, column (A)	▶	0.
_		Г	Г	T	
9	Allocable deductions. Multiply line 3c by line 6	L L	Doubling 7	- (D)	0.
10	Total allocable deductions. Add line 9, columns A th				0.
	Total dividends-received deductions included in line	₹ 10		>	U •

Part '	VI Interest, Annu	uities, R	oyalties, and Re	ents fror	n Control	led Or	ganization	s (s	ee instruct	ions)		Page 3
			-			E	Exempt Contro	lled O	ganization	ıs		
	Name of controlle organization	d	2. Employer identification number	incon	unrelated ne (loss) structions)		al of specified nents made	that is	art of colu s included rolling orga s gross inc	in the aniza-	con	uctions directly nected with ne in column 5
(1)												
(2)												
(3)												
(4)						<u> </u>						
	-			1	Controlled O	•					D 1	
7.	. Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc controlling gross	luded	in the zation's		conne	tions directly cted with n column 10
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I,	Ente	er here	nns 6 and 11. and on Part I, column (B)
Totals						▶			0.			0.
Part '	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee ins	tructions)			
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connumber (attach states	ected	4. Set (attach s	asides tatemer	nt) aı	otal deductions nd set-asides Id cols 3 and 4)
(1)												
(2)												
(3)												
(4) Totals					Add amor column 2 here and o line 9, colu	Enter n Part I,					co her	dd amounts in olumn 5. Enter re and on Part I, e 9, column (B)
Part '	VIII Exploited E	xempt /	Activity Income	Other 1	⊥ Γhan Adve		Income	see in	I structions)			•
1	Description of exploite	•		,		<i></i>	9	300 111	<u>structions</u>			
2	Gross unrelated busin	•		ness. Ente	r here and o	n Part I.	line 10. colum	n (A)		2		
3	Expenses directly con					,	•	` '				
=	line 10, column (B)		•							3		
4	Net income (loss) from	unrelated		Subtract lir	ne 3 from line	e 2. If a 🤉	gain, complete	!		4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F									7		

Schedule A (Form 990-T) 2021

Part	IX	Advertising Income				
1	Na	me(s) of periodical(s). Check box if reporting two	or more periodicals on a d	consolidated basis		
	Α					
	В					
	С					
	D					
Enter a	amou	unts for each periodical listed above in the corres	sponding column.			
		·	Α	В	С	D
2	Gro	oss advertising income				
	Ad	ld columns A through D. Enter here and on Part I	•		>	0.
а		-				
3	Dir	ect advertising costs by periodical				
а	Ad	ld columns A through D. Enter here and on Part I	, line 11, column (B)		>	0.
4	Ad	vertising gain (loss). Subtract line 3 from line				
	2. I	For any column in line 4 showing a gain,				
	COI	mplete lines 5 through 8. For any column in				
	line	e 4 showing a loss or zero, do not complete				
	line	es 5 through 7, and enter zero on line 8				
5	Re	adership costs				
6	Cir	culation income				
7	Exc	cess readership costs. If line 6 is less than				
	line	e 5, subtract line 6 from line 5. If line 5 is less				
	tha	an line 6, enter zero				
8	Exc	cess readership costs allowed as a				
		duction. For each column showing a gain on				
		e 4, enter the lesser of line 4 or line 7	· · · · · ·			
а	Ad	d line 8, columns A through D. Enter the greater	of the line 8a, columns tot	al or zero here and	d on	•
		rt II line 12				
Dort		rt II, line 13	ro and Trustage		P	0.
Part		Compensation of Officers, Directo	ors, and Trustees (se	ee instructions)		
Part		Compensation of Officers, Directo	·	ee instructions)	3. Percentage	4. Compensation
Part		Compensation of Officers, Directo	ors, and Trustees (se	ee instructions)	3. Percentage of time devoted	4. Compensation attributable to
		Compensation of Officers, Directo	·	ee instructions)	3. Percentage of time devoted to business	4. Compensation
1)		Compensation of Officers, Directo	·	ee instructions)	3. Percentage of time devoted to business	4. Compensation attributable to
1)		Compensation of Officers, Directo	·	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1) 2) 3)		Compensation of Officers, Directo	·	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1)		Compensation of Officers, Directo	·	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1) 2) 3) 4)	X	1. Name	·	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3) (4)	X . Ent	1. Name	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION	NET INCOME OR (LOSS)
DENHAM OIL & GAS FUND - ORDINARY BUSINESS INCOME (LOSS)	205,368.
DENHAM OIL & GAS FUND - OTHER INCOME (LOSS) H.I.G. REALTY PARTNERS III (ONSHORE), LP - ORDINARY	-68,723.
BUSINESS INCOME (LOSS) H.I.G. REALTY PARTNERS III (ONSHORE), LP - NET RENTAL REAL	-40,915.
ESTATE INCOME	-3,318.
INDUSTRY VENTURES - ORDINARY BUSINESS INCOME (LOSS) CANNON HERTIAGE LIMITED PARTERSHIP - NET RENTAL REAL	-72.
ESTATE INCOME	68.
KDF COMMUNITIES - CITY TOWERS, LLC - ORDINARY BUSINESS INCOME (LOSS)	8,877.
KDF COMMUNITIES - CITY TOWERS, LLC - OTHER INCOME (LOSS)	-139,683.
DOVER STREET IX - ORDINARY BUSINESS INCOME (LOSS)	8,747.
DOVER STREET IX - INTEREST INCOME	1,084.
DOVER STREET IX - DIVIDEND INCOME	1,801.
DOVER STREET IX - OTHER INCOME (LOSS)	-17,836.
ALPINE INVESTORS VII, LP - ORDINARY BUSINESS INCOME (LOSS)	
ALPINE INVESTORS VII, LP - INTEREST INCOME	254.
ALPINE INVESTORS VII, LP - OTHER INCOME (LOSS) ENCAP ENERGY CAPITAL FUND XI, LP - ORDINARY BUSINESS	-18,066.
INCOME (LOSS)	-21,087.
ENCAP ENERGY CAPITAL FUND XI, LP - OTHER INCOME (LOSS)	-96,525 .
DOVER STREET X - ORDINARY BUSINESS INCOME (LOSS)	1,195.
DOVER STREET X - INTEREST INCOME	2,931.
DOVER STREET X - DIVIDEND INCOME	7,233.
DOVER STREET X - OTHER INCOME (LOSS)	-28,450.
STEELE OFFSHORE (ALTERNATIVE), LP - OTHER INCOME (LOSS)	314.
NEWQUEST ASIA FUND IV, LP - INTEREST INCOME	59.
NEWQUEST ASIA FUND IV, LP - OTHER INCOME (LOSS) ENCAP FLATROCK MIDSTREAM FUND - ORDINARY BUSINESS INCOME	-3,823.
(LOSS)	122,331.
ENCAP FLATROCK MIDSTREAM FUND - INTEREST INCOME	34.
ENCAP FLATROCK MIDSTREAM FUND - OTHER INCOME (LOSS)	-22,653.
CAPITAL DYNAMICS REAL ESTATE III, LP - ORDINARY BUSINESS	,
INCOME (LOSS)	-950 .
CAPITAL DYNAMICS REAL ESTATE III, LP - INTEREST INCOME	34.
CAPITAL DYNAMICS REAL ESTATE III, LP - OTHER INCOME (LOSS) HARVEST MLP INCOME FUND LLC - ORDINARY BUSINESS INCOME	-13.
(LOSS)	-342,087.
FIVE ELMS III B, LP - OTHER INCOME (LOSS)	-145.
FIVE POINT ENERGY FUND III LP - ORDINARY BUSINESS INCOME	
(LOSS)	46,135.
HARBOURVEST REAL ASSETS FUND IV LP - ORDINARY BUSINESS	
INCOME (LOSS)	2,260.
HARBOURVEST REAL ASSETS FUND IV LP - INTEREST INCOME	4,564.
HARBOURVEST REAL ASSETS FUND IV LP - DIVIDEND INCOME	1,084.
HARBOURVEST REAL ASSETS FUND IV LP - OTHER INCOME (LOSS)	-66,660. -44,316.
ITC RUMBA CO-INVEST LP - ORDINARY BUSINESS INCOME (LOSS) ITC RUMBA CO-INVEST LP - OTHER INCOME (LOSS)	-44,316. 990.
RCP SECONDARY OPPORTUNITY FUND II, LP - ORDINARY BUSINESS	99U•
INCOME (LOSS)	1,699.
	-

ORANGE COUN'	TY COMMUNITY FOUND	ATION		33-0378778
	EDIT OPPORTUNITIES	FUND V EXPANSIO	N (B) LP -	
ORDINARY BU			W DUGINDAG	1,249.
INCOME (LOS	PARTNERS IV (ONSHO	RE) LP - ORDINAR	Y BUSINESS	1,265.
	PARTNERS IV (ONSHO	RE) LP - NET REN	TAL REAL	1,205.
ESTATE INCO		,	·	-47,357.
	WTH CAPITAL IV LP			-2,283.
	C OPPORTUNITIES FU	ND LP - ORDINARY	BUSINESS	22.242
INCOME (LOS		ODDINADA DIIGINEG	IG TNOOME	22,340.
(LOSS)	G HOLDINGS, LLC - (ORDINARY BUSINES	S INCOME	129,295.
· ·	G HOLDINGS, LLC -	OTHER INCOME (LC	oss)	-134,481.
	STORS VIII-A, LP -			2.
ALPINE INVE	STORS VIII-A, LP -	OTHER INCOME (L	OSS)	-33,542.
	NTURES PARTNERSHIP	HOLDINGS VI, L.	P INTEREST	
INCOME	NULLDEG DADUNEDGUED	HOLDINGS HE	D. OHUED	17.
INCOME (LOS	NTURES PARTNERSHIP	HOLDINGS VI, L.	P OTHER	-19,848.
•	N HOUSING, LLC - O	RDINARY BUSINESS	INCOME	-19,040.
(LOSS)			11,00111	-3,011.
TOTAL INCLU	DED ON SCHEDULE A,	PART 1, LINE 5		-745,378.
FORM 990-T	(A)	OTHER DEDUCTI	ons	STATEMENT 4
FORM 990-T DESCRIPTION		OTHER DEDUCTI	ONS	STATEMENT 4 AMOUNT
		OTHER DEDUCTI	ONS	· · · · · · · · · · · · · · · · · · ·
DESCRIPTION ACCOUNTING	FEES		ONS	AMOUNT 22,800.
DESCRIPTION ACCOUNTING			ONS	AMOUNT
DESCRIPTION ACCOUNTING	FEES HEDULE A, PART II,			AMOUNT 22,800.
DESCRIPTION ACCOUNTING TOTAL TO SCI	FEES HEDULE A, PART II,	LINE 14 7 NET OPERATING		AMOUNT 22,800. 22,800.
DESCRIPTION ACCOUNTING TOTAL TO SCI	FEES HEDULE A, PART II,	LINE 14		AMOUNT 22,800. 22,800.
DESCRIPTION ACCOUNTING TOTAL TO SCI	FEES HEDULE A, PART II, POST-201 LOSS SUSTAINED	LINE 14 7 NET OPERATING LOSS PREVIOUSLY APPLIED	LOSS DEDUCTION LOSS REMAINING	AMOUNT 22,800. 22,800. STATEMENT 5 AVAILABLE THIS YEAR
DESCRIPTION ACCOUNTING TOTAL TO SCI 990-T SCH A TAX YEAR 06/30/20	FEES HEDULE A, PART II, POST-201 LOSS SUSTAINED 217,478.	LINE 14 7 NET OPERATING LOSS PREVIOUSLY APPLIED 0.	LOSS DEDUCTION LOSS REMAINING 217,478.	AMOUNT 22,800. 22,800. STATEMENT 5 AVAILABLE THIS YEAR 217,478.
DESCRIPTION ACCOUNTING TOTAL TO SCI	FEES HEDULE A, PART II, POST-201 LOSS SUSTAINED	LINE 14 7 NET OPERATING LOSS PREVIOUSLY APPLIED	LOSS DEDUCTION LOSS REMAINING	AMOUNT 22,800. 22,800. STATEMENT 5 AVAILABLE THIS YEAR
DESCRIPTION ACCOUNTING TOTAL TO SCI 990-T SCH A TAX YEAR 06/30/20 06/30/21	FEES HEDULE A, PART II, POST-201 LOSS SUSTAINED 217,478.	LINE 14 7 NET OPERATING LOSS PREVIOUSLY APPLIED 0. 0.	LOSS DEDUCTION LOSS REMAINING 217,478.	AMOUNT 22,800. 22,800. STATEMENT 5 AVAILABLE THIS YEAR 217,478.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 1120-SF, or certain Forms 990-T.
■ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2021

Name

Employer identification number

	ORANGE COUNTY COMM	UNITY FOUNDATI	ON		33-	0378778
Did	the corporation dispose of any investme	nt(s) in a qualified opportun	ity fund during the tax ye	-		.
	Yes," attach Form 8949 and see its instru					· · · —
F	Part I Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year	or Less		
to e This	e instructions for how to figure the amounts enter on the lines below. s form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column (49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
_	and off cents to whole dollars.	` ' '		, ,		result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on					
	Form(s) 8949 with Box A checked					
	Totals for all transactions reported on					
	Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on					
	Form(s) 8949 with Box C checked					6,477.
4	Short-term capital gain from installment sales	from Form 6252, line 26 or 37	,	•	4	
	Short-term capital gain or (loss) from like-kin				5	
	Unused capital loss carryover (attach comput				6	()
	Net short-term capital gain or (loss). Combin	,			7	6,477.
	Part II Long-Term Capital Gai	ns and Losses - Asse	ets Held More Tha	n One Year		
to e This	e instructions for how to figure the amounts enter on the lines below. s form may be easier to complete if you and off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was					
	reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to					
	reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked					
	reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on					
9	reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked					
9	reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on					200 011
9	reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked					200,911.
10	reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9				11	200,911. 399,280.
9 10 11 12	reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales	from Form 6252, line 26 or 37			12	200,911. 399,280.
9 10 11 12 13	reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kin	from Form 6252, line 26 or 37			12 13	200,911. 399,280.
9 10 11 12 13 14	reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kin Capital gain distributions	s from Form 6252, line 26 or 37 d exchanges from Form 8824			12 13 14	399,280.
9 10 11 12 13 14 15	reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kin Capital gain distributions Net long-term capital gain or (loss). Combin	s from Form 6252, line 26 or 37 d exchanges from Form 8824 e lines 8a through 14 in columr			12 13	200,911. 399,280. 600,191.
9 10 11 12 13 14 15	reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kin Capital gain distributions Net long-term capital gain or (loss). Combin Part III Summary of Parts I and	s from Form 6252, line 26 or 37 d exchanges from Form 8824 e lines 8a through 14 in column d II	n h		12 13 14 15	399,280.
9 10 11 12 13 14 15 F	reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kin Capital gain distributions Net long-term capital gain or (loss). Combin Part III Summary of Parts I and Enter excess of net short-term capital gain (li	s from Form 6252, line 26 or 37 d exchanges from Form 8824 	1 h loss (line 15)		12 13 14 15	399,280. 600,191. 6,477.
9 10 11 12 13 14 15 F 16 17	reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kin Capital gain distributions Net long-term capital gain or (loss). Combin Part III Summary of Parts I and Enter excess of net short-term capital gain (li Net capital gain. Enter excess of net long-term	s from Form 6252, line 26 or 37 d exchanges from Form 8824 e lines 8a through 14 in column d II ne 7) over net long-term capital n capital gain (line 15) over net	l loss (line 15) short-term capital loss (line	e 7)	12 13 14 15 16 17	399,280. 600,191. 6,477. 600,191.
9 10 11 12 13 14 15 F 16 17	reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kin Capital gain distributions Net long-term capital gain or (loss). Combin Part III Summary of Parts I and Enter excess of net short-term capital gain (li	s from Form 6252, line 26 or 37 d exchanges from Form 8824 e lines 8a through 14 in column d II ne 7) over net long-term capital n capital gain (line 15) over net 1120, page 1, line 8, or the app	l loss (line 15) short-term capital loss (line	e 7)	12 13 14 15	399,280. 600,191. 6,477.

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2021

Department of the Treasury Internal Revenue Service

Before

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

33-0378778

ORANGE	COUNTY	COMMUNITY	FOUNDATION		33-03787
ou check Bo	x A, B, or C be	low, see whether yo	ou received any Form(s)	1099-B or substitute statement(s) from yo	ur broker. A substitute

statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box.

ou h	have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.	
	(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)	
	1	

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B 1 Adjustment, if any, to gain or (h) (a) (c) (d) (e) loss. If you enter an amount Proceeds Description of property Date acquired Date sold or Cost or other Gain or (loss). in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of adjustment see Column (e) ir combine the result Code(s) with column (g) the instructions 615. DOVER STREET IX DOVER STREET X 1,691. STEELE OFFSHORE -226 (ALTERNATIVE), LP CAPITAL DYNAMICS REAL ESTATE III, $_{\rm LP}$ HARBOURVEST REAL 4,399. ASSETS FUND IV LP 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

above is checked), or line 3 (if Box C above is checked)

Form **8949** (2021)

6,477.

Attachment Sequence No. 12A

Form 8949 (2021)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

С

ORANGE COUNTY	COMMUNITY	Y F'OUNDA'I	LTON			33-0	378778
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which k	ow, see whether yation as Form 109	ou received any 99-B. Either will s	Form(s) 1099-B o show whether you	or substitute statem ır basis (usually you	ent(s) from r cost) was	your broker. A sui reported to the IF	bstitute 'S by your
Part II Long-Term. Transaction	ons involving capita	al assets you held r	more than 1 year are	generally long-term (s	ee instructio	ons) For short-term to	ransactions
see page 1. Note: You may aggregate all codes are required. Enter the	I long-term transact	ions reported on F	orm(s) 1099-B show	ring basis was reported	d to the IRS	and for which no adj	ustments or
You must check Box D, E, or F below. (
If you have more long-term transactions than will	· -		•		·=		
(D) Long-term transactions rep	-	='	-	•	Note abo	ove)	
(E) Long-term transactions rep X (F) Long-term transactions not	* *		•	eported to the IRS			
1 (a)	(b)	(c)	(d)	(e)		nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		ou enter an amount (g), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	column (f). See instructions.	Subtract column (e)
		(Mo., day, yr.)		Note below and see Column (e) in	(f)	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
DOVER STREET IX						adjustificht	53,552.
DOVER STREET X							110,112.
ENCAP FLATROCK							,
MIDSTREAM FUND							9,370.
FIVE POINT ENERGY							
FUND III LP							1,980.
HARBOURVEST REAL							
ASSETS FUND IV LP							25,924.
INDUSTRY VENTURES							23/3210
PARTNERSHIP							
HOLDINGS V							-27.
HOLDINGD V							<u> </u>
				1			
				1			
				1			_
O Tabala Adalah				1			
2 Totals. Add the amounts in colur							
negative amounts). Enter each to		•					
Schedule D, line 8b (if Box D abo	**	•					200 011
above is checked), or line 10 (if E	sox F above is ch	пескеа)					200,911.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2021)

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Attachment 2

Identifying number

ORANGE COUNTY COMMUNITY FOUNDATION 33-0378778 1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (a) Description (b) Date acquired (C) Date sold (d) Gross sales basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) SEE STATEMENT 6 acquisition expense of sale Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 399,280. Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term 399,280. capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 14 14 Net gain or (loss) from Form 4684, lines 31 and 38a Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 Combine lines 10 through 16 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2021)

Pa	rt III Gain From Disposition of Propert	y Und	ler Sections 1245	, 1250, 1252	, 125	64, and 1255	(see ii	nstructions)
19	(a) Description of section 1245, 1250, 1252, 1254, o	or 1255	property:			(b) Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)
_ <u>A</u>							\longrightarrow	
<u>B</u>								
<u></u> C							\longrightarrow	
_ <u>D</u>								
	These columns relate to the properties on lines 19A through 19D.	•	Property A	Property I	В	Property	С	Property D
20	Gross sales price (Note: See line 1a before completing.)	20						
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable \dots	22						
23	Adjusted basis. Subtract line 22 from line 21	23					\longrightarrow	
<u>24</u>	Total gain. Subtract line 23 from line 20	24					\longrightarrow	
	If section 1245 property:							
	Depreciation allowed or allowable from line 22	25a					\longrightarrow	
	Enter the smaller of line 24 or 25a	25b					\longrightarrow	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
а	Additional depreciation after 1975. See instructions	26a						
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
С	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976	26d						
е	Enter the smaller of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
	Add lines 26b, 26e, and 26f	26g						
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
	Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage	27b					\longrightarrow	
	Enter the smaller of line 24 or 27b	27c					\longrightarrow	
	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
	Enter the smaller of line 24 or 28a	28b						
29 a	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a						
b	Enter the smaller of line 24 or 29a. See instructions	29b						
Sui	mmary of Part III Gains. Complete property of	olumns	A through D through	line 29b before (going	to line 30.		
30	Total gains for all properties. Add property columns	A throu	ıgh D, line 24				30	
31	Add property columns A through D, lines 25b, 26g,	27c, 28	b, and 29b. Enter here	and on line 13			31	
32	Subtract line 31 from line 30. Enter the portion from		•					
	fuere allegations according on the eff are Ferrer 4707. Items		•	•			32	
Pa	rrt IV Recapture Amounts Under Section	ns 179	9 and 280F(b)(2) \	When Busine	ess l	Jse Drops to	50% (or Less
	(see instructions)							
						(a) Section 179	n	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allo	wable ir	n prior years		33			
34	Recomputed depreciation. See instructions				34			
35	Recapture amount. Subtract line 34 from line 33. Se				35			

118012 12-17-21 Form **4797** (2021)

FORM 4797	PRO	PERTY HELD	MORE THAI	N ONE YEAR	ST	ATEMENT 6
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
DENHAM OIL & GAS FUND H.I.G. REALTY						-47,859.
PARTNERS III (ONSHORE), LP CANNON HERTIAGE LIMITED						109,508.
PARTERSHIP DOVER STREET IX ALPINE INVESTORS						21,994. -710.
VII, LP DOVER STREET X						4,890. 92.
ENCAP FLATROCK MIDSTREAM FUND CAPITAL DYNAMICS						22,975.
REAL ESTATE III, LP						376.
HARBOURVEST REAL ASSETS FUND IV LP						6,894.
ITC RUMBA CO-INVEST LP HIG REALTY						86,681.
PARTNERS IV (ONSHORE) LP INSIGNIA MPG						194,441.
HOLDINGS, LLC						-2.
TOTAL TO 4797, PA	RT I, LINE	2				399,280.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

ORANGE COUNTY COMM	UNITY FOUNDATI	LON		33-	0378778
Did the corporation dispose of any investme	nt(s) in a qualified opportur	nity fund during the tax y	ear?		Yes X No
If "Yes," attach Form 8949 and see its instru					
Part I Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (a)
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					Tocal Mar oblam (g)
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					6,477.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kin				5	
6 Unused capital loss carryover (attach comput				6	
7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Gai				7	6,477.
Dort II Long Torm Conital Cai	na and Lacaca Aca	oto Hold Moro The	- A V		
Part II Long-Term Capital Gal	ns and Losses - Ass	ets heid More Tha	n One Year		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	Subtract column (e) from column (d) and combine the
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	Subtract column (e) from column (d) and combine the
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	Subtract column (e) from column (d) and combine the
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	Subtract column (e) from column (d) and combine the
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	Subtract column (e) from column (d) and combine the
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	Subtract column (e) from column (d) and combine the
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	Subtract column (e) from column (d) and combine the result with column (g)
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49, (g)	Subtract column (e) from column (d) and combine the result with column (g)
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	Subtract column (e) from column (d) and combine the result with column (g)
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales	(d) Proceeds (sales price) from Form 6252, line 26 or 3	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	11 12	Subtract column (e) from column (d) and combine the result with column (g)
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales	(d) Proceeds (sales price) from Form 6252, line 26 or 3 d exchanges from Form 8824	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	11 12 13	Subtract column (e) from column (d) and combine the result with column (g)
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kin	(d) Proceeds (sales price) from Form 6252, line 26 or 3 d exchanges from Form 8824	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	11 12 13	Subtract column (e) from column (d) and combine the result with column (g) 200,911. 399,280.
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales	(d) Proceeds (sales price) from Form 6252, line 26 or 3 d exchanges from Form 8824	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	11 12 13	Subtract column (e) from column (d) and combine the result with column (g)
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine	(d) Proceeds (sales price) from Form 6252, line 26 or 3 d exchanges from Form 8824 e lines 8a through 14 in colum	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	11 12 13 14 15	Subtract column (e) from column (d) and combine the result with column (g) 200,911. 399,280.
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine	(d) Proceeds (sales price) from Form 6252, line 26 or 3 d exchanges from Form 8824 el lines 8a through 14 in colum 1 II	(e) Cost (or other basis) 7 In h al loss (line 15)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	11 12 13	Subtract column (e) from column (d) and combine the result with column (g) 200,911. 399,280.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Note: If losses exceed gains, see Capital Losses in the instructions.

Schedule D (Form 1120) 2021

LHA

Department of the Treasury Internal Revenue Service Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2021

Attachment Seguence No. 12A

Name(s) shown on return

Social security number or taxpayer identification no.

33-0378778

ORANGE COUNTY COMMUNITY FOUNDATION

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (d) (h) (c) (e) loss. If you enter an amount Proceeds Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) Subtract column (e) basis. See the (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of adjustment see *Column (e*) ir combine the result Code(s) with column (g) the instructions 615. DOVER STREET IX DOVER STREET X 1,691. STEELE OFFSHORE <226 (ALTERNATIVE), LP CAPITAL DYNAMICS REAL ESTATE III, LPHARBOURVEST REAL 4,399. ASSETS FUND IV LP 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

23011 12-14-21 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

above is checked), or line 3 (if Box C above is checked)

Form **8949** (2021)

6,477.

Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

ORANGE COUNTY COMMUNITY FOUNDATION

33-0378778

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Police Service aren't required to report these transactions on Form 8949 (see instructions). codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) combine the result see *Column (e*) ir Amount of Code(s) with column (g) the instructions adjustment DOVER STREET IX 53,552. DOVER STREET X 110,112. ENCAP FLATROCK MIDSTREAM FUND 9,370. FIVE POINT ENERGY 1,980. FUND III LP HARBOURVEST REAL 25,924.ASSETS FUND IV LP INDUSTRY VENTURES PARTNERSHIP HOLDINGS V <27.> 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E 200,911. above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2021)

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Attachment --

Identifying number

ORANGE COUNTY COMMUNITY FOUNDATION 33-0378778 1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (b) Date acquired (C) Date sold (a) Description (d) Gross sales basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) SEE STATEMENT acquisition expense of sale Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 399,280. 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term 399,280. capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 14 14 Net gain or (loss) from Form 4684, lines 31 and 38a Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 Combine lines 10 through 16 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2021)

(a) Description of section 1245, 1250, 1252, 1254, 0		(b) Date acquired (mo., day, yr.)		(c) Date sold (mo., day, yr.)			
A							
В							
C							
D							
These columns relate to the properties on							
lines 19A through 19D.	▶	Property A	Property	В	Property	С	Property D
Gross sales price (Note: See line 1a before completing.)	20						
Cost or other basis plus expense of sale	21						
Depreciation (or depletion) allowed or allowable	22						
Adjusted basis. Subtract line 22 from line 21	23						
Total gain. Subtract line 23 from line 20	24						
If section 1245 property:							
a Depreciation allowed or allowable from line 22	25a						
b Enter the smaller of line 24 or 25a	25b						
If section 1250 property: If straight line depreciation							
was used, enter -0- on line 26g, except for a corporation subject to section 291.							
a Additional depreciation after 1975. See instructions	26a						
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d Additional depreciation after 1969 and before 1976	26d						
e Enter the smaller of line 26c or 26d	26e						
f Section 291 amount (corporations only)	26f						
g Add lines 26b, 26e, and 26f	26g						
If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
a Soil, water, and land clearing expenses	27a						
b Line 27a multiplied by applicable percentage	27b						
c Enter the smaller of line 24 or 27b	27c						
If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
b Enter the smaller of line 24 or 28a	28b						
If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions							
b Enter the smaller of line 24 or 29a. See instructions	29a 29b					-+	
	•]				l l	
ummary of Part III Gains. Complete property of	olumns	A through D through	line 29b before	going	to line 30.		
Total gains for all properties. Add property columns	A through	ah D. lina 24				30	
Total gains for all properties. Add property columns	Atmou	gir D, iiile 24				30	
Add property columns A through D. lines 25h, 26a	270 284	and 20h Entar hard	and on line 19	•		31	
Add property columns A through D, lines 25b, 26g, Subtract line 31 from line 30. Enter the portion from					nortion	31	
			·			32	
art IV Recapture Amounts Under Section	ns 179	and 280F(b)(2) \	When Busin	ess I	Jse Drops to	50% c	or Less
(see instructions)		2001 (b)(L)	Duoiii		- 30 - 3. opo to		
(555 11151 35115115)					(a) Section	Π	(b) Section
					(a) Section 179	'	280F(b)(2)
Section 179 expense deduction or depreciation allo	wahlo in	nrior veare		33		+	()()
December deal december letters One tradementations						-+	
Recomputed depreciation. See instructions Recapture amount. Subtract line 34 from line 33. See		atmostiana farushara t		34			

Form **4797** (2021)

FORM 4797	PROI	PERTY HELI	MORE THA	N ONE YEAR	STATEMENT 7		
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS	
DENHAM OIL & GAS FUND H.I.G. REALTY						-47,859.	
PARTNERS III (ONSHORE), LP CANNON HERTIAGE LIMITED						109,508.	
PARTERSHIP DOVER STREET IX ALPINE INVESTORS						21,994. -710.	
VII, LP DOVER STREET X ENCAP FLATROCK						4,890. 92.	
MIDSTREAM FUND CAPITAL DYNAMICS REAL ESTATE III,						22,975.	
LP						376.	
HARBOURVEST REAL ASSETS FUND IV LP						6,894.	
ITC RUMBA CO-INVEST LP HIG REALTY						86,681.	
PARTNERS IV (ONSHORE) LP INSIGNIA MPG						194,441.	
HOLDINGS, LLC		_				-2.	
TOTAL TO 4797, PA	RT I, LINE	2				399,280.	