Forr	n <b>9</b>	90								OMB No. 1545-0047		
		ary 2020)				ation Exemp				2019		
Depa	irtment	of the Treasury venue Service		► Do not	enter social secu	rity numbers on this fo	rm as it may be mad	de public.		Open to Public Inspection		
		he 2019 calenda			-	90 for instructions	2019, and ending			, 2020		
				year beg	inning // C	/ <b>_</b> ,	Lors, and ending	<b>9</b> 07		, ZUZU ntification number		
0		in applicable.	- /ENTURA CO	)LLFCF	FOIINDATT	ON			77-003			
			1667 TELEC			.011			E Telephone nu			
			/ENTURA, C						805-28			
		nal return/terminated							005 20	5 0401		
		mended return							<b>G</b> Gross receipts	\$ 32 277 A	18	
			F Name and addre	ess of princi	nal officer: אדאר א			H(a) Is this	a group return for s			
			SAME AS C			E KING		H(b) Are all	subordinates includ attach a list. (see		No	
	Тах		X 501(c)(3)	501(c) (		isert no.) 4947(a	(1) or 527	lf "No,	" attach a list. (see	instructions)		
J			TURACOLLE			,		H(c) Group	exemption number	•		
ĸ			X Corporation	Trust	Association	Other ►	L Year of formation			f legal domicile: CA		
	rtl	Summary		Hust	713506141011	other		100	5			
	1	Briefly describe	e the organizat	ion's mis	sion or most s	significant activities	CTT COUTT					
Governance					·							
ern												
j0	2					ed its operations or				assets.	0.5	
8	3 4	Number of voti	ng members o enendent votin	r the gov	erning body (F	Part VI, line 1a) erning body (Part V	L line 1b)		3			
Activities &	5					ear 2019 (Part V, li						
ivit	6											
Act	7a					umn (C), line 12					$\frac{11}{0.}$	
	b	Net unrelated I	ousiness taxab	le incom	e from Form 9	90-T, line 39			<b>7</b> b		0.	
						S			rior Year	Current Year		
æ	8								2,934,880.			
Revenue	9								22,052.			
leve	10					, and 7d)			L,455,764.			
ш	11					, 9c, 10c, and 11e) Part VIII, column (			L,025,382.			
	12			-	· · ·	A), lines 1-3)			5,438,078.			
	13			-		.), line 4)			1,328,261.	1,585,4	13.	
	14 15					art IX, column (A),			C2C 2C1	(52.7	<b>F</b> 0	
ses	15								636,361.	653,7	50.	
ens			-			ine 11e)						
Expen	b	Total fundraisi					290,851.					
-	17					11f-24e)			488,269.			
	18	•			•	(, column (A), line	•		2,452,891.			
	19	Revenue less e	expenses. Sub	tract line	18 from line 1	2		. 2	2,985,187.		11.	
s or	~~	<b></b>							ng of Current Yea			
Net Assets or Fund Balances	20								7,099,192.			
et A nd E	21		-						L,063,936.	· · ·		
	22			Subtract	line 21 from I	ine 20		. 26	5,035,256.	26,443,3	10.	
_	rt II	Signature										
Unde comp	er pena plete. D	Ities of perjury, I decl eclaration of prepare	are that I have exar r (other than officer	mined this r ) is based o	eturn, including acc on all information of	companying schedules an f which preparer has any	d statements, and to t knowledge.	he best of n	ny knowledge and b	elief, it is true, correct, an	d	
<b>.</b>		Signature	of officer						ate			
Sig He	In										2,277,418. es? Yes X No res? Yes No res No res 2,277,418. res No res 1, No 2,25 25 25 25 25 26 119 0. 0. 0. 21,341. 621,881. 632,711. 2,870,309. 1,585,473. 653,750. 369,075. 2,608,298. 262,011. End of Year 27,743,917. 1,300,607. 26,443,310. true, correct, and rue, correct, and	
пе	re		KING rint name and title					EXEC	UTIVE DIR	ECTOR		
					Droporaria aire	oaturo	Data			DTIN	25 25 25 26 119 0. 0. <b>Current Year</b> 1, 594, 376. 21, 341. 621, 881. 632, 711. 2, 870, 309. 1, 585, 473. 653, 750. 369, 075. 2, 608, 298. 262, 011. End of Year 27, 743, 917. 1, 300, 607. 26, 443, 310. s true, correct, and R	
		Print/Type pre			Preparer's sigr		Date		Check if			
Pai			FARRELL			FARRELL			self-employed	P01070806		
۲re	epar	er Firm's name	DECKER	L FARR	ELL & MCC	UY, LLP			1			

		a a a construction of the	
May the IRS	discuss this r	eturn with the preparer shown above? (see instructions)	X Yes
		CAMARILLO, CA 93010	Phone no. 805-910-1441
Use Only	Firm's address	► 400 W VENTURA BLVD STE 245	Firm's EIN ► 47-1222587
Freparer		<sup>-</sup> DECKER FARRELL & MCCUI, LLP	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)

No

Form	990 (2019) VENTURA COLLEGE	FOUNDATION	77-00	37747 Page <b>2</b>
Par				
	Check if Schedule O contains a	a response or note to any line in this Part III		Χ
1	Briefly describe the organization's mis	sion:		
	SEE SCHEDULE O			
		· · · · · ·		
2	Form 990 or 990-EZ?	ficant program services during the year which w		
	If "Yes," describe these new services on	Sabadula O		Yes X No
2		i, or make significant changes in how it con	ducto any program convisoo?	
3	If "Yes," describe these changes on Sche	edule O.		
4	Describe the organization's program s Section 501(c)(3) and 501(c)(4) organ and revenue, if any, for each program	ervice accomplishments for each of its three izations are required to report the amount c service reported.	e largest program services, as m f grants and allocations to others	easured by expenses. a, the total expenses,
4 2	(Code: ) (Expenses \$	1,189,273. including grants of \$	906,308.)(Revenue	5
40		RAMS AND CAMPUS ACTIVITIES A	i	
		/		
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
4 t		925,950. including grants of \$ GRANTS TO STUDENTS WHO HAVE AND ENHANCMENT OF THE EDUCAT		ERIA. THESE
		×		
4 c	(Code:) (Expenses \$	including grants of \$	) (Revenue	\$) 
4 c	Other program services (Describe on (Expenses \$	Schedule O.) including grants of \$	) (Revenue \$	)
4 e	Total program service expenses	2,115,223.		
BAA		TEEA0102L 07/31/19		Form 990 (2019)

 Form 990 (2019)
 VENTURA
 COLLEGE
 FOUNDATION

 Part IV
 Checklist of Required Schedules

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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	Х	
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		Х
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 Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10	Х	
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.			
â	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes,' complete Schedule D, Part VI.	11 a	Х	
ł	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? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
C	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	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	11 d	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	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	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
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		Х
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		Х
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		Х
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		х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21	Х	

Form 990 (2019)

Form 990 (2019) VENTURA COLLEGE FOUNDATION
Part IV Checklist of Required Schedules (continued)

I U			V I	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Yes X	No
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	23 24a		Х
I	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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
I	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i> .	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
i	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
l	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34	Х	
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1 a16b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1 b0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4	V	
	(gambling) winnings to prize winners?	1 c	X	(0010)

77-0037747 Page 4

Part V         Statements Regarding Other IRS Filings and Tax Compliance (continued)           2a         Enter the number of employees reported on Ferm W-3. Transmittal of Wage and Tax State!         2a         2b         X           If at less to the is caleful ary set endows on the 2a, on the organization file al regulated basines grows increar 613, 000 reme during the year?         2b         X           B of the organization have unreaded basines grows increar 613, 000 reme during the year?         3a         X           B of the organization have unreaded basines grows increar 613, 000 reme during the year?         3a         X           B of the organization have unreaded basines grows increar 613, 000 reme during the year?         3a         X           B of the organization approximation have an intesting in cale signature or other authority over, a finishal account is the intergin contrip?         3a         X           B of the organization approximation approximatin approximation approximapproximation approximation appro	Form 990	(2019) VENTURA COLLEGE FOUNDATION	77-003774	7	F	age 5
2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax State bit at test or be reported on the 2a, did the organization file at ingritude forefal engloyment tax returns?       2b         2 bit at test or be reported on the 2a, did the organization file at ingritude forefal engloyment tax returns?       2b         3 bit the organization new an interaction the at ingritude forefal engloyment tax returns?       3a         3 bit the organization new an interaction tax returns?       3a         4 at any time during the calcings are and dia to greater than 250, you may be required to a file (see instructions)       3a         3 bit the organization new an interaction on a an interaction on a an interaction of the file see instructions for file regin country (sectifies a bank account, sectifies account), a count interaction account of the file sectifies and the organization in the foreign country.       5a         3 bit the organization appear interaction are given to an organization and the organization appear interaction are given to an organization appear interaction are given to an organization appear interaction are given to an organization appear interaction are given to a solution or organization appear interaction are given to an organization appear interaction are an organization appeared in the organization appeare interaction are given to a solution organization appeared interaction are an organization appeared in the organization appeared in the organization appeared in the area appeared in the organization	Part V	Statements Regarding Other IRS Filings and Tax Compliance (co	ontinued)			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b       X         Note: If the sum of lines 1 and 2a is greater than 250, your may be required to e Ark (see instructions)       3a       X         b If Yes, is in fide a binn 390. The this year <i>II Not bins 3b, provide an explanation on Schedule 0</i> .       3a       X         b If Yes, is in file a binn 390. The this year <i>II Not bins 3b, provide an explanation of Schedule 0</i> .       4a       X         b If Yes, is infler the name of the foreign country *       4a       X         b If Yes, is infler the name of the foreign country *       5a       X         b If Yes, is infler the name of the organization that is an intensit in or a signification (FBAR).       5a       X         b If Yes, is inter the name of the organization that it was to is a party to a prohibited tax shells transcation at any time during the tax year?       5a       X         b If Yes, is on the organization have arrunal gross necepts that are normally greater than \$100,000, and dd the organization shell any receive deductable as chantable contributions or gilts were not tax deductable as chantable contributions and shell any contrable of the pay of the pay of the support of the value of the goods and services provided to the pay.       7b         c Did the organization neckles a payment in excess of \$75 made party as a contribution and party for goods and services provided to the pay.       7c       X         d If Yes, indite organization motify the donor of the value of					Yes	No
Note:         If the sum of ines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)         Image:         Image: <td><b>2 a</b> Entermer</td> <td>er the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ts, filed for the calendar year ending with or within the year covered by this return</td> <td><b>2</b>a 26</td> <td></td> <td></td> <td></td>	<b>2 a</b> Entermer	er the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ts, filed for the calendar year ending with or within the year covered by this return	<b>2</b> a 26			
3 Dit the organization have unrelated biseness pross income of \$1,000 or more during the year?       3 a       3 a       3 b         4 A At any the during the calendary sar, did the organization have an interest in, or a signiture or other authority over a       3 b       4 a         4 A At any the during the calendary sar, did the organization have an interest in, or a signiture or other authority over a       3 b       4 a         5 Wost the organization a part to a prohibited tax scoutint, securities account, excurities accounts, excurities accounts, excurities accounts, excurities accounts, excurities accounts, or other authority over a       4 a       X         b If 'yes, 'enter the name of the foreign county       Securities accounts, excurities accounts, or other authority over a       4 a       X         b If 'res,' in the organization that it was their transaction at any time during the xy eap?       5 b       X       5 c         c If 'res,' is other organization nucles with every solicitation an express statement that such contributions or gifts were for the duclibile acchiritations?       6 b       7 c       X         f If 'res,' id the organization notify the during the yeal or genome thereal beronal property or Which it was required to file 'res,' account the value of the value of the goods or services provided?       7 b       X         f If 'res,' id the organization on other walked rest account, where the secount oresthe duclibie organization and the value of t	<b>b</b> If at	least one is reported on line 2a, did the organization file all required federal employment	nt tax returns?	2 b	Х	
bit Yes, has it field a form 99-T for this yea? If No' to like 3b, provide an exploration or Solicable 0.       3b         bit Yes, it was the calendar year, diff the organization have an inferset in or a signature or other authority over a thinkness account in a foreign country Such as bank account, is or the financial accounts (FBAP).       4a         bit Yes, it was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         bit any taxable part notify the organization full to was the aprity to a prohibited tax shelter transaction at any time during the tax year?       5a         c) Bit Ares, it was the organization in the regularization full to was not a party to a prohibited tax shelter transaction?       5b         c) Bit Ares, it was the organization notive were not has doculable as charitable contributions?       5c         c) Bit Ares, it dit the organization incule with every solicitation an express statement that such contributions and services provided?       5b         c) Dit the organization notive the explore of the value of the property or a personal breneft contract?       7c         c) Dit the organization notive that organ of the yabue of the property or indirectly, to mark prevent bas down or the value of the organization the any track, during the year.       7d         c) Did the organization notive that one or the value of the organization the explore of forms 8282 filed during the year.       7d         c) Did the organization notive that one or the value of the organization the ergen was that anorganization the explore of the walk of the organization the ergen						
42 Al any time during the calendar year, ddl the organization have an interest in or a signature or other suborty year, and the foreign country 'source's executive secount, or other financial account?       43 X         bill "Yes,' enter the name of the foreign country 'source's executive secount, or other financial account?       5a X         5a Was the organization appry to a prohibited tax shelter transaction at any time during the tax year?       5a X         5 Was the organization have annual gross recepts, that are normally greater than \$100,000, and did the organization for the regulation and exercise statement that such contributions or gifts were for that dedicable acchinizations?       5a X         61 "vss,' to the organization naive annual gross recepts, that are normally greater than \$100,000, and did the organization for the reagen annual to the value of the goods or gifts were for that dedicable acchinizations?       6a X         7 organizations that may receive deductible acchinization and personal property for Which it was required to file       7a X         8 Did the organization naive extrass of \$75 made partly as a contribution and partly for goods and structible?       7a X         11 "vss,' idd the organization naive the value of the goods or services provided?       7a X         14 "vss,' idd the organization naive the s282 filed during the year?       7d       7a X         14 "vss,' indicate the number of Forms 8282 filed during the year?       7d       7a X         14 "vss,' indicate the number of Forms 8282 filed during the year?       7d       7a X						Х
Interactal account in a foreign country (such as a bark account).       4a       X         Interactal account in a foreign country -       5e instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FDAR).       5a         Sa Was the organization a party the a prohibited tax shelter transaction at any three during the tax year?       5a       Xa         b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c       5c         6a Does the organization have annual gross receipts that at on cornally greater than \$100,000, and did the organization face annual gross receipts that are normally greater than \$100,000, and did the organization face and its deductible as charitable contributions?       6a       X         b If "se," id the organization have any solcitation an express statement that such contributions or gifts were nor tax deductible?       6a       X         b If "se," id the organization necelw any approx?       7b       7c       X         b If "se," iduate the number of Forms 8282 filed during the year       7d       7c       X         f If "se," indicate the number of Forms 8282 filed during the year?       7d       7c       X         f If the organization neceive any purptient was a strategregation receive any trans.       7f       X         f If the organization neceive any purptient was required to file organization file approx?       7d       7c       X				3 b		
See instructions for Hing requirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR).       Sa         Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       Sa       X         So Did any taxable party notify the organization file Form 8386-77.       Sc       Sc         Ga Does the organization neurol prose receipts that are normally greater than \$100,000, and did the organization receives any to a prohibited tax shelter transaction?       Sc         Si Yes, ' dd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible.       Sc         So the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?.       Za         Y Organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Za         Y Tes,' indicate the number of Forms 8282 filed during the year.       Zd       Za         Y Tes,' indicate the number of Forms 8282 filed during the year.       Zd       Za         Y Tes,' indicate the number of Forms 8282 filed during the year.       Zd       Za         Y Tes,' indicate the number of Forms 8282 filed during the year.       Zd       Za       X         Y Tes,' indicate the number of Forms 8282 filed during the year.       Zd       Za       X         I the organization received a contribution of qualified intelle	fina	ncial account in a foreign country (such as a bank account, securities account, or other t	er authority over, a inancial account)?	4a		Х
5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.       5 a       X         b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5 c         c1 'res; it to line 5a or 5b, did the organization time form 8886/17.       5 c         6 a Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization include with every solicitation an express statement that such contributions or gifts were for tax deductible as charinable contributions?       6 a         b If 'yes; 'idd the organization include with every solicitation an express statement that such contributions or gifts were for tax deductible as charinable contributions?       6 a         7 Organizations that may receive deductible as charinable contributions?       6 b       7 b         7 did the organization neceive a payment in excess of 35° made party as a contribution and party for goods and services provided to the partication service showed?       7 b         c Did the organization notify the donor of the value of the goods or services provided?       7 c       X         d If 'res,' rindicate the number of Forms 8252 filed during the year.       7 d       C       X         g If the organization during the year.       7 d       X       7 f       X         g If the organization received a contribution of qualified intelectual property, of which it was required to file a form 8289       7 g       F			Assounts (EDAD)			
b Did any taxable party notity the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c if Yes, 'to line 5 a or 5b, did the organization file Form 8886-7:       5c       5c         6 Does the organization neare exceptists that are normally greater than \$100,000, and did the organization file Form 8886-7:       6a       X         b If Yes, 'to line 5 and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6b       6b         a Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?.       7c       X         b If Yes, 'indicate the number of Forms 8282 filed during the year.       7d       7d       7d         c Did the organization receive a ny funds, fired truting the year.       7d       7d       7d         c Did the organization received a contribution of cars, boats, anglanes, or ather vehicles, did the organization file a Tom 8282 filed during the year.       7d       7d         f U Yes, 'indicate the number of Forms 8282 filed during the year.       7d       7d       7d         f If the organization received a contribution of cars, boats, anglanes, or other vehicles, did the organization file a Tom 8299       7d       7d         a Stephosoring organization received a contribution fuel withing the year.       7d       7d       7d				50		x
c If Yes,' to line 5a or 5b, did the organization file Form 8886-T?.       5c         6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a         b If Yes,' did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible as charitable contributions and party for goods and services provided 0 the payor?.       6b         7 Organizations that may receive deductible contributions under section 170(c).       a Did the organization receive a payment in excess of 375 made party as a contribution and party for goods and services provided 0 the payor?.       7d         b If Yes,' indicate the number of Forms 8282 field during the year.       Zd       7d         c Did the organization netify the donor of the value of the goods or services provided?       7e       X         f Did the organization netify the donor of the value of the goods or services provided?       7e       X         f Did the organization forceive any funds, directly or indirectly, to pay premums on a personal benefit contract?       7e       X         f Did the organization netive a contribution of qualified intellectual properly, did the organization file a Form 1098-0?       7g       X         g The organization netwe a contribution of qualified intellectual properly, and the organization file a Form 1098-0?       7g       X         g Sponsoring organization maintaining donor advised funds. </td <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td>			-			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or girts were not tax deductible?       6a       X         bill "Ves," did the organization include with every solicitation an express statement that such contributions or girts were not tax deductible?       6b       6a       X         c Organizations that may receive deductible contributions under section 170(c).       a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided ?       7b       X         bil "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         c Did the organization receive any funds, directly or indirectly or on a personal benefit contract?       7c       X         d I "Yes," indicate the number of Forms 8282 filed during the year.       Zd       Zd       Zd         d I the organization receive a contribution of qualified intellectual properly, did the organization file a form 8293       7g       Zd       X         g It the organization received a contribution of cast, boats, airelaries, or other vehicles, did the organization file a form 8293       7g       Zd       X         g It the organization received a contribution of cast, boats, airelaries file form 6899       7g       Zd       X         g Sponsoring organization maker any taxible distributions under section 49						
solit any contributions that were not tax deductible as charitable contributions?       6a       X         bit "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?       6b         7 Organizations that may receive deductible contributions under section 170(c).       7a       X         bit "Yes," indicate the number of Forms 8282 filed during the year.       7d       7d         c Did the organization receive any funds, directly or indirectly, to pay premiums, on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property for which it was required to file form 8282       7d       X         g If the organization, ting the year, pay premiums, or a personal benefit contract?       7e       X         g If the organization received a contribution of qualified intellectual properly for which it was required to file form 8299       7g       X         g If the organization received a contribution of cars, boats, and parse, or other vehicles, did the organization file a form 1998-07.       7g       X         8 Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         Did the sponsoring organization make any taxable distributions under sources       10a       10a       10a       10a         B Cascin 501(cX2) organizations. Enter::       a forther sources (0 con of tax exempt interes		-		50		
not tax deductible?       6b         7 Organizations that may receive deductible contributions under section 170(c).       6b         a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         bif Yes; i did cate the number of Forms 8282 filed during the year.       7d       7c       X         d If Yes; i did cate the number of Forms 8282 filed during the year.       7d       X         g If the organization receive any funds, directly or indirectly or indirectly or indirectly or a personal benefit contract?       7e       X         g If the organization received a contribution of qualified intellectual property for which it was required to file a form 8299 as required?       7f       X         h If the organization received a contribution of cars, boats, antifianes, or other vehicles, did the organization file a form 1098-C?       7g       7h       X         8 Sponsoring organizations maintaining door advised funds.       1d a door advised funds.       10d       10d       10d         9 Bonsoring organization make any taxable distributions under section 496C?       9a       9b       10       10d       10d       10d         10 Section 501(c/(2) organizations. Enter:       10a       10b       10b       10b       10c       10c       10d         11 Section 501(c/(2) organizations. Enter:       a	soli	it any contributions that were not tax deductible as charitable contributions?		6 a		Х
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If Yes,' id the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c Did the organization notify the donor of the value of the goods or services provided?       7d       7c       X         d If Yes,' indicate the number of Forms 8282 filed during the year.       7d       7c       X         d If Yes,' indicate the number of Forms 8282 filed during the year.       7d       7c       X         f D the organization during the year, pay premiums, directly or indirectly, to pay premiums, or a personal benefit contract?.       7c       X         g If the organization received a contribution of cars, boats, airdares, or other vehicles, did the organization file a Form 1088-0''.       7d       X         S ponsoring organization maintaining donor advised funds. Du' a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Sonsoring organizations maintaining donor advised funds. Du' a donor advisor, or related person?       9b       9b       9a         10 the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         10 section 501(cQ) organizations. Enter:       a form bintherose caselose, included on Form 990, Part VIII, line 12, corpub	b If 'Y not	es,' did the organization include with every solicitation an express statement that such contribu- tax deductible?	tions or gifts were	6b		
services provided to the payor?	-		L			
b If Yes,' did the organization notify the donor of the value of the goods or services provided?       7b         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file       7c       X         d If Yes,' indicate the number of Forms \$282 filed during the year.       7d       7e       X         d If Yes,' indicate the number of Forms \$282 filed during the year.       7d       7e       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, and the organization file a form 8899       7g       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 899.       7g       X         8 Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 b Did the sponsoring organizations maintaining door advised funds.       10a       10a       10a       10a         1 Section 501(cX) organizations. Enter:       a initiation fies and capital contributions included on Part VIII, line 12.       10a       10a       10a         12a       b Gross income from members or shareholders.       11a       10a       10a       10a	<b>a</b> Did	the organization receive a payment in excess of \$75 made partly as a contribution and provided to the payor?	partly for goods and	7 2		X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file       7 c       X         d If Yes, 'indicate the number of Forms 8282 filed during the year.       7 d       X         e Did the organization receive any funds, directly or indirectly, to pay premums on a personal benefit contract?.       7 e       X         g If the organization received a contribution of qualified intellectual property. did the organization file form 8899       7 g       7 g         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a The X       7 g       X         8 Sponsoring organizations maintaining donor advised funds.       7 h       X         9 Sponsoring organization make any taxable distributions under section 49667.       9 a       9 b         9 Did the sponsoring organization make any taxable distributions under section 49667.       9 b       9 b         10 Bers and capital contributions included on Part VIII, line 12.       10 a       10 b       10 b         11 Section 501(c)(2) organizations. Enter:       11 a       10 a       10 b       12 a         12 Section 501(c)(2) organizations. Enter:       11 a       10 b       12 a       12 a         13 Section 501(c)(2) organizations. Enter:       11 a       12 a       12 a       12 a         13 Section 501(c)(2) organizations. Enter: </td <td></td> <td>1 1 3</td> <td></td> <td></td> <td></td> <td>Λ</td>		1 1 3				Λ
Form 8282?       7c       X         d If Yes,' indicate the number of Forms 8282 filed during the year.       7d       7e       X         d Id the organization receive any funds, directly or indirectly, to pay premums on a personal benefit contract?       7e       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899       7g       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1038-C?       7h       X         8 Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       8       9a         a Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         9 Sonsoring organizations. Enter:       10a       10a       10a       10a       10a         11 Section 501(c)(7) organizations. Enter:       10a       10b       10b       10a       10a         12 Section 501(c)(2) organizations. Enter:       11b       10a       10a       10a       10b         13 Section 501(c)(2) organizations. Enter:       11b       10a				7.5		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899       7g       X         n If the organization received a contribution of cars, boats, ainflanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8 Sponsoring organizations maintaining donor advised funds.       a Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 Section 501(c)(7) organizations. Enter:       10a       10a       10b       10a         11 Section 501(c)(7) agonizations. Enter:       11b       10a       10b       12a         12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13 Section 501(c)(2) agonizations. Enter:       11b       12a       12a       12a         13 Section 501(c)(2) agonizations. Enter:       11b       12a       12a       14a       X         14 Section 501(c)(2) agonizations. Enter:	For	n 8282?	·····	7 c		Х
f Did the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract?       71       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       71       X         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7       7       7         s Sponsoring organizations maintaining donor advised funds, a Did the sponsoring organization make any taxable distributions under section 49667       9       9         9 Sponsoring organizations maintaining donor advised funds, a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9       9         10 Section 501(c)(2) organizations. Enter: a initiation fees and capita contributions included on Part VIII, line 12.       10a       10a         11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders.       11a       11a       11a         12 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources) against amounts due or received from them.       11a       12a         13 Section 501(c)(2) gualified nonprofit health insurance issuers.       11a       11a       11a         13 Section 501(c)(2) gualified nonprofit health plans in more than one state?       13a       13a       14a         14 Did the organization is licensed to issue qualified						
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899       7g         n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2       7h       X         8 Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained by the sponsoring organization make any taxabe distributions under section 4966?       8       9         9 Joint the sponsoring organization make any taxabe distributions under section 4966?       9a       9a         10 Section 501(c)(7) organizations. Enter:       10a       10a       9b         11 Section 501(c)(2) organizations. Enter:       10a       10b       12a         a Gross income from drom embers or shareholders.       11a       10b       12a         b Gross income from drom received from them.       11b       12a       12a         13 Section 501(c)(2) qualified nonprofit health insurance issuers.       11b       12a       12a         a bit he organization licensed to issue qualified health plans in more than one state?       13a       13a         14a Did the organization is licensed to issue qualified health plans.       13b       13a         15 Section 501(c)(2) qualified nonprofit health insurance issuers.       13a       13a         14a Did the organization is licensed to issue qualified health plans.       13b       <				-		
as required?.       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.       7h       X         8 Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       8       8         9 Sponsoring organizations maintaining donor advised funds.       8       8       8         a Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 Section 501(c)(7) organizations. Enter:       10a       10a       9b       9b         11 Section 501(c)(7) organizations. Enter:       10a       11b       12a       12a         a Gross income from members or shareholders.       11a       12a       12a       12a         b If Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12b       12a       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         14 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         14 Did the organization licensed to issue qualified health plans in more than one state?       13a       13a         15 Exter the amount of reserves on hand.       13c       14a				7 f		Х
Form 1098-C2.       7h       X         8       Sponsoring organizations maintaining donor advised funds. Dul a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b         10       Section 501(c)(Z) organizations. Enter:       9a       9b       9b         11       Section 501(c)(Z) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(Z) organizations. Enter:       11a       10b       10b       10b       10b         12       Section 501(c)(Z) organizations. Enter:       11a       10b       12a       12a         13       Section 501(c)(Z) organizations. Enter:       11a       10b       12a       12a         13       Section 501(c)(Z2) qualified nonprofit health insurance issuers.       11a       12a       12a       13a         13       Section 501(c)(Z2) qualified nonprofit health plans in more than one state?       13a       13a       13a         14a       X       13a	ās r	equired?		7 g		
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       8         a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organizations. Enter:       10a         a Gross income from members or shareholders.       10b         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).       11a         12a Section 501(cX(2) qualified nonprofit health insurance issuers.       11a         a Is the organization is locensed to issue qualified health plans.       12b         13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a         b Enter the amount of reserves on hand.       13b         13c       14a         14a Did the organization sublects to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachue payment(s) during the year?       14a         14a Did the organization subject to the s	<b>h</b> lf th Forr	e organization received a contribution of cars, boats, airplanes, or other vehicles, did then n 1098-C?	e organization file a	7 h		Х
9 Sponsoring organizations maintaining donor advised funds.   a Did the sponsoring organization make any taxable distributions under section 4966?   b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   10 Section 501(c)(7) organizations. Enter:   a Initiation fees and capital contributions included on Part VIII, line 12.   b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.   11   b Gross income from members or shareholders.   a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).   12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   13   B certon 501(c)(29) qualified nonprofit health insurance issuers.   a Is the organization in clensed to issue qualified health plans in more than one state?   a Is the organization receive and to information the organization must report on Schedule O.   b Enter the amount of reserves on hand.   11a   13a   14a Did the organization receive any payments for indoor tanning services during the tax year?   14a Did the organization subject to the section 4960 ex on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?   15   15   16   16	8 Spo	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		•		
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(2) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12.       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.       10b         11 Section 501(c)(2) organizations. Enter:       11a         a Gross income from members or shareholders.       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).       11b         12a Section 501(c)(2) qualified nonprofit health insurance issuers.       12a         a Is the organization licensed to issue qualified health plans in more than one state?       12a         a be the amount of reserves on hand.       13a         vector the amount of reserves on hand.       13a         c Enter the amount of reserves on hand.       13a         t a bif 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.       14a         t bif 'Yes,' see instructions and file Form 4720, Schedule N.       15         15       see instructions and file Form 4720, Schedule N.       15         16       X <td>-</td> <td></td> <td></td> <td>8</td> <td></td> <td></td>	-			8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9 b         10 Section 501(c)(7) organizations. Enter:       10 a         a Initiation fees and capital contributions included on Part VIII, line 12.       10 a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.       10 b         11 Section 501(c)(2) organizations. Enter:       10 a         a Gross income from members or shareholders.       11 a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).       11 b         12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12 a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12 b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13 a         a Is the organization licensed to issue qualified health plans in more than one state?       13 a         Note: See the instructions for additional information the organization must report on Schedule O.       13 a         b Enter the amount of reserves on hand       13 c         14 a Did the organization is licensed to issue qualified health plans.       13 b         c Enter the amount of reserves on hand       13 c         14 a Did the organization subject to the section 4960 tax on payment(S) o	-			0		
10       Section 501(c)(7) organizations. Enter:         a Initiation fees and capital contributions included on Part VIII, line 12						
a Initiation fees and capital contributions included on Part VIII, line 12.       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.       10b         11 Section 501(c)(12) organizations. Enter:       a Gross income from members or shareholders.       11a         b Gross income from members or shareholders.       11a       11b         22 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12b       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         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 receive any payments for indoor tanning services during the tax year?       14a       X         b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.       14b       15       15       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       15       X       16       X			SON?	90		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       a Gross income from members or shareholders			10.0			
11       Section 501(c)(12) organizations. Enter:         a Gross income from members or shareholders.       11 a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11 b         12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12 a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12 b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13 a         a Is the organization licensed to issue qualified health plans in more than one state?       13 a         Note: See the instructions for additional information the organization must report on Schedule O.       13 a         b Enter the amount of reserves on hand       13 b         c Enter the amount of reserves on hand       13 c         14 a Did the organization receive any payments for indoor tanning services during the tax year?       14 a         b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.       14 b         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 X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16 X						
a Gross income from members or shareholders.       11 a       11 a       11 a       11 b         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).       11 b       11 b       11 b         12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12 a       12 a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12 b       12 a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12 b       13 a         a Is the organization licensed to issue qualified health plans in more than one state?       13 a         Note: See the instructions for additional information the organization must report on Schedule O.       13 a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14 a       X         b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i> .       14 b       14 b         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 X         If 'Yes,' see instructions and file Form 4720, Schedule N.       14 X			10.0			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).       11b       12a         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12b       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c         b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.       14b       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       15       14a       X         16       X			11 a			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12 a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12 b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12 b         a Is the organization licensed to issue qualified health plans in more than one state?       13 a         Note: See the instructions for additional information the organization must report on Schedule O.       13 b         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.       13 b         c Enter the amount of reserves on hand       13 c       14 a         14 a Did the organization receive any payments for indoor tanning services during the tax year?       14 a       X         b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i> .       15 X       X         if 'Yes,' see instructions and file Form 4720, Schedule N.       15 X       X       15 X         if 'Yes,' see instructions and file Form 4720, Schedule N.       16 X       16 X	<b>b</b> Gro	ss income from other sources (Do not net amounts due or paid to other sources				
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.       13b         c Enter the amount of reserves on hand       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a         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         16       X	0	·		12.		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.       13b         c Enter the amount of reserves on hand       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a         X       b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i> 14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15         If 'Yes,' see instructions and file Form 4720, Schedule N.       16       X			1 1	IZa		
a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.       13b         c Enter the amount of reserves on hand       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a         X       b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i> .       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15         If 'Yes,' see instructions and file Form 4720, Schedule N.       16       X			120			
Note: See the instructions for additional information the organization must report on Schedule O.       Image: Description of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.       Image: Ima				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.       13b       13b         c Enter the amount of reserves on hand       13c       14a       X         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i> 14b       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16       X				100		
c Enter the amount of reserves on hand       13c       14a       X         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.       14a       X         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       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16       X		с — т				
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b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15 X         16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16 X						v
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?				-		A
excess parachute payment(s) during the year?       15       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16       X         16       X				14b		
16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X	exce	ess parachute payment(s) during the year?		15		Х
						v
			ivestment income?	16		X

	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?	з		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
7 a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?SEESCHEDULE. O	7 a	Х	
ł	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	a The governing body? b Each committee with authority to act on behalf of the governing body?	8 a	Х	
ł		8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	le Co	ode.)
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		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?	10 b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		Х
	• Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	bid the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE. SCHEDULE . Q	12 c		
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	a The organization's CEO, Executive Director, or top management officialSEE.SCHEDULEO.	15 a	Х	
ł	Other officers or key employees of the organizationSEE .SCHEDULE .O.	15b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
ł	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			
<u>c.</u>	organization's exempt status with respect to such arrangements?	16 b		
<u>Sec</u> 17	List the states with which a copy of this Form 990 is required to be filed  CA			
		01/->/		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply.		,	57
	X       Own website       Upon request       X       Other (explain on Schedule O)       S		SCH.	0
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availate the public during the tax year. SEE SCHEDULE O	ible to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►			
	ANNE KING 4667 TELEGRAPH RD VENTURA CA 93003 805-289-6461			
BAA	TEEA0106L 07/31/19	Form	<b>990</b> (	(2019)

Section A. Governing Body and Management

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. Х

**1 a** Enter the number of voting members of the governing body at the end of the tax year. ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad

**b** Enter the number of voting members included on line 1a, above, who are independent....

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other

authority to an executive committee or similar committee, explain on Schedule O.

77-0037747

25

25

1 a

1 b

No

Yes

Form 990 (2019) VENTURA COLLEGE FOUNDATION	77-0037747	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and
Check if Schedule O contains a response or note to any line in this Part VII		37
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensate	ed Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending w organization's tax year.	ith or within the	

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, 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 instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

					(C)	)					
	(A) Name and title	(B) Average hours	Pos thar is	s both	n an c	not ch unles officer /truste		l	<b>(D)</b> Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	SEE SCHEDULE O	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1)	ANNE KING	<u>40</u> 0	Х		X	2	S		118,215.	0.	23,653.
(2)	ROB_VAN_NIEUWBURG	3			$\bigcirc$	P					<u>.</u>
(2)	CHAIRMAN	0	Х	N	Χ				0.	0.	0.
	RUTH_HEMMINGVICE-CHAIR	<u>3</u> 0	X		Х				0.	0.	0.
(4)	NICOLE KREUTZ TREASURER	$-\frac{3}{0}$	x		Х				0.	0.	0.
(5)	MICHAEL MONTOYA SECRETARY	<u>3</u>	Х		Х				0.	0.	0.
(6)	KEITH BARNARD	<u>3</u> 0	X						0.	0.	0.
_(7)_	ROBERT BEILIN	<u>3</u>	Х						0.	0.	0.
(8)	CATHERINE BOJORQUEZ	$-\frac{3}{40}$	Х						0.	0.	0.
<u>(9)</u>	J. BOOMER BUTLER DIRECTOR	<u>3</u> 0	Х						0.	0.	0.
(10)	DAISY CASTILLO DIRECTOR	<u>3</u> 0	Х						0.	0.	0.
(11)	AMY CHEROT DIRECTOR	<u>3</u> 0	Х						0.	0.	0.
(12)	KEN COLLIN DIRECTOR	<u>3</u> 0	X						0.	0.	0.
(13)	NURIS DANTE	<u>3</u> 0	х						0.	0.	0.
(14)	DONALD DEGNER DIRECTOR	<u>3</u>	X						0.	0.	0.
BAA		TEEA0		07/3	1/19	1	<u> </u>	<u> </u>	0.	0.	Form <b>990</b> (2019)

#### Form 990 (2019) VENTURA COLLEGE FOUNDATION

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(A) Name and the     Average (C) (C) (C) (C) (C) (C) (C) (C) (C) (C)	Part VII Section A. Officers, Direc		Key			es,	and	d Highest Con	pensated Emp	oyees (continu
of the max of the second se		hours per	box	l not che , unless	Position ck mol	e than is both tor/trus	h an tee)	Reportable	Reportable	Estimated amou
DIRECTOR       0       X       0.       0.         0       ABRA FLORES       3.       X       0.       0.         0       ABRA FLORES       3.       X       0.       0.         0       ABRA FLORES       3.       X       0.       0.         0       NIM HOFFMANS       3.       0.       0.       0.         0       STEPHEN KIPP       3.       0.       0.       0.         0       MATL LAVERE.       3.       0.       0.       0.         9       MATL LAVERE.       3.       0.       0.       0.         0       MRISTIN OCKERT       3.       0.       0.       0.         0       MRECTOR       0       X       0.       0.       0.         0       MRECTOR       0       X       0.       0.       0.         0       NIKE ORMAN       3.       0.       0.       0.       0.         0       DIRECTOR       0       X       0.       0.       0.       0.         2       DONNA SANTO       3.       0.       0.       0.       0.       0.       0.       0.       0.		(list any hours for related organiza - tions below dotted	Individual trustee or director	Institutional trustee	Key employee	Highest compensated employee	Former	the organization	related organizations	compensation fro the organization and related
DIRECTOR       0       0       0         0.       XIM HOFFMANS	15)_ELLYN_DEMBOWSKI DIRECTOR		Х					0.	0.	
27. KIM HOFFMANS       3       40       X       0.       0.         DIRECTOR       40       X       0.       0.       0.         DIRECTOR       0       X       0.       0.       0.         DIRECTOR       0       X       0.       0.       0.         9) MATT LAVERE       3       0.       0.       0.       0.         DIRECTOR       0       X       0.       0.       0.         9) MATT LAVERE       3.       0.       0.       0.       0.         DIRECTOR       0       X       0.       0.       0.         9) MRTE ORMAN       3.       0.       0.       0.       0.         DIRECTOR       0       X       0.       0.       0.       0.         20 DONNA SANDO       3.       0.       0.       0.       0.       0.       0.         32 ELEANOR TILLAVENDT       3.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	16) ABRA FLORES DIRECTOR		X					0.	0.	
9) STEPHEN KLPP       3       x       0       x       0       0         DIRRCTOR       0       X       0       0       0       0         MRT LAVERE       3       0       x       0       0       0         DIRRCTOR       0       X       0       0       0       0         9) KRISTIN OCKERT       3       0       0       0       0       0         10) MKE ORMAN       3       0       0       0       0       0         2) DIRECTOR       0       X       0       0       0       0         2) DIRECTOR       0       X       0       0       0       0         3) ELEANOR TILLQUIST       3       0       0       0       0       0       0         4) DIRECTOR       40       X       0       0       0       0       0       0         5) ELEANOR TILLQUIST       3       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	17) KIM HOFFMANS								0.	
9)       MATT LAVERE       3       X       0       0         DIRRCTOR       0       X       0       0       0         DIRRCTOR       0       X       0       0       0         DIRRCTOR       0       X       0       0       0         MIKE ORMAN       -3       X       0       0       0         DIRECTOR       0       X       0       0       0         20       DONNA SANTO       -3       X       0       0       0         3       ELEANOR TILLQUIST       -3       X       0       0       0         40       PATRICIA WENDT       -3       X       0       0       0       0         5       HARALD WULFF       -3       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <td>18) STEPHEN KIPP</td> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	18) STEPHEN KIPP	3								
90       KRISTIN OCKERT       3       x       0       0         10       MIKE ORMAN       3       x       0       0       0         11       MIKE ORMAN       3       x       0       0       0         20       DONNA SANTO       3       x       0       0       0         21       DIRECTOR       0       x       0       0       0         22       DONNA SANTO       3       x       0       0       0         23       ELEANOR TILLQUIST       3       x       0       0       0         35       ELEANOR TILLQUIST       3       x       0       0       0         40       A       0       0       0       0       0       0         54       HARALD WULFF       3       0       0       0       0       0       0       0       0       0       118, 215       0       23, 65       0       23, 65       0       118, 215       0       23, 65       0       118, 215       0       23, 65       0       118, 215       0       23, 65       0       118, 215       0       23, 65       0       118, 215	19) MATT_LAVERE	3								
1) MIKE ORMAN       3       x       0       0       0         2) DONNA SANTO       3       x       0       0       0         3) ELEANOR TILLQUIST       3       0       0       0       0         3) ELEANOR TILLQUIST       3       0       0       0       0         4) PATRICIA WENDT       3       0       0       0       0         5) HARALD WULFF       3       0       0       0       0         5) HARALD WULFF       3       0       0       0       0         1b Subtotal       0       0       0       0       0       0         c Total from continuation sheets to Part VII. Section A       118, 215       0       23, 65         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 1       118, 215       0       23, 65         3 Did the organization list any former officer, director, trustee, key employee, or highest compensation from the organization and related organizations greater than \$150,000? If Yes,' complete Schedule J for such individual.       3       4         4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organization? If Yes,' complete Schedule J for such person.       5	20) KRISTIN OCKERT	3								
22. DONNA SANTO       3. x       0. 0.         DIRECTOR       0 x       0. 0.         39. ELEANOR TILLQUIST       3. x       0. 0.         JIRECTOR       0 x       0. 0.         40. X       0. 0.       0.         51. HARALD WULFF       3. x       0. 0.         DIRECTOR       0. 0.       0.         51. HARALD WULFF       0. 0.       0.         0. IDEECTOR       0 X       0. 0.         10 Subtotal       0. 0.       0.         c Total from continuation sheets to Part VII. Section A       0. 0.         d Total (add lines 1b and 1c)       118, 215. 0. 23, 65         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 ist any former officer, director, trustee, key employee, or highest compensated employee 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 For any individual listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such aperson.       1         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization's tax year.       5         Complete this table for your five high	21) MIKE_ORMAN	3			1			0		
33       ELEANOR TILLQUIST       3       3       0       0       0         49       PATRICIA WENDT       3       0       0       0       0         50       HARALD WULFF       3       0       0       0       0         51       HARALD WULFF       3       0       0       0       0         52       HARALD WULFF       3       0       0       0       0         15       Subtotal       118, 215       0       23, 65       0       0       0         6       Total (add lines 1b and 1c)       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0<	22) DONNA SANTO	3				8				
49       PATRICIA WENDT       3       40       x       0.       0.         59       HARALD WULFF       3       0.       0.       0.       0.         1b Subtotal       0.       0.       0.       0.       0.       0.         1b Subtotal       0.       0.       0.       0.       0.       0.       0.         2       Total (add lines 1b and 1c)       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <td>23) ELEANOR TILLQUIST</td> <td>3</td> <td></td> <td>6</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td>	23) ELEANOR TILLQUIST	3		6	\$					
25) HARALD WULFF       3       0       X       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	24) PATRICIA_WENDT							0.	0.	
c Total from continuation sheets to Part VII, Section A. <ul> <li>0.0.0.</li> <li>118, 215.0.23, 65</li> </ul> 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 1          Yes         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.          Yes         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 1         4 1         5 1         5 1         5 1	25) HARALD WULFF		<b>S</b> x					0.	0.	
from the organization       1         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         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         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person       5         ection B. Independent Contractors       5       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A) Name and business address       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than       4			· · · · · ·	· · · · · · ·	 	  	•	0.	0.	
<ul> <li>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.</li> <li>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.</li> <li>5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person</li> <li>6 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.</li> <li>1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.</li> <li>2 Name and business address</li> <li>2 Total number of independent contractors (including but not limited to those listed above) who received more than</li> </ul>			listed	above	) who	receiv	ved	more than \$100,00	0 of reportable comp	ensation
such individual       4         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person       5         ection B. Independent Contractors       5       5         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than       4	on line 1a? If 'Yes,' complete Schedu	le J for such individu	ual							
for services rendered to the organization? If 'Yes,' complete Schedule J for such person	4 For any individual listed on line 1a, is the organization and related organization such individual	the sum of reportability of reportability of the sum of reportability of the sum of the	ole co 50,00	mpen 20? <i>If</i>	satioi <i>'Yes</i>	n and .' <i>com</i>	oth Iple	er compensation te Schedule J for	from	. 4
1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than       100,000 of compensation's tax year.	5 Did any person listed on line 1a receiv for services rendered to the organizati	ve or accrue comper on? If 'Yes,' comple	nsatio e <i>te Sc</i>	n fror chedu	n any le J f	unre or suc	late ch p	ed organization or	individual	. 5
(A) Name and business address       (B) Description of services       (C) Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than	1 Complete this table for your five higher	st compensated ind	epen	dent o	ontra	ictors	tha	It received more t	han \$100,000 of	
	(	A)			ii yea		ng v	(B)	, í	(C)
			ited to	o thos	e liste	d abo	ve)	who received more	than	

# Form 990 (2019) VENTURA COLLEGE FOUNDATION Part VIII Statement of Revenue

77-0037747

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				y line in this Part V (A)	(B)	(C)	(D)
-				<b>(A)</b> Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from ta under sections 512-514
1	a Federated campaigns						
	<b>b</b> Membership dues						
	<b>c</b> Fundraising events <b>d</b> Related organizations						
	e Government grants (contributions)						
	f All other contributions, gifts, grants similar amounts not included above	s, and	1,594,376.				
	g Noncash contributions included in lines 1a-1f.	1g	113,080.				
	h Total. Add lines 1a-1f			1,594,376.			
			Business Code				
2	a <u>ADMINISTRATIVE FE</u>	C <u>ES</u>	561000	21,341.	21,341.		
	b						
	c				4		
	d						
	f All other program service re						
	g Total. Add lines 2a-2f		<b>&gt;</b>	21 241			
-	*			21,341.	$\mathbf{C}$		
3	Investment income (including other similar amounts)			559,705.			559,705
4	Income from investment of	tax-exemp	t bond proceeds >				0007700
5	Royalties						
		(i) Real	(ii) Personal	S			
		066,116		$\cap$			
		433,405					
		632,711		J <sup>V</sup>			
	d Net rental income or (loss)			632,711.			632,71
7	a Gross amount from sales of assets	(i) Securities	(ii) Other				
	other than inventory 7a 2	9035880					
	b Less: cost or other basis and sales expenses 7b 2	8973704					
	c Gain or (loss) 7c	62,176					
	d Net gain or (loss)			62,176.	62,176.		
	a Gross income from fundraising eve (not including \$			02,170.	02,170.		
	of contributions reported on line 1c	;).					
	See Part IV, line 18	. 8	а				
	<b>b</b> Less: direct expenses		b				
	c Net income or (loss) from f	undraising	events ►				
	a Gross income from gaming activitie See Part IV, line 19	. 9	a				
	<b>b</b> Less: direct expenses		b				
	c Net income or (loss) from g	- I-	villes ►				
	a Gross sales of inventory, less returns and allowances	10	)a Ib				
	<b>b</b> Less: cost of goods sold <b>c</b> Net income or (loss) from s		-				
-	CINEL INCOME OF (1055) HOLLS	ouics UI IIIV	Business Code				
11	а						
11	b		 				
	c						
	d All other revenue	· <u> </u>					
	e Total. Add lines 11a-11d		▶				
•	Total revenue. See instruct	ions	•	2,870,309.	83,517.	0.	1,192,41

Sec	tion 501(c)(3) and 501(c)(4) organizations must cor				1 1
	Check if Schedule O contains a				
Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part  VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	812,480.	812,480.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	772,993.	772,993.		
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	118,215.	78,810.	26,270.	13,135.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	
7	Other salaries and wages	329,217.	197,516.	28,907.	<u>0.</u> 102,794.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		197,510.	20,307.	102,794.
9	Other employee benefits	173,762.	132,914.	17,740.	23,108.
10	Payroll taxes	32,556.	20,157.	4,096.	8,303.
11	Fees for services (nonemployees):		$\zeta$		
ä	a Management				
ł	JLegal	3,312.	13.	2,259.	1,040.
C	Accounting	27,648.	12,437.	8,574.	6,637.
	Lobbying				
	e Professional fundraising services. See Part IV, line 17	0	3		
	Investment management fees	78,552.	)	78,552.	
-	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.).	19,600.	2,951.	8,244.	8,405.
	Advertising and promotion	66,054.	25,191.		40,863.
13	Office expenses				
14 15	Information technology Royalties				
15	Occupancy	$\mathcal{V}$			
10	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 20					
20 21	Payments to affiliates				
21	Depreciation, depletion, and amortization	4,884.		4,884.	
22	Insurance	20,635.	9,433.	8,453.	2,749.
24		20,000.	5,455.	0,433.	2,143.
á	UNCOLLECTIBLE_PLEDGES	43,265.	38,265.		5,000.
	SCHWAB ESTATE DEFINED EXPENSE	39,178.			39,178.
	COMPUTER AND SOFTWARE	14,767.	7,738.	696.	6,333.
C	PROFESSIONAL DEVELOPMENT	12,239.	2,326.	370.	9,543.
e	All other expenses	38,941.	1,999.	13,179.	23,763.
25	Total functional expenses. Add lines 1 through 24e	2,608,298.	2,115,223.	202,224.	290,851.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational				

comparing and fundraising solicitation. Check here  $\blacktriangleright$  if following

SOP 98-2 (ASC 958-720)....

#### Form 990 (2019) VENTURA COLLEGE FOUNDATION

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Part X Balance Sheet

Pa	irt X	Balance Sheet     Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing.	. 480.	1	480.
	2	Savings and temporary cash investments.	448,648.	2	478,284.
	3	Pledges and grants receivable, net	9,192,468.	3	7,555,610.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disgualified persons (as defined under			
		section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net.		7	
ts	8	Inventories for sale or use.		8	
Assets	9	Prepaid expenses and deferred charges	19,055.	9	44,419.
As	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 214,830		10 c	10,944.
	11	Investments – publicly traded securities.		11	18,031,913.
	12	Investments – other securities. See Part IV, line 11		12	, ,
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11	1,685,329.	15	1,622,267.
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)	27,099,192.	16	27,743,917.
	17	Accounts payable and accrued expenses	144,165.	17	141,846.
	18	Grants payable	691,692.	18	777,226.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	144,000.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	237,535.
	26	Total liabilities. Add lines 17 through 25.	1,063,936.	26	1,300,607.
Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ılar	27	Net assets without donor restrictions	. 309,264.	27	824,947.
	28	Net assets with donor restrictions	25,725,992.	28	25,618,363.
or Fund		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			· · ·
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets	32	Total net assets or fund balances	_ , ,	32	26,443,310.
Ne	33	Total liabilities and net assets/fund balances.		33	27,743,917.

BAA

Form 990 (2019)

Forn	n 990 (2019) VENTURA COLLEGE FOUNDATION 77	-0037747		Pa	ge <b>12</b>
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.		<u></u>		. Х
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	2,87	0,3	09.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,60		
3	Revenue less expenses. Subtract line 2 from line 1	. 3	26	2,0	11.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	26,03	5,2	56.
5	Net unrealized gains (losses) on investments.	5	14	6,0	43.
6	Donated services and use of facilities	-			00.
7	Investment expenses				
8	Prior period adjustments	_			
9	Other changes in net assets or fund balances (explain on Schedule O). SEE SCHEDULE O	. 9	-9	1,0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	. 10	26,44	3,3	10.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
	, ,		1	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 in Schedule O.				
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review				
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
ŀ	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa	rate	20		
	basis, consolidated basis, or both:	late			
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	it,	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain				
	on Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
t	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	TEEA0112L 01/21/20		Form 9	99 <b>0</b> (	2019)
	PUBL				

SCHEDULE A (Form 990 or 990-EZ)

## 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-F7

2019	
Open to Public	

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service     Go to www.irs.gov/Form990 for instructions and the latest information.     Open Instruction						Open to Public Inspection		
Name of the organi	ization						Employer identific	ation number
VENTURA C	COLLEG	E FOUNDAT	ION				77-003774	7
				rganizations must o				tions.
1         A chu           2         A sch           3         A hos           4         A me	<ul> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> </ul>							
5 X An o	rganizati	on operated for	the benefit of a colle	ege or university owned	or oper	ated by	a governmental unit de	escribed in
6 A fec	•		, ,	ental unit described in s	ection 1	1 <b>70(b)(</b> 1)	)(A)(∨).	
7 An or in se	rganizatio ction 170	n that normally ( <b>)(b)(1)(A)(vi).</b> (	receives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pu	blic described
	-			A)(vi). (Complete Part			L	
or un		a non-land-gra	nt college of agriculture	c <b>tion 170(b)(1)(A)(ix)</b> oper e (see instructions). Enter				
from inves June	activities stment in 30, 1975	s related to its c come and unre 5. See <b>section</b>	exempt functions—sul lated business taxabl <b>509(a)(2).</b> (Complete		ons, and 511 tax)	(2) no ) from b	more than 33-1/3% of i usinesses acquired by	its support from gross
	0	0	•	ely to test for public saf	5			
a Type organ comp b Type	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.							
must	t comple	te Part IV, Sect	ions A and C.	the same persons that c		-		
orgar	nization(s	s) (see instruct	ions). You must com	tion operated in connectio plete Part IV, Sections	<b>A, D, an</b>	d E.	Shally integrated with, its	supported
instru	uctions).	You must com	plete Part IV, Section	ganization operated in cor y must satisfy a distribu <b>is A and D, and Part V.</b>				
				en determination from supporting organization		that it is	s а Туре I, Туре II, Тур	e III functionally
g Provide	the follow	wing informatio	n about the supported	d organization(s).				
(i) Name of s	supported o	rganization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed joverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
<u>(</u> D)								
(E)								

Total

#### Schedule A (Form 990 or 990-EZ) 2019 VENTURA COLLEGE FOUNDATION

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

#### Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do pet include any 'unusual grants.'). PT VI 1 ,839,029 ,155,748 842,293. 2,934,880. 1,594,376 8,366,326. 1 Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf..... 0. The value of services or facilities furnished by a governmental unit to the organization without charge ... 91,000 91,000 98,105 91,000 91,000 462,105. Total. Add lines 1 through 3... 4 930,029 246,748 940,398 3 025,880 685,376. 8,828,431 The portion of total 5 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) ... 1,076,627. Public support. Subtract line 5 6 from line 4 7,751,804. Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2015 (d) 2018 (b) 2016 (c) 2017 (e) 2019 (f) Total 940,398 7 Amounts from line 4..... 930,029 246,748 025,880 685,376 8,828,431. 1 3 1 8 Gross income from interest, dividends, payments received on securities loans, rents, rovalties, and income from similar sources .... 544,845 218,741 410,540 510,945 518,655 2,203,726. Net income from unrelated 9 business activities, whether or not the business is regularly carried on..... 0. Other income. Do not include 10 gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI ,009,860 1,063,531 1,625,526. 1,573,107. 1,066,116 6,338,140. 11 Total support. Add lines 7 through 10 ..... 17,370,297 Gross receipts from related activities, etc. (see instructions)..... 12 16. 917 12 175 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and **stop here** Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f). 14 44.63% Public support percentage from 2018 Schedule A, Part II, line 14 ..... 15 43.53% 15 16a 33-1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. Х b 33-1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ..... 17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization..... **b** 10%-facts-and-circumstances test–2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization..... Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. 18

Schedule A (Form 990 or 990-EZ) 2019

#### 77-003774

7	7	4	7		

#### 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.)

Sec	tion A. Public Support						
Calenc	lar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions,				.,,		.,
	and membership fees received. (Do not include						
	any 'unusual grants.')						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose						
3	Gross receipts from activities						
	that are not an unrelated trade						
	or business under section 513.						
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on						
	its behalf.						
5	The value of services or						
	facilities furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5				1		
	Amounts included on lines 1,						
74	2, and 3 received from				$\sim$		
	disqualified persons						
b	Amounts included on lines 2			(			
	and 3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13						
	for the year						
С	Add lines 7a and 7b			S			
8	Public support. (Subtract line			7-			
	7c from line 6.).						
	tion B. Total Support				1		
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	<b>(f)</b> Total
9	Amounts from line 6						
1 <b>0</b> a	Gross income from interest, dividends,						
	payments received on securities loans,	(					
	rents, royalties, and income from similar sources						
b	Unrelated business taxable						
	income (less section 511						
	taxes) from businesses acquired after June 30, 1975	$\sim$					
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b.						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in						
	Part VI.)						
13	Total support. (Add lines 9,						
	10c, 11, and 12.)						2
14	First five years. If the Form 990						
<u>Fac</u>	organization, check this box and tion C. Computation of Pul						· · · · · · · · · · · · · · · · · ·
					、 、	1.5	0.
	Public support percentage for 20	•					00
16	Public support percentage from 2						010
Sec	tion D. Computation of Inv	estment Incor	ne Percentag	e			
17	Investment income percentage for	or 2019 (line 10c,	column (f), divid	ed by line 13, col	umn (f))	17	00
18	Investment income percentage fi	•		-			010
	33-1/3% support tests-2019. If t						
ı Jd	is not more than 33-1/3%, check						
b	33-1/3% support tests-2018. If t						
-	line 18 is not more than 33-1/3%						
20	Private foundation. If the organiz	zation did not che	ck a box on line	14, 19a, or 19b, c	heck this box and	see instructions.	
-							

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- Yes No
  1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
  2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
  3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) 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
- 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI*.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in Part VI*.
- 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 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.)

3b

3c

4a

Δh

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Part IV	Supporting Organizations (continued)		_	
			Yes	No
11 Has	the organization accepted a gift or contribution from any of the following persons?			
a A per	son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?			
<b>b</b> A far	nily member of a person described in (a) above?	11b		
<b>c</b> A 35	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.			
Section	B. Type I Supporting Organizations			

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

#### Section C. Type II Supporting Organizations

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

#### Section D. All Type III Supporting Organizations

			res	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a The organization satisfied the Activities Test. Complete line 2 below.
  - The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

#### 2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

h

Schedule A (Form 990 or 990-EZ) 2019

Yes

2a

2b

3a

3h

No

Yes

1

2

No

## Schedule A (Form 990 or 990-EZ) 2019 VENTURA COLLEGE FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying trus <b>instructions.</b> All other Type III non-functionally integrated supporting organization	t on N ns mu:	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). <b>See</b> through E.
ec	tion 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		
ec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		1	
a	Average monthly value of securities	1a	7	
Ł	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	10		
C	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5		5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

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Schedule A (Form 990 or 990-EZ) 2019

Par	t V   Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	tions (continued)	
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	irposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizations	5,	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizati in $\ensuremath{\text{Part VI}}$ ). See instructions.	ion is responsive (provide	details	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019		い	
a	From 2014		K	
	From 2015			
С	From 2016	, 0		
d	From 2017			
е	From 2018			
1	Total of lines 3a through e			
g	Applied to underdistributions of prior years	S		
h	Applied to 2019 distributable amount	<b>D</b> <sup>-</sup>		
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

BAA

Schedule A (Form 990 or 990-EZ) 2019

#### **PART II, LINE 1 - UNUSUAL GRANTS**

 2015	2016	2017	2018		2019	TOTAL
\$ 0.\$	0. :	\$ 12,800,000.	\$ 0	. \$	314,127. \$	13,114,127.

#### PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		2019	2018	2017	2016	2015
MARKET PLACE OTHER		\$1,066,116.	\$1,541,176.	\$1,625,526.	\$1,063,531.	\$ 1,009,860.
	TOTAL	\$1,066,116.	\$1,573,107.	\$1,625,526.	<u>\$1,063,531.</u>	\$ 1,009,860.
				COR		
				R <sup>EE</sup>		
			Ch OS			
			S			
		BHO				
		$\mathcal{O}^{\star}$				

Schedule E	3
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(Form 990, 990-EZ, or 990-PF)

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## PUBLIC DISCLOSURE COPY Schedule of Contributors

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

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Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		
Name of the organization		Employer iden	tification number
VENTURA COLLEGE FC		77-0037	747
Organization type (check one	e):		
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundat	ion	
Form 990-PF	527 political organization		
	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
, ,	vered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule.	See instructions.
General Rule	S		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total y one contributor. Complete Parts I and II. See instructions for determining a contrib		
Special Rules	- DIS		
under sections 509(a received from any o	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/39 a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, lin one contributor, during the year, total contributions of the greater of (1) \$5,000 , line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	ne 13, 16a, or	16b, and that
during the year, tot	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rec al contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scien e prevention of cruelty to children or animals. Complete Parts I, II, and III.		
during the year, co \$1,000. If this box i charitable, etc., pur	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rec ntributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such cor is checked, enter here the total contributions that were received during the yea rpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this <i>usively</i> religious, charitable, etc., contributions totaling \$5,000 or more during	ntributions to ar for an <i>exc</i> organizatior	taled more than <i>lusively</i> religious, n because
990-PF), but it <b>must</b> answer	t isn't covered by the General Rule and/or the Special Rules doesn't file Scheo 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form : doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 99	990-EZ or or	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	1 2	Page <b>2</b>
Name of organization	Employer identification number	
VENTURA COLLEGE FOUNDATION	77-0037747	

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$265,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$205,000.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>51,506.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$57,216.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5			Person X
<u> </u>		\$ <u>50,000.</u>	Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$50,000. (c) Total contributions	Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	2	2 Pa	age <b>2</b>
Name of organization	Employer identification number		
VENTURA COLLEGE FOUNDATION	77-0037747		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>32,370.</u>	PersonXPayrollNoncash(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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	PUBL	\$	Person       Payroll       Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person       Payroll       Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person          Payroll          Noncash          (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	1	1	Page <b>3</b>
Name of organization	Employer id	entification n	umber
VENTURA COLLEGE FOUNDATION	77-003	7747	

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	bace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No	(h)	(c)	(4)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		\$	
		Ŷ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No	(b)		(4)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
AA		dule B (Form 990, 990-E	

	3 (Form 990, 990-EZ, or 990-PF) (2019)		1 1 Page <b>4</b>
Name of organ	nization A COLLEGE FOUNDATION		Employer identification number $77 - 0037747$
	<i>Exclusively</i> religious, charitable, e or (10) that total more than \$1,000 for t the following line entry. For organizations c	he year from any one contribut ompleting Part III, enter the total of (Enter this information once. See	zations described in section 501(c)(7), (8), or. Complete columns (a) through (e) and
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
			· <b> + </b>
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			<u> </u>
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
			·
(a) No. from Part I	(b) Purpose of gift	(C) Use of gift	(d) Description of how gift is held
			·
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
			·
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			·
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
			·
BAA	1		Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

SCHE	EDL	JLI	Е	С	
(Form	99 <b>0</b>	or	99	90-	EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Open to Public Inspection

OMB No. 1545-0047

		on Form 990, Part IV, line 3, or Form 990-EZ, I s: Complete Parts I-A and B. Do not comp		l Campaign Activities), t	hen
• (	Section 501(c) (other than sec	tion 501(c)(3)) organizations: Complete Pa		Do not complete Part I	-В.
	Section 527 organizations: Co			A	
		on Form 990, Part IV, line 4, or Form 990-EZ, I that have filed Form 5768 (election under sect			e Part II.B
• (	Section 501(c)(3) organization	s that have NOT filed Form 5768 (election			
If the	Part II-A. e organization answered 'Yes xy Tax) (see separate instruct	,' on Form 990, Part IV, line 5 (Proxy Tax)	(see separate instruc	tions) or Form 990-EZ,	Part V, line 35c
•		irganizations: Complete Part III.			
_	of organization			Employer identific	ation number
	NTURA COLLEGE FOUND			77-003774	
		rganization is exempt under section	• •		zation.
1		organization's direct and indirect political on n of 'political campaign activities')	campaign activities in	Part IV.	
2	Political campaign activity ex	xpenditures (see instructions)		▶\$	;
3	Volunteer hours for political	campaign activities (see instructions)			-
Pa	rt I-B Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	►\$	0.
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955.	▶\$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 :	Was a correction made?		$Q^{-}$		
	<b>b</b> If 'Yes,' describe in Part IV.		$\sim$		
Pa	rt I-C Complete if the or	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities 🏲 🕏	}
2		g organization's funds contributed to other			
3	Total exempt function expen	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,		
4		e Form 1120-POL for this year?			
5	organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the a is received that were promptly and directly de al action committee (PAC). If additional spa	mount paid from the t livered to a separate po	filing organization's fun blitical organization, such	ds. Also enter the as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter-0	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 VENTURA CO	LLEGE FOUNDATION	77-0037	747 Page 2
	on is exempt under section 501(c)(3) and	filed Form 5768 (ele	ection under
A Check ► if the filing organization below	ngs to an affiliated group (and list in Part IV each affilia	ated group member's name	,
address, EIN, expenses, a	nd share of excess lobbying expenditures).		
B Check ► if the filing organization ch	ecked box A and 'limited control' provisions apply.		
Limits on Lobb (The term 'expenditures' me	ying Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence p	ublic opinion (grassroots lobbying)		
<b>b</b> Total lobbying expenditures to influence a	legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a	and 1b)		
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add I	ines 1c and 1d)		
f Lobbying nontaxable amount. Enter the a both columns	mount from the following table in		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	1	
Over \$17,000,000	\$1,000,000.	7	
g Grassroots nontaxable amount (enter 25%	6 of line 1f)		
5	ss, enter -0		
i Subtract line 1f from line 1c. If zero or les	s, enter -0		
j If there is an amount other than zero on either section 4911 tax for this year?	er line 1h or line 1i, did the organization file Form 4720	reporting	Yes No
(Some organizations th columns b	4-Year Averaging Period Under Section 501(h) at made a section 501(h) election do not have to o elow. See the separate instructions for lines 2a th	complete all of the five rough 2f.)	
Lob	bying Expenditures During 4-Year Averaging Peri	od	
			· · · · · · · · · · · · · · · · · · ·

	LODDYIN	g Experiatures During	4- Tear Averaging Peri	ou	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> Total
2 a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))	JB				
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

5

Schedule C (Form 990 or 990-EZ) 2019 VENTURA	COLLEGE FOUNDATION	77-003774
Part II-B Complete if the organiz (election under section	ation is exempt under section 5 501(h)).	601(c)(3) and has NOT filed Form 5

	(a	I)		(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	A	mount	
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
<b>a</b> Volunteers?		Х			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х			
<b>c</b> Media advertisements?		Х			
<b>d</b> Mailings to members, legislators, or the public?		Х			
e Publications, or published or broadcast statements?		Х			
f Grants to other organizations for lobbying purposes?	Х			5,	000.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		Х			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i Other activities?		Х			
j Total. Add lines 1c through 1i				5,	000.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		- /	
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(	c)(5)	. or			
section 501(c)(6).	-//-/	,			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?					
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the p	orior ye	ear?	3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501( (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) F answered 'Yes.'	Part I	, or s II-A,	ection line 3, i	501(c) s	)
1 Dues, assessments and similar amounts from members.		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2a			
<b>b</b> Carryover from last year.		2 b			
<b>c</b> Total		2 c			
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

5 Taxable amount of lobbying and political expenditures (see instructions) .....

77-0037747 768

## SCHEDULE D (Form 990)

# Supplemental Financial Statements Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047

<b>20</b> 19
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

|--|

Employer identification number

	VENTURA COLLEGE FOUNDATION		77-0037747
Par	d Organizations Maintaining Donor Advised Funds or Other	Similar Funds o	
	Complete if the organization answered 'Yes' on Form 990, P	art IV, line 6.	
	(a) Donor advised fund	ds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year).		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the ass are the organization's property, subject to the organization's exclusive legal cor	sets held in donor ac htrol?	lvised funds
6	Did the organization inform all grantees, donors, and donor advisors in writing t for charitable purposes and not for the benefit of the donor or donor advisor, or impermissible private benefit?	hat grant funds can for any other purpo	be used only se conferring Yes No
Par		<b> </b>	
	Complete if the organization answered 'Yes' on Form 990, F		
1	Purpose(s) of conservation easements held by the organization (check all that a		
	Preservation of land for public use (for example, recreation or education)		a historically important land area
	Protection of natural habitat Preservation of open space		a certified historic structure
2		then in the form of a	appears of the appearant on the
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution last day of the tax year.	ation in the form of a c	conservation easement on the
			Held at the End of the Tax Year
ä	a Total number of conservation easements.		2a
	b Total acreage restricted by conservation easements		2 b
(	${f c}$ Number of conservation easements on a certified historic structure included in (	(a) <b>2</b>	2c
(	Number of conservation easements included in (c) acquired after 7/25/06, and r	not on a historic	
•	structure listed in the National Register.		2d
3	Number of conservation easements modified, transferred, released, extinguished, or t tax year ►	erminated by the orga	inization during the
4	Number of states where property subject to conservation easement is located ►		
5	Does the organization have a written policy regarding the periodic monitoring, in	spection handling	of violations
3	and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, an	d enforcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and en $\triangleright$ \$	forcing conservation e	easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirant section 170(h)(4)(B)(ii)?	rements of section 1	70(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports conservation easements in it include, if applicable, the text of the footnote to the organization's financial stat conservation easements.	s revenue and expension expension of the second expens	nse statement and balance sheet, and es the organization's accounting for
Par		easures, or Othe Part IV, line 8.	r Similar Assets.
1 a	a If the organization elected, as permitted under FASB ASC 958, not to report in historical treasures, or other similar assets held for public exhibition, education, Part XIII the text of the footnote to its financial statements that describes these	or research in furth	nt and balance sheet works of art, erance of public service, provide in
I	If the organization elected, as permitted under FASB ASC 958, to report in its r historical treasures, or other similar assets held for public exhibition, education, or res following amounts relating to these items:	search in furtherance of	of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		▶\$
2	If the organization received or held works of art, historical treasures, or other similar a amounts required to be reported under FASB ASC 958 relating to these items:	assets for financial gai	
ä	a Revenue included on Form 990, Part VIII, line 1		
1	Assets included in Form 990, Part X		▶\$

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Schedule D (Form 990) 2019 VENTU				77-0037		Page 2
Part III Organizations Mainta	ning Collections	of Art, Historic	al Treasures, or C	Other Similar Asse	ets (continu	ued)
<b>3</b> Using the organization's acquisition	, accession, and other	records, check any o	of the following that mak	e significant use of its c	ollection	
items (check all that apply): <b>a</b> Public exhibition		d 🗌 Loan or e	exchange program			
<b>b</b> Scholarly research		e Other				
c Preservation for future gener	ations					
4 Provide a description of the organiz Part XIII.		explain how they fur	ther the organization's e	exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather th	tion solicit or receive	donations of art, h	istorical treasures, or on inization's collection?	other similar assets	Yes	No
Part IV Escrow and Custodia						-
line 9, or reported an	amount on Form	990, Part X, lin	e 21.			
<b>1 a</b> Is the organization an agent, trus	tee, custodian or oth	er intermediary for	contributions or other	assets not included	<b>-</b> r	<b></b>
on Form 990, Part X?				· · · · · · · · · · · · · · · · · · ·	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	In Part XIII and com	plete the following	table:		Amount	
c Beginning balance					AIIIOUIII	
<b>d</b> Additions during the year						
e Distributions during the year						
f Ending balance				16 1f		
<b>2a</b> Did the organization include an a					Yes	No
<b>b</b> If 'Yes,' explain the arrangement						
	In all Am. Check h		on has been provided		· · · · · · · · · · · · ·	
Part V Endowment Funds. C	omplete if the or	nanization answ	ered 'Yes' on Forr	n 990 Part IV lin	o 10	
Lindownient Funds.	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	rs hack
<b>1 a</b> Beginning of year balance	16,163,857.	9,198,624		8,394,691.	8,452	
<b>b</b> Contributions	2,086,214.	6,650,392		89,090.		,365.
-	2,000,214.	0,030,392	. 500,240.	09,090.	19	, 303.
c Net investment earnings, gains, and losses	540,712.	851,060	607,981.	770,985.	221	,195.
<b>d</b> Grants or scholarships	424,612.	390,727				/
e Other expenditures for facilities and programs	3,620.	145,492		792,785.	358	,596.
f Administrative expenses		5				
g End of year balance	18,362,551.	16,163,857	. 9,198,624.	8,461,981.	8,394	,692.
2 Provide the estimated percentage					,	
a Board designated or quasi-endowm	ent ► 38	3.20 %				
<b>b</b> Permanent endowment	52.50 %					
c Term endowment ►	9.30 %					
The percentages on lines 2a, 2b, ar		0%.				
<b>3 a</b> Are there endowment funds not in t	ha passassian of the a	ragnization that are	hold and administored fo	or the		
organization by:		i ganization that are			Yes	No
(i) Unrelated organizations					3a(i) X	
(ii) Related organizations					3a(ii)	Х
<b>b</b> If 'Yes' on line 3a(ii), are the rela	ted organizations list	ted as required on s	Schedule R?		3b	
4 Describe in Part XIII the intended	l uses of the organiza	ation's endowment	funds. SEE PART	XIII		
Part VI Land, Buildings, and	Equipment.					
Complete if the organi		'Yes' on Form S	990, Part IV, line 1	1a. See Form 990	), Part X, li	ine 10.
Description of property	(a) Cost		(b) Cost or other basis (other)	(c) Accumulated depreciation	( <b>d</b> ) Book v	
<b>1 a</b> Land						
<b>b</b> Buildings						
c Leasehold improvements			96,631.	85,687.	10	,944.
<b>d</b> Equipment			129,143.	129,143.	10	<u>, , , , , , , , , , , , , , , , , , , </u>
<b>e</b> Other						0.
Total. Add lines 1a through 1e. (Column		m 990, Part X. colu	ımn (B), line 10c.)		10	,944.
BAA		. ,			le D (Form 99	

Schedule D (Form 990) 2019 VENTURA COLLEGE FC	UNDATION	77	-0037747	Page 3
Part VII Investments – Other Securities.		N/A		( I: 10
Complete if the organization answered				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	ir end-of-year market va	alue
1) Financial derivatives.         2) Closely held equity interests.				
3) Other				
A)				
B)				
C)				
07 D)				
 E)				
(F)				
(G)				
H)				
(I)				
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.) 🕨				
Part VIII Investments – Program Related.		N/A Dert IV/ Line 11e Coo Fo		( line 12
Complete if the organization answered (a) Description of investment	(b) Book value	(c) Method of valuation: Cost of		
		(c) Method of Valuation. Cost of		ket value
(1)		_		
(2) (3)				
(4)		<u> </u>		
(5)				
(6)		7.		
(7)		$\sim$		
(8)	. \			
(9)				
(10)	0			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►				
Part IX Other Assets.				( line 15
Complete if the organization answered	scription	, Part IV, line Tru. See Fo	(b) Book	
(1) BENEFICIAL INTEREST IN REMAINDER				48,608.
(2) FCCC SCHOLARSHIP ENDOWMENT				73,659.
(3)				•
(4)				
(5)				
(7) (8)				
(9)				
(10)				
<b>Fotal.</b> (Column (b) must equal Form 990, Part X, column (E	3) line 15.)		> 1.6	22,267.
Part X Other Liabilities.	, ,			
Complete if the organization answered 'Yes' on F		e or 11f. See Form 990, Part X, li		
	ption of liability		(b) Book	value
(1) Federal income taxes				
(2) UNFUNDED PENSION LIABILITY (3)			Z.	37,535.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
otal. (Column (b) must equal Form 990, Part X, column (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the for				37,535.
Liability for uncertain tax positions. In Part XIII, provide the text of the foc	pundle to the organization's fin	ancial statements that reports the organiz	zation's liability for unc	ertain

tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2019 VENTURA COLLEGE FOUNDATION 77	7-0037747	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
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 3,	462,205.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•
a Net unrealized gains (losses) on investments		
<b>b</b> Donated services and use of facilities		
c Recoveries of prior year grants		
c Recoveries of prior year grants2cd Other (Describe in Part XIII)SEE PART XIII2d433,405.		
e Add lines 2a through 2d.	2 e	670,448.
3 Subtract line 2e from line 1	<b>3</b> 2,	,791,757.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		•
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a 78, 552.		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	78,552.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 2,	870,309.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1 3,	,054,151.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	- /	
a Donated services and use of facilities		
b Prior year adjustments	-	
c Other losses.	-	
d Other (Describe in Part XIII.) SEE PART XIII 433,405.		
e Add lines 2a through 2d.	2 e	524,405.
3 Subtract line 2e from line 1.	<b>3</b> 2.	529,746.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 78, 552.		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.		78,552.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b> 2,	,608,298.
Part XIII Supplemental Information.		

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

#### PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

TO PROVIDE SCHOLARSHIPS AND GRANTS TO STUDENTS AT VENTURA COLLEGE AND FUNDING TO

VENTURA COLLEGE CAMPUS PROGRAMS.

#### PART X - FASB ASC 740 FOOTNOTE

THE FOUNDATION IS A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION, WHICH IS EXEMPT

FROM INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION NUMBER 501(C)(3) AND STATE OF

CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701(D); THEREFORE, NO PROVISION FOR

INCOME TAXES IS REQUIRED. THE FOUNDATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION BAA Schedule D (Form 990) 2019

#### PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1).

THE FOUNDATION EVALUATES UNCERTAIN TAX POSITIONS WHEREBY THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE. AS OF JUNE 30, 2020, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL. AS OF THE YEAR ENDED JUNE 30, 2020, THE FOUNDATION'S TAX RETURNS FOR THE YEARS ENDED JUNE 30, 2019, 2018 AND 2017 ARE SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES.

#### SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

RENTAL EXPENSES NOT NETTED O	FINANCIALS	\$ 433,405.
	TOTAL	\$ 433,405.

#### SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

RENTAL EXPENSES NOT NETTED ON FINANCIALS	<u>\$</u>	433,405.
TOTAL	Ş	433,405.

SCHEDULE I		G	rants and Ot	her Assistance	to Organization	IS.		OMB No. 1545-0047	
(Form 990)									
		Comple	ete if the organizati	on answered 'Yes' on F Attach to Form 99	Form 990, Part IV, line 2 0.	21 or 22.		Open to Public	
Department of the Treasury Internal Revenue Service			► Go to <i>www.i</i>	rs.gov/Form990 for the				Inspection	
Name of the organization							Employer identifi		
VENTURA COLLEGE							77-00377	47	
		rants and Assist							
<ol> <li>Does the organization the selection criteria</li> </ol>	a used to award th	to substantiate the arr le grants or assistan	ice?	assistance, the grantees	eligibility for the grants	or assistance, and		X Yes No	
2 Describe in Part IV th	he organization's pro	ocedures for monitorir	ng the use of grant fu	nds in the United States.		SEE	PART IV		
Part II Grants and Form 990, F				and Domestic Gov more than \$5,000. I					
1 (a) Name and address or govern	s of organization ment	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) VENTURA COLLEGE					CO.		BOOKS,		
4667 TELEGRAPH RO				(11.052	201 400		INSTRUMENTS,	CAMPUS PROGRAMS	
VENTURA, CA 93003	3			611,052.	201,428.	FMV	AUTO, SUPPLIES	AND GRANTS	
<u>(2)</u>									
				5					
(3)				0					
				$\sim$					
(4)									
<u></u>									
			C	$\sim$					
<u>(5)</u>									
(6)									
			$\mathbf{Q}^{\mathbf{v}}$						
<u>(7)</u>									
(8)								+	
<u>(%</u>									
2 Enter total number			-			•	••••••	1	
	-						• • • • •	. 0	
BAA For Paperwork Rec	duction Act Notice	e, see the Instruction	is for Form 990.		TEEA3901L	07/10/19	Schedu	le I (Form 990) (2019)	

77-0037747

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>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS	260	687,165.			
2 PROMISE GRANTS	1,915	85,828.			
3					
4				1	
5				2	
6			. C		
7					

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 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

SCHOLARSHIPS:

THE VENTURA COLLEGE FOUNDATION MAINTAINS DONOR FILES WITH SPECIFIC SCHOLARSHIP

CRITERIA WHICH ARE USED BY THE SELECTION COMMITTEE IN AWARDING ELGIBLE RECIPIENTS.

PROMISE GRANTS:

VENTURA COLLEGE MAINTAINS RECIPIENT FILES WHICH SUBSTANTIATE THE CRITERIA FOR WHICH

THE GRANT IS AWARDED TO ELIGIBLE RECIPIENTS.

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

•

► Attach to Form 990.

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

Open to Public Inspection

Employer identification number

77-0037747

Department of the Treasury Internal Revenue Service Name of the organization

#### VENTURA COLLEGE FOUNDATION

Pai	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	(d) od of deterr contributior	nining amounts
1	Art – Works of art						
2	Art – Historical treasures						
3	Art – Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes.						
8	Intellectual property.						
9	Securities – Publicly traded			1			
10	Securities – Closely held stock						
11	Securities – Partnership, LLC, or trust interests.			<b>N</b>			
12	Securities – Miscellaneous.						
	Qualified conservation contribution –			$\nabla$ $-$			
13	Historic structures						
14	Qualified conservation contribution – Other						
15	Real estate – Residential						
16	Real estate – Commercial		S				
17	Real estate – Other.						
18	Collectibles.						
19	Food inventory.		J.				
20	Drugs and medical supplies						
21	Taxidermy.						
22	Historical artifacts.						
22	Scientific specimens	$\mathcal{I}$					
23 24	Archeological artifacts.						
	Other► <u>SEE PART II</u>						
25 26							
26 27	Other► ()						
27	Other► ()						
28	Other► ( )						
29	Number of Forms 8283 received by the organization d organization completed Form 8283, Part IV, Done				29		
	organization completed ronn 6265, rart rv, Done				25	Yes	No
						163	
30a	During the year, did the organization receive by contri						
	it must hold for at least three years from the date for exempt purposes for the entire holding period?					30 a	X
L	If 'Yes,' describe the arrangement in Part II.	• • • • • • • • • • • • • •				30 a	A
31	Does the organization have a gift acceptance poli-	cy that room	ires the review of any	nonstandard contributio	ns?	31	Х
					115:	31	Λ
	Does the organization hire or use third parties or in noncash contributions?					32 a	Х
	If 'Yes,' describe in Part II.						
33	If the organization didn't report an amount in colu describe in Part II.	mn (c) for a	type of property for w	hich column (a) is chec	ked,		
BAA	For Paperwork Reduction Act Notice, see the Ins	tructions fo	r Form 990.		Schedu	le M (Form	990) 2019

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### SCH M, PART I, LINES 25-28 OTHER NON-CASH CONTRIBUTIONS

		NUMBER OF	REVENUE ON FORM 990,	METHOD OF
DESCRIPTION	APPL?	CONTR.	PART VIII	DETER. REV.
AGRICULTURAL AUTOMOTIVE BASEBALL PROG DIESEL MECHANIC FUND FOR VC MFG TECH VETERANS RESRCE MAINTENANCE MUSIC & ARTS MISCELLANEOUS	X X X X X X X X X X	4 1 2 1 4 1 1 2 3	\$ 32,960. 15,951. 5,099. 3,750. 7,363. 7,750. 1,703. 36,278. 1,600. 626.	FMV FMV FMV FMV FMV FMV FMV FMV
			COX	
		OSUL		
RISCELLANEOUS	2150			
PUBL				

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

VENTURA COLLEGE FOUNDATION

Employer identification number

#### FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

THE VENTURA COLLEGE FOUNDATION TRANSFORMS STUDENTS' LIVES THROUGH EDUCATION BY PROVIDING INNOVATIVE AND VITAL RESOURCES AND FINANCIAL SUPPORT. THE FOUNDATION COLLABORATES WITH VENTURA COLLEGE TO ENHANCE HUMAN POTENTIAL, CIVIC ENGAGEMENT, CAREERS AND ACADEMIC SUCCESS OF STUDENTS, ENABLING THEIR EFFECTIVE IMPACT AND LEGACY ON THE COLLEGE, LOCAL WORKFORCE AND OUR COMMUNITY.

#### FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE VENTURA COLLEGE FOUNDATION TRANSFORMS STUDENTS' LIVES THROUGH EDUCATION BY PROVIDING INNOVATIVE AND VITAL RESOURCES AND FINANCIAL SUPPORT. THE FOUNDATION COLLABORATES WITH VENTURA COLLEGE TO ENHANCE HUMAN POTENTIAL, CIVIC ENGAGEMENT, CAREERS AND ACADEMIC SUCCESS OF STUDENTS, ENABLING THEIR EFFECTIVE IMPACT AND LEGACY ON THE COLLEGE, LOCAL WORKFORCE AND OUR COMMUNITY.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY AT THE REQUEST OF THE FOUNDATION BOARD, THE PRESIDENT OF VENTURA COLLEGE, A VENTURA COLLEGE FOUNDATION EX-OFFICIO BOARD MEMBER, SELECTS AND APPOINTS THE EX-OFFICIO COLLEGE ADMINISTRATION REPRESENTATIVE AND THE EX-OFFICIO COLLEGE FACULTY REPRESENTATIVE BOARD POSITIONS. ALL EX-OFFICIO MEMBERS HAVE FULL VOTING PRIVILEGES.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE 990 IS BASED UPON THE AUDITED FINANCIAL STATEMENTS WHICH ARE REVIEWED BY THE FULL BOARD. THE 990 IS REVIEWED BY THE TREASURER, THE EXECUTIVE DIRECTOR, AND THE FULL BOARD PRIOR TO FILING.

#### FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE WRITTEN CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL VENTURA COLLEGE FOUNDATION BOARD MEMBERS FOR THEIR REVIEW. COMPLIANCE AND MONITORING OF THE POLICY OCCURS DURING VARIOUS STANDING COMMITTEE MEETINGS OF THE BOARD AND ANY ISSUES WOULD

#### FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE PERSONNEL SUB-COMMITTEE OF THE GOVERNING BOARD OF DIRECTORS CONVENES ANNUALLY TO DISCUSS AND AGREE UPON THE EXECUTIVE DIRECTOR'S COMPENSATION. THE COMMITTEE DISCUSSES BEST PRACTICES FOR COMPENSATION. THE PERSONNEL COMMITTEE FORWARDS THEIR RECOMMENDATION TO THE EXECUTIVE COMMITTEE FOR APPROVAL, THEN TO THE FULL BOARD FOR FINAL APPROVAL.

#### FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE PERSONNEL SUB-COMMITTEE PERIODICALLY CONDUCTS RESEARCH REGARDING THE

COMPENSATION OF ALL EMPLOYEES.

#### FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION

DOCUMENTS ARE AVAILABLE ON THE FOUNDATION'S WEBSITE AND BY SCHEDULING AN APPOINTMENT DURING NORMAL BUSINESS HOURS OF THE FOUNDATION, WHICH ARE MONDAY-FRIDAY 9:00 A.M.

THROUGH 5:00 P.M.

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR REVIEW.

#### FORM 990, PART VII - COMPENSATION EXPLANATION

#### **CATHERINE BOJORQUEZ**

COMPENSATION FROM RELATED ORGANIZATION NOT AVAILABLE FOR PREPARATION OF THE FORM 990.

#### KIM HOFFMANS

COMPENSATION FROM RELATED ORGANIZATION NOT AVAILABLE FOR PREPARATION OF THE FORM 990.

#### PATRICIA WENDT

COMPENSATION FROM RELATED ORGANIZATION NOT AVAILABLE FOR PREPARATION OF THE FORM 990.

#### FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

IN KIND RENT EXPENSE	\$ -91,000.
TOTAL	\$ -91,000.

#### 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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization VENTURA COLLEGE FOUNDATION

Employer identification number 77 - 0037747

#### Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded er	ntity (b) Primary a	activity Legal don	(c) (d Legal domicile (state or foreign country)		(d) (e) tal income End-of-year a		r assets Direct contro entity			
<u>(1)</u>			84							
(2)		.0								
(3)		C C S V								
Part II Identification of Related Tax-Exempt Or had one or more related tax-exempt orga	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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Cod section	de Public charity (if section 501	status (c)(3))	<b>(f)</b> Direct controll entity	control	<b>(g)</b> 12(b)(13) led entity?		
(1) VENTURA COLLEGE 4667 TELEGRAPH ROAD VENTURA, CA 93003 95-2224338	EDUCATION	CA	501(C)(3	3) SCHOO	T.	N/A	Yes	No		
(2) 										
<u>(3)</u> 										

#### Schedule R (Form 990) 2019 VENTURA COLLEGE FOUNDATION

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Predominant inc (related, unrela excluded from under section	ome Share ted, inco tax	<b>f)</b> of total ome	Sha end-c	<b>g)</b> re of of-year sets	Dispi tior	h) ropor- nate ations?	(i) Code V-UBI amount in bo 20 of Schedul K-1 (Form	Gene x mana	aging	<b>(k)</b> Percentage ownership
		country)		512-514)					Yes	No	1065)	Yes	No	
<u>(1)</u>	-													
 	-						7	•						
	-					C	<sup>o</sup> x							
<u>(3)</u>					J									
					2									
Part IV Identification of line 34, because	of Related Organ se it had one or	nizations more rela	Taxable as ated organizated	a Corporation ations treated	or Trust. C as a corpor	omplete ation or	e if the c trust dເ	organiza uring the	tion a tax y	nswei vear.	red 'Yes' on	Form 9	90, Pa	rt IV,
(a) Name, address, and EIN	of related organizat	ion Prima	(b) ary activity	(c) Legal domicile state or foreign country)	(d) Direct controlling entity	Type of (C corp	e) of entity , S corp, rust)	<b>(f)</b> Share total in	e of	Sh	<b>(g)</b> are of end-of- year assets	<b>(h)</b> Percentag ownershij	e Sec contr	<b>(i)</b> 512(b)(13) olled entity?
				country)	entity	UL	iusi)						Ye	s No
<u>(1)</u>		<del> </del> <del> </del> <del> </del>	JB											
<u>(2)</u>			X											
(2)										_				
<u>(3)</u>														
BAA		1	I	TEEA50	02L 06/27/19	1				I	c.	chedule F	(Form	990) 2019

Schedule **R** (Form 990) 2019

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations list	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		Х
<b>b</b> Gift, grant, or capital contribution to related organization(s)				Х	
c Gift, grant, or capital contribution from related organization(s)			1c	Х	
d Loans or loan guarantees to or for related organization(s).			1d		Х
e Loans or loan guarantees by related organization(s)			1e		Х
f Dividends from related organization(s)					Х
g Sale of assets to related organization(s)					Х
h Purchase of assets from related organization(s)					Х
i Exchange of assets with related organization(s)					Х
j Lease of facilities, equipment, or other assets to related organization(s)			<b>1j</b>		Х
k Lease of facilities, equipment, or other assets from related organization(s)			<b>1k</b>	Х	
I Performance of services or membership or fundraising solicitations for related organization(s).				Х	
m Performance of services or membership or fundraising solicitations by related organization(s)					Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					Х
o Sharing of paid employees with related organization(s)			10		Х
p Reimbursement paid to related organization(s) for expenses			1p	Х	
<ul> <li>p Reimbursement paid to related organization(s) for expenses</li> <li>q Reimbursement paid by related organization(s) for expenses</li> </ul>			1q		Х
r Other transfer of cash or property to related organization(s)				Х	
s Other transfer of cash or property from related organization(s)			1s		Х
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cover	1				
(a) Name of related organization	<b>(b)</b> Transaction	(c) Amount involved	( Method of	<b>d)</b> determ	ninina
	type (a-s)		amount		
(1) VENTURA COLLEGE	В	812,480.	ACTUAL		
(2) VENTURA COLLEGE	С	127,278.	ACTUAL/	FMV	
(3) VENTURA COLLEGE	K	91,000.2		FMV	
	IX.	51,000.2		1 1.1 V	
	т	21 241 7			
(4) VENTURA COLLEGE	L	21,341.4	ACIUAL		
	_				
(5) VENTURA COLLEGE	Р	229,613.4	ACTUAL		
(6) VENTURA COLLEGE	R	84,578.4			
BAA TEEA5003L 06/27/19		Schedu	ile R (Forr	n 990)	2019

#### 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	lated, excluded	Are all p sec 501( organiz	e) bartners tion c)(3) ations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Dispropor- tionate allocations?		oor- e amount in box 20 of Schedule K-1 (Form 1065)		ox managing ile partner?	
			from tax under sections 512-514)	Yes	No	t		Yes	No		Yes	No	t
					-								
							F						
<u>(2)</u>						_0							
(3)						St.							
	]			(	3								
(4)				3									
	-												
(5)													
(6)	•	80											
	-												
_ <u>(7)</u>													
(8)													
	1												
BAA	I		L	E 450041		l	L	1	L	0 - 1	L D (	-	90) 2019

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#### Part VII Supplemental Information

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

PUBLIC DISCLOSURE

**20**19

## FEDERAL WORKSHEETS

#### **VENTURA COLLEGE FOUNDATION**

#### 77-0037747

PAGE 1

**CLIENT 11876** 

4/07/21	08:06AM
RENTAL INCOME WORKSHEET	
FORM 990	
MARKET PLACE GROSS RENTAL INCOME	1,066,116.
ADVERTISING. DEPRECIATION	14,220. 458.
INSURANCE LEGAL AND PROFESSIONAL FEES	35,554. 11,880.
MISCELLANEOUS REPAIRS SUPPLIES	4,108. 14,087. 14,570.
TAXES TELEPHONE	13,497. 825.
WAGES AND SALARIES. EMPLOYEE BENEFITS.	181,422. 42,272.
COMPUTER SOFTWARE BANK AND MERCHANT FEES	3,930. 5,459.
TRASH & STREET SWEEPING SECURITY PRINTING AND POSTAGE	34,687. 49,423. 7,013.
TOTAL EXPENSES	433,405.
NET RENTAL INCOME OR LOSS <u>\$</u>	632,711.
FORM 990, PART III, LINE 4E	
PROGRAM SERVICES TOTALS	
PROGRAM SERVICES	
TOTAL EXPENSES       2,115,223.       2,115,223.       PART IX, LINE 25, C         GRANTS       1,585,473.       1,585,473.       1,585,473.       PART IX, LINES 1-3,         REVENUE       21,341.       21,341.       PART VIII, LINE 2,	OL. B COL. B COL. A
FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES	
$(A) \qquad (B) \qquad (C) \\ DDOCDAM \qquad MANACEMENT$	(D) FUND-
PROGRAM MANAGEMENT <u>TOTAL</u> <u>SERVICES &amp; GENERAL</u>	RAISING
GRANT WRITER         7,280.           PAYROLL SERVICE FEES         12,320.         2,951.         8,244.           TOTAL         \$ 19,600.         \$ 2,951.         \$ 8,244.	7,280. <u>1,125.</u> \$ 8,405.
$\frac{101 \text{ ML}}{2}$ $\frac{15,000.}{2}$ $\frac{2}{2,551.}$ $\frac{3}{2}$ 0,244.	<u>y 0,403.</u>

## **20**19

**CLIENT 11876** 

## FEDERAL WORKSHEETS

#### VENTURA COLLEGE FOUNDATION

#### 4/07/21

#### 77-0037747

08:06AM

#### FORM 990, PART IX, LINE 24E OTHER EXPENSES

BANK CHARGES DONOR RECOGNITION DUES AND SUBSCRIPTIONS LOBBYING EXPENSE MEETINGS AND CONFERENCES MISCELLANEOUS POSTAGE AND SHIPPING SECURITY SPECIAL EVENTS SUPPLIES TOTAL	<pre>(A)     TOTAL     1,652.     2,866.     2,325.     5,000.     4,763.     1,566.     2,827.         50.     11,920.         5,972.     \$ 38,941.</pre>	(B) PROGRAM SERVICES 50. 106. 50. 1,712. 81. \$ 1,999.	(C) MANAGEMENT & GENERAL 197. 5,000. 1,833. 907. 1,755. <u>3,487.</u> <u>5,13,179.</u>	(D) <u>FUNDRAISING</u> 1,405. 2,866. 2,325. 2,824. 659. 1,072. 10,208. <u>2,404.</u> <u>\$23,763.</u>
UNUSUAL GRANTS SCHEDULE A, PART II OR PART III, LINE	1	ALC CO		
MIRIAM SCHWAB ESTATE	C	2		
	IRIAM SCHWAB I QUATICS GRANT-			
	6/30/2020			\$ 314,127.
	IRIAM SCHWAB I QUATICS GRANT	NSTRUMENTAL M	USIC AND	
DATE OF GRANT: AMOUNT OF GRANT:				\$ 12,800,000.
EXCESS CONTRIBUTIONS SCHEDULE A, PART II, LINE 5				
<u>2015</u> <u>2016</u> 2017 HELEN YUNKER	2018	2019	TOTAL 2%	AMT EXCESS
	0 1,424,033	0 1,	,424,033 347	7,406 1076627
0	0 1,424,033	0 1,	,424,033 34	1076627